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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final  
☒ 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 province, country, and ZIP or foreign postal code  
Chicago, IL 606112637

F Name and address of principal officer  
Kathleen O'Loughlin  
211 East Chicago Avenue  
Chicago, IL 606112637

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list (see instructions)  
H(c) Group exemption number ▶

D Employer identification number  
36-0724690

E Telephone number  
(312) 440-2500

G Gross receipts \$ 164,244,510

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) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

Prior YearCurrent Year

20 Total assets (Part X, line 16) . . . . .184,112,065197,730,425

21 Total liabilities (Part X, line 26) . . . . .96,910,390101,742,222

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .87,201,67595,988,203

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

\*\*\*\*\*  
Signature of officer  
Paul Sholty Chief Financial Officer  
Type or print name and title

2017-08-25  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Nicole Bencik

Preparer's signature  
Nicole Bencik

Date

Check ☐ if self-employed PTIN  
P00756195

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600  
Chicago, IL 606061224 Phone no (312) 899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line 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 \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

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

**4e** Total program service expenses **▶** 0

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes            | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .                                                                                                                                                                                                                                                               | <b>1</b>       | No |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  . . . . .                                                                                                                                                                                                            | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .                                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?<br><i>If "Yes," complete Schedule C, Part II</i> . . . . .                                                                                                                                                                                              | <b>4</b>       |    |
| <b>5</b> 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?<br><i>If "Yes," complete Schedule C, Part III</i>  . . . . .                                                                                | <b>5</b> Yes   |    |
| <b>6</b> 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?<br><i>If "Yes," complete Schedule D, Part I</i> . . . . .                                                                                                                                       | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .                                                                                                                                                                                  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets?<br><i>If "Yes," complete Schedule D, Part III</i> . . . . .                                                                                                                                                                                                                                            | <b>8</b>       | No |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .                                                                                                   | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .                                                                                                                                                                                           | <b>10</b>      | No |
| <b>11</b> 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                                                                                                                                                                                                                                                                  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10?<br><i>If "Yes," complete Schedule D, Part VI</i>  . . . . .                                                                                                                                                                        | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .                                                                                                                                                                                           | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .                                                                                                                                                                                           | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .                                                                                                                                                                                                            | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .                                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year?<br><i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .                                                                                                                                                                                                                                           | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .                                                                        | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .                                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                                                                                          | <b>14a</b>     | No |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .  | <b>14b</b> Yes |    |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .                                                                                                                                                                                                 | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .                                                                                                                                                                                           | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .                                                                                                                                                                                  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .                                                                                                                                                                                                                 | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .                                                                                                                                                                                                                                           | <b>19</b>      | No |

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

|                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                     |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                       |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                    | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                        |     | No |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                             | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                                  |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                               |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                   |     |    |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .                                            |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     |     | No |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        |     | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                        |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                            |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                         |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                         |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                               |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                          |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                             |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                         | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                          | Yes |    |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                 | Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                         |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                              |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                     | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|            |                                                                                                                                                                                                                                                      | Yes        | No  |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .                                                                                                                                                                | <b>1a</b>  | 607 |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .                                                                                                                                                             | <b>1b</b>  | 0   |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                   | <b>1c</b>  | Yes |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                              | <b>2a</b>  | 484 |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | <b>2b</b>  | Yes |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  | Yes |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                | <b>3b</b>  | Yes |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | <b>4a</b>  | No  |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>▶</b> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                 |            |     |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  | No  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           | <b>5b</b>  | No  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                         | <b>5c</b>  |     |
| <b>6a</b>  | 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? . . . . .                                    | <b>6a</b>  | No  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | <b>6b</b>  |     |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |            |     |
| <b>a</b>   | 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? . . . . .                                                                                            | <b>7a</b>  |     |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | <b>7b</b>  |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | <b>7c</b>  |     |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | <b>7d</b>  |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                            | <b>7e</b>  |     |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                               | <b>7f</b>  |     |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                           | <b>7g</b>  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                         | <b>7h</b>  |     |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                          | <b>8</b>   |     |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | <b>9a</b>  |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                          | <b>9b</b>  |     |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                        |            |     |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                   | <b>10a</b> |     |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                | <b>10b</b> |     |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                       |            |     |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                  | <b>11a</b> |     |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                               | <b>11b</b> |     |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                          | <b>12a</b> |     |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                      | <b>12b</b> |     |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                              |            |     |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .                                               | <b>13a</b> |     |
| <b>b</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 . . . . .                                                                                  | <b>13b</b> |     |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                       | <b>13c</b> |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                 | <b>14a</b> | No  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                  | <b>14b</b> |     |

**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 or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 20 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 19 |     |    |
| <b>2</b> 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?                                               | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> 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?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> 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.       | <b>9</b>     |     | No |

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

|                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> | No  |
| <b>b</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?                                                                   | <b>10b</b> |     |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> | Yes |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |            |     |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.                                                                                                                                                                                                   | <b>12a</b> | Yes |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> | Yes |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.                                                                                                                                          | <b>12c</b> | Yes |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  | Yes |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  | Yes |
| <b>15</b> 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?                                                                        |            |     |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> | Yes |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                   |            |     |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> | No  |
| <b>b</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? | <b>16b</b> |     |

**Section C. Disclosure**

|                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>17</b> List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                    |  |
| <b>18</b> 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| <b>19</b> 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.                                                                                                                                                                                                              |  |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records.<br>▶Paul Sholty 211 East Chicago Avenue Chicago, IL 606112637 (312) 440-2516                                                                                                                                                                                                                   |  |

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

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[illegible]

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 ▶ 154

Section B. Independent Contractors

| (A)<br>Name and business address                                | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------|--------------------------------|---------------------|
| Prometric<br>1501 N Clinton Street<br>Baltimore, MD 21224       | Testing Services               | 4,413,504           |
| NCS Pearson<br>5601 Green Valley Drive<br>Bloomington, MN 55437 | Testing Services               | 1,503,654           |
| Freeman<br>8801 Ambassador Row<br>DALLAS, TX 75247              | Marketing and Event Planning   | 1,124,907           |
| Aptify<br>7900 WESTPARK DRIVE<br>TYSONS CORNER, VA 22102        | Computers/Software             | 1,019,176           |
| Quantum<br>P O BOX 1128<br>BEDFORD PARK, IL 60499               | Printing and Graphics          | 902,132             |

Form 990 (2016)



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

|                                                                   |                                                                                                                                                      |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                                  | <b>1a</b>                 | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Membership dues . . .                                                                                                                       | <b>1b</b>                 | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Fundraising events . . .                                                                                                                    | <b>1c</b>                 | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Related organizations                                                                                                                       | <b>1d</b>                 | 55,000               |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                           | <b>1e</b>                 | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                        | <b>1f</b>                 | 1,340,135            |                                                    |                                         |                                                                  |
|                                                                   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                   | 0                         |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                            |                           | 1,395,135            |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                    |                                                                                                                                                      | Business Code             |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>2a</b> Membership Dues                                                                                                                            | 900099                    | 54,476,016           | 54,476,016                                         |                                         |                                                                  |
|                                                                   | <b>b</b> Meetings & Seminars                                                                                                                         | 541900                    | 8,049,195            | 8,009,722                                          | 39,473                                  |                                                                  |
|                                                                   | <b>c</b> Publications                                                                                                                                | 900004                    | 6,078,021            | 50,694                                             | 6,027,327                               |                                                                  |
|                                                                   | <b>d</b> Testing Service Revenue                                                                                                                     | 900004                    | 25,109,693           | 23,249,242                                         | 1,860,451                               |                                                                  |
|                                                                   | <b>e</b> Rental Income                                                                                                                               | 900002                    | 186,017              | 83,367                                             | 102,650                                 |                                                                  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                           |                           | 0                    | 0                                                  | 0                                       | 0                                                                |
|                                                                   | <b>g Total.</b> Add lines 2a-2f . . . . .                                                                                                            |                           | 93,898,942           |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                                   |                           | 2,029,648            |                                                    |                                         | 2,029,648                                                        |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                          |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>5</b> Royalties . . . . .                                                                                                                         |                           | 17,032,776           |                                                    | 2,453,204                               | 14,579,572                                                       |
|                                                                   | <b>6a</b> Gross rents                                                                                                                                | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                      | 3,868,782                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less rental expenses                                                                                                                        | 3,689,222                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Rental income or<br>(loss)                                                                                                                  | 179,560 0                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net rental income or (loss) . . . . .                                                                                                       |                           | 179,560              |                                                    |                                         | 179,560                                                          |
|                                                                   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                            | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                      | 35,646,080 21,600         |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                           | 36,038,078 0              |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                              | -391,998 21,600           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net gain or (loss) . . . . .                                                                                                                |                           | -370,398             |                                                    |                                         | -370,398                                                         |
|                                                                   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b>                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                      |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      | <b>a</b>                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b>                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                       |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                                                                        | <b>a</b>                  |                      |                                                    |                                         |                                                                  |
|                                                                   | 6,398,437                                                                                                                                            |                           |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less cost of goods sold . . . . .                        | <b>b</b>                                                                                                                                             | 1,036,122                 |                      |                                                    |                                         |                                                                  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |                                                                                                                                                      | 5,362,315                 |                      |                                                    | 5,362,315                               |                                                                  |
| Miscellaneous Revenue                                             | Business Code                                                                                                                                        |                           |                      |                                                    |                                         |                                                                  |
| <b>11a</b> Sponsorship and Display Advertising<br>Revenue         | 541800                                                                                                                                               | 196,140                   |                      |                                                    | 196,140                                 |                                                                  |
| <b>b</b> Insurance Reimbursement                                  | 900099                                                                                                                                               | 667,713                   |                      | 548,018                                            | 119,695                                 |                                                                  |
| <b>c</b> Program Maintenance                                      | 900099                                                                                                                                               | 779,237                   |                      | 179,112                                            | 600,125                                 |                                                                  |
| <b>d</b> All other revenue . . . . .                              |                                                                                                                                                      | 2,310,020                 | 0                    | 0                                                  | 2,310,020                               |                                                                  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |                                                                                                                                                      | 3,953,110                 |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See Instructions . . . . .               |                                                                                                                                                      | 123,481,088               | 85,869,041           | 11,210,235                                         | 25,006,677                              |                                                                  |

**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 or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 4,876,871             |                                    |                                           |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                    |                                           |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                    |                                           |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                    |                                           |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                |                       |                                    |                                           |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                    |                                           |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 43,903,230            |                                    |                                           |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 6,997,703             |                                    |                                           |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 4,184,464             |                                    |                                           |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 3,027,661             |                                    |                                           |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                    |                                           |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                    |                                           |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 389,588               |                                    |                                           |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 533,134               |                                    |                                           |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                |                       |                                    |                                           |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                    |                                           |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 98,686                |                                    |                                           |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 5,071,989             | 0                                  | 0                                         | 0                           |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 3,111,105             |                                    |                                           |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 8,818,252             |                                    |                                           |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 |                       |                                    |                                           |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              | 1,391,376             |                                    |                                           |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 2,846,098             |                                    |                                           |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 6,429,740             |                                    |                                           |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                    |                                           |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 2,449,768             |                                    |                                           |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               |                       |                                    |                                           |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 |                       |                                    |                                           |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 6,325,146             |                                    |                                           |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 470,517               |                                    |                                           |                             |
| <b>24</b> 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):                                       |                       |                                    |                                           |                             |
| <b>a</b> Test Administration Fees.                                                                                                                                                                                                                | 5,421,016             |                                    |                                           |                             |
| <b>b</b> Outside Services.                                                                                                                                                                                                                        | 5,086,472             |                                    |                                           |                             |
| <b>c</b> Stipends/Honoraria.                                                                                                                                                                                                                      | 2,105,933             |                                    |                                           |                             |
| <b>d</b> Income & Sales Tax Expense.                                                                                                                                                                                                              | 1,250,929             |                                    |                                           |                             |
| <b>e</b> All other expenses.                                                                                                                                                                                                                      | 2,299,135             | 0                                  | 0                                         | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 117,088,813           | 0                                  | 0                                         | 0                           |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                    |                                           |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                            |             | 39,656                   | <b>1</b>    | 49,932             |
|                                    | <b>2</b>                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                               |             | 6,421,622                | <b>2</b>    | 7,117,289          |
|                                    | <b>3</b>                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                   |             |                          | <b>3</b>    |                    |
|                                    | <b>4</b>                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                             |             | 7,608,776                | <b>4</b>    | 6,439,578          |
|                                    | <b>5</b>                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>                                                                                                                                                   | 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. |             |                          | <b>6</b>    | 0                  |
|                                    | <b>7</b>                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                      |             |                          | <b>7</b>    |                    |
|                                    | <b>8</b>                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                          |             | 588,304                  | <b>8</b>    | 650,451            |
|                                    | <b>9</b>                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                |             | 2,191,118                | <b>9</b>    | 4,160,900          |
|                                    | <b>10a</b>                                                                                                                                                 | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                           | <b>10a</b>  | 162,307,699              |             |                    |
|                                    | <b>b</b>                                                                                                                                                   | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | <b>10b</b>  | 127,761,676              |             |                    |
|                                    |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             | 35,526,329               | <b>10c</b>  | 34,546,023         |
|                                    | <b>11</b>                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                               |             | 122,872,482              | <b>11</b>   | 135,204,253        |
|                                    | <b>12</b>                                                                                                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |             | 2,670,262                | <b>12</b>   | 2,843,364          |
|                                    | <b>13</b>                                                                                                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                    |             | 0                        | <b>13</b>   |                    |
|                                    | <b>14</b>                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                    |             |                          | <b>14</b>   |                    |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .                                                                                                               |                                                                                                                                                                                                                                                                                                                                | 6,193,516   | <b>15</b>                | 6,718,635   |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                | 184,112,065 | <b>16</b>                | 197,730,425 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                |             | 67,079,039               | <b>17</b>   | 69,879,067         |
|                                    | <b>18</b>                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                       |             |                          | <b>18</b>   |                    |
|                                    | <b>19</b>                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                     |             | 12,276,009               | <b>19</b>   | 13,414,062         |
|                                    | <b>20</b>                                                                                                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                          |             |                          | <b>20</b>   |                    |
|                                    | <b>21</b>                                                                                                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |             |                          | <b>21</b>   |                    |
|                                    | <b>22</b>                                                                                                                                                  | 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 . . . . .                                                                                                                                 |             |                          | <b>22</b>   |                    |
|                                    | <b>23</b>                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                       |             |                          | <b>23</b>   |                    |
|                                    | <b>24</b>                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                         |             |                          | <b>24</b>   |                    |
|                                    | <b>25</b>                                                                                                                                                  | 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.                                                                                                                                                         |             | 17,555,342               | <b>25</b>   | 18,449,093         |
|                                    | <b>26</b>                                                                                                                                                  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                    |             | 96,910,390               | <b>26</b>   | 101,742,222        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>27</b>                                                                                                                                                  | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |             | 87,201,675               | <b>27</b>   | 95,988,203         |
|                                    | <b>28</b>                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                    |             |                          | <b>28</b>   |                    |
|                                    | <b>29</b>                                                                                                                                                  | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |             |                          | <b>29</b>   |                    |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>30</b>                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                   |             |                          | <b>30</b>   |                    |
|                                    | <b>31</b>                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                      |             |                          | <b>31</b>   |                    |
|                                    | <b>32</b>                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |             |                          | <b>32</b>   |                    |
| <b>33</b>                          | <b>Total net assets or fund balances</b> . . . . .                                                                                                         |                                                                                                                                                                                                                                                                                                                                | 87,201,675  | <b>33</b>                | 95,988,203  |                    |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                            |                                                                                                                                                                                                                                                                                                                                | 184,112,065 | <b>34</b>                | 197,730,425 |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 123,481,088 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 117,088,813 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 6,392,275   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 87,201,675  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 5,002,997   |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | -2,608,744  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 95,988,203  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> 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?                                                                                                                                                                                                                                                                 |     | No |
| <b>b</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                                                                                                                                                                                                      |     |    |

# Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 36-0724690  
**Name:** American Dental Association

Form 990 (2016)

**Form 990, Part III, Line 4a:**

Build a community for a professional association of over 179,000 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

## **Form 990, Part III, Line 4b:**

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 1,685 education programs and nearly 46,500 individuals sat for certifying exams.

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## **Form 990, Part III, Line 4c:**

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 2016, there were over 21,600 attendees, receiving more than 47,000 hours of continuing education, and 1,105 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.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                            |                                                                                               |
| Dr Thomas W Gamba<br>VP (2014-2016) - Partial Year                                                                                            | 18 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 50,454                                                               | 0                                                                          | 0                                                                                             |
| Dr Irene Marron-Tarrazzi<br>VP (2015-2017)                                                                                                    | 18 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 35,650                                                               | 0                                                                          | 0                                                                                             |
| Dr G Lewis Mitchell<br>VP (2016-2018)                                                                                                         | 30 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 750                                                                  | 0                                                                          | 0                                                                                             |
| Dr Ron Lemmo<br>Treasurer (2015-2018)                                                                                                         | 30 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 68,677                                                               | 0                                                                          | 0                                                                                             |
| Joseph P Crowley DDS<br>President Elect (2016-2017)                                                                                           | 30 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 99,444                                                               | 0                                                                          | 0                                                                                             |
| Dr Rickland G Asai<br>Trustee (2014-2018)                                                                                                     | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 55,073                                                               | 0                                                                          | 0                                                                                             |
| Dr Robert N Bitter<br>Trustee (2014-2018)                                                                                                     | 1 0<br>30 0<br>.....                                                                       | X                                                                                                         |                       |         |              |                              |        | 61,019                                                               | 0                                                                          | 0                                                                                             |
| Dr Daniel J Klemmedson<br>Trustee (2015-2019)                                                                                                 | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 52,414                                                               | 0                                                                          | 0                                                                                             |
| Dr Terry L Buckenheimer<br>Trustee (2012-2016) - Partial Year                                                                                 | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 76,343                                                               | 0                                                                          | 0                                                                                             |
| Dr Raymond A Cohlma<br>Trustee (2015-2019)                                                                                                    | 1 0<br>30 0<br>.....                                                                       | X                                                                                                         |                       |         |              |                              |        | 71,683                                                               | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Dr Jeffrey M Cole<br>Trustee (2013-2017)                                                                                                      | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 72,386                                                               | 0                                                                         | 0                                                                                             |
| Dr J Hal Fair<br>Trustee (2012-2016) - Partial Year                                                                                           | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 56,678                                                               | 0                                                                         | 0                                                                                             |
| Dr Judith M Fisch<br>Trustee (2015-2019)                                                                                                      | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 70,495                                                               | 0                                                                         | 0                                                                                             |
| Dr Chad P Gehani<br>Trustee (2014-2018)                                                                                                       | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 69,485                                                               | 0                                                                         | 0                                                                                             |
| Dr Gary E Jeffers<br>Trustee (2013-2017)                                                                                                      | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 53,218                                                               | 0                                                                         | 0                                                                                             |
| Dr Andrew J Kwasny<br>Trustee (2013-2017)                                                                                                     | 1 0<br>30 0<br>.....                                                                       | X                                                                                                         |                       |         |              |                              |        | 61,309                                                               | 0                                                                         | 0                                                                                             |
| Dr Billie Sue Kyger<br>Trustee (2016-2020)                                                                                                    | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 4,098                                                                | 0                                                                         | 0                                                                                             |
| Dr Kenneth McDougall<br>Trustee (2016-2020)                                                                                                   | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 762                                                                  | 0                                                                         | 0                                                                                             |
| Dr Kirk M Norbo<br>Trustee (2016-2020)                                                                                                        | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 1,027                                                                | 0                                                                         | 0                                                                                             |
| Dr Lindsey A Robinson<br>Trustee (2014-2018)                                                                                                  | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 69,645                                                               | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Dr Cesar R Sabates<br>Trustee (2016-2020)                                                                                                     | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 3,359                                                                | 0                                                                         | 0                                                                                             |
| Dr Red Stevens<br>Trustee (2013-2017)                                                                                                         | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 69,320                                                               | 0                                                                         | 0                                                                                             |
| Dr W Roy Thompson<br>Trustee (2016-2020)                                                                                                      | 1 0<br>30 0<br>.....                                                                       | X                                                                                                         |                       |         |              |                              |        | 1,658                                                                | 0                                                                         | 0                                                                                             |
| Dr James K Zenk<br>Trustee (2012-2016) - Partial Year                                                                                         | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 56,520                                                               | 0                                                                         | 0                                                                                             |
| Dr Mark R Zust<br>Trustee (2012-2016) - Partial Year                                                                                          | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 73,676                                                               | 0                                                                         | 0                                                                                             |
| Dr Richard C Black<br>Trustee (2015-2019)                                                                                                     | 30 0<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 68,698                                                               | 0                                                                         | 0                                                                                             |
| Paul S Sholty<br>Chief Financial Officer                                                                                                      | 1 0<br>40 0<br>.....                                                                       |                                                                                                           |                       | X       |              |                              |        | 270,092                                                              | 0                                                                         | 39,007                                                                                        |
| Dr Glen D Hall<br>Speaker of the House (2015-2018)                                                                                            | 5 0<br>.....                                                                               |                                                                                                           |                       | X       |              |                              |        | 51,633                                                               | 0                                                                         | 0                                                                                             |
| Kathleen T O'Loughlin DMD<br>Executive Director/COO                                                                                           | 40 0<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 579,767                                                              | 0                                                                         | 33,567                                                                                        |
| Gary Roberts DDS<br>President (2016-2017)                                                                                                     | 30 0<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 274,260                                                              | 0                                                                         | 7,286                                                                                         |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                            |                                                                                               |
| Carol Summerhays DDS<br>President (2015-2016) - Partial Year                                                                                  | 36 0<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 263,297                                                              | 0                                                                          | 1,030                                                                                         |
| Michael D Springer<br>SVP - Business & Publishing                                                                                             | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 294,159                                                              | 0                                                                          | 33,259                                                                                        |
| Anthony J Ziebert DDS<br>SVP - Education                                                                                                      | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 301,383                                                              | 0                                                                          | 27,658                                                                                        |
| John Craig Busey<br>General Counsel                                                                                                           | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 283,780                                                              | 0                                                                          | 27,658                                                                                        |
| William Robinson<br>VP-Memb&Client                                                                                                            | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 260,651                                                              | 0                                                                          | 31,766                                                                                        |
| Sabrina A King<br>Chief of People Management                                                                                                  | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 254,955                                                              | 0                                                                          | 22,487                                                                                        |
| Toni L Mark<br>Chief Technology Officer                                                                                                       | 40 0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 249,826                                                              | 0                                                                          | 36,856                                                                                        |
| Marko Vujcic PHD<br>VP - HPRC                                                                                                                 | 40 0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 332,846                                                              | 0                                                                          | 18,676                                                                                        |
| Marcello W Araujo DDS<br>VP - Science Institute                                                                                               | 40 0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 273,438                                                              | 0                                                                          | 24,395                                                                                        |
| Michael A Graham<br>SVP - Govt & Public Affairs                                                                                               | 40 0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 273,602                                                              | 0                                                                          | 35,493                                                                                        |

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

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                         |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| James S Goodman<br>VP - DCCE            | 40 0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 259,651                                                              | 0                                                                         | 25,257                                                                                        |
| Stephanie L Moritz<br>VP Communications | 40 0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 262,149                                                              | 0                                                                         | 26,841                                                                                        |

**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.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                         |                                                     |
|---------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br>American Dental Association | <b>Employer identification number</b><br>36-0724690 |
|---------------------------------------------------------|-----------------------------------------------------|

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

|          |                                                                                                          |      |
|----------|----------------------------------------------------------------------------------------------------------|------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV |      |
| <b>2</b> | Political expenditures                                                                                   | ▶ \$ |
| <b>3</b> | Volunteer hours                                                                                          |      |

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

|           |                                                                                         |                                                          |
|-----------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b> | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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).**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$                                                     |
| <b>3</b> | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | 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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

**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                                       |

**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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                         | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

|           |                                                                                                                                                                                                                              | (a) |    | (b)    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                              | Yes | No | Amount |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | 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 |
|------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      |     | No |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 |     | No |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | 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."

|          |                                                                                                                                                                                                                                            |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  | 54,476,016 |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |            |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> | 2,240,000  |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> | -4,794,984 |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> | -2,554,984 |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  | 4,085,701  |
| <b>4</b> | 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? | <b>4</b>  | 0          |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  | -6,640,685 |

**Part IV** Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule C, Part III-B Lobbying Activities | 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. |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | As Filed Data -                                                                                                                                                                                                                                                                                                                                                    |                                          | DLN: 93493237001397                          |                                                                                  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>                                                                                                                                                                                                                                                                                                                                                                |                                                   | <div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br/>► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |                                          |                                              | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>American Dental Association                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          | Employer identification number<br>36-0724690 |                                                                                  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                                            |                                          | (b) Funds and other accounts                 |                                                                                  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total number at end of year                       |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Aggregate value of contributions to (during year) |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Aggregate value of grants from (during year)      |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Aggregate value at end of year                    |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br/><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br/><input type="checkbox"/> Preservation of open space</div> |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►                                                                                                                                                                                                                                                                                                                          |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                                                                                                                                                                                                                    |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
| 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.<br>Complete if the organization answered "Yes" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          | ► \$                                         |                                                                                  |
| b Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          | ► \$                                         |                                                                                  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                              |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                    | Cat No 52283D Schedule D (Form 990) 2016 |                                              |                                                                                  |



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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

|                                                  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     |                 |               |                   |                     |                    |
| 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 on 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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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                                                                                     |                                      | 102,532,585                     | 79,740,393                   | 22,792,192     |
| c Leasehold improvements                                                                        |                                      | 6,037,834                       | 3,249,095                    | 2,788,739      |
| d Equipment                                                                                     |                                      | 49,995,167                      | 44,772,188                   | 5,222,979      |
| e Other                                                                                         |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 34,546,023     |

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                   |                                                             |
| (2) Closely-held equity interests . . . . .                             |                   |                                                             |
| (3) Other _____                                                         |                   |                                                             |
| (A)                                                                     |                   |                                                             |
| (B)                                                                     |                   |                                                             |
| (C)                                                                     |                   |                                                             |
| (D)                                                                     |                   |                                                             |
| (E)                                                                     |                   |                                                             |
| (F)                                                                     |                   |                                                             |
| (G)                                                                     |                   |                                                             |
| (H)                                                                     |                   |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶     |                   |                                                             |

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |                                                             |

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ |                |

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| Liability For Deferred Comp                                         | 6,935,006      |
| Tenant Security Deposits                                            | 136,005        |
| Post-Retirement Benefit                                             | 11,378,082     |
| (4)                                                                 |                |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 18,449,093     |

2. Liability for uncertain tax positions 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**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |  |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  |  |

**Part XIII Supplemental Information**

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.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 36-0724690

**Name:** American Dental Association

## Supplemental Information

| Return Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN<br>48 (ASC 740) footnote | Deferred taxes are established for temporary differences between the financial reporting basis and the tax basis of assets and liabilities. Deferred taxes are based upon enacted tax rates, which would apply during the period in which taxes become payable or recoverable, and the adjustment of cumulative deferred taxes for any changes in the tax rate. The Association accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes. ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Topic 740, the Association must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Topic 740 also provides guidance on derecognition, classification, interest, and penalties on income taxes and accounting in interim periods and requires increased disclosures. As of December 31, 2016, there was no liability related to uncertain tax positions for federal and state income taxes. |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 its grants and other 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 its grants and other assistance outside the United States

**3 Activities 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 |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| ( 1 ) See Add'l Data                              |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 2 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 3 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 4 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| ( 5 )                                             |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a</b> Sub-total                               | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 1,105,631                                            |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 0                                                    |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0                                                                      |                                                                                                                                             |                                                                                                    | 1,105,631                                            |

**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.

| <b>1</b>     | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|--------------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>( 1 )</b> |                                 |                                                     |                   |                             |                                 |                                        |                                          |                                               |                                                              |
| <b>( 2 )</b> |                                 |                                                     |                   |                             |                                 |                                        |                                          |                                               |                                                              |
| <b>( 3 )</b> |                                 |                                                     |                   |                             |                                 |                                        |                                          |                                               |                                                              |
| <b>( 4 )</b> |                                 |                                                     |                   |                             |                                 |                                        |                                          |                                               |                                                              |

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

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III** **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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| ( 1 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 2 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 3 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 4 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 5 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 6 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 7 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 8 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 9 )                           |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 10 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 11 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 12 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 13 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 14 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 15 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 16 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 17 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |
| ( 18 )                          |            |                          |                          |                                 |                                   |                                        |                                                       |



**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 organization may be required to separately 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V**   **Supplemental Information**

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).

| Return Reference                                                        | Explanation                                                                                                                                                                                                   |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds | 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. |

| Return Reference                                                           | Explanation                                                                                                                                                                                                   |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule F, Part I, Line 2 PROCEDURES<br>FOR MONITORING USE OF GRANT FUNDS | 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. |

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 36-0724690

**Name:** American Dental Association

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| East Asia and the Pacific                | 0                                   | 0                                           | Conference Travel                                                                                                              |                                                                                                    | 14,101                            |
| East Asia and the Pacific                | 0                                   | 0                                           | Program Services                                                                                                               | Purchase of IT related password protection for organization                                        | 1,585                             |
| Europe (Including Iceland and Greenland) | 0                                   | 0                                           | Conference Travel                                                                                                              |                                                                                                    | 94,019                            |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region                          | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Europe (Including Iceland and Greenland) | 0                                   | 0                                           | Program Services                                                                                                               | Software license fees, organizational membership fees in international dental associations, booth exhibit fees, advertising | 972,083                           |
| Europe (Including Iceland and Greenland) | 0                                   | 0                                           | Speaking engagements                                                                                                           |                                                                                                                             | 1,000                             |
| Middle East and North Africa             | 0                                   | 0                                           | Conference Travel                                                                                                              |                                                                                                                             | 6,385                             |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region                           | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| North America (Canada & Mexico only) | 0                                   | 0                                           | Program Services                                                                                                               | Update of questions for national dental examinations for testing division                          | 11,508                            |
| South America                        | 0                                   | 0                                           | Program Services                                                                                                               | Advertising                                                                                        | 4,950                             |

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As Filed Data -

DLN: 93493237001397

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Dental Association

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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                          |         |                               |                          |                                   |                                                       |                                        |                                    |
| (1)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (2)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |

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 . . . . . 52

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| (1)                             |                          |                          |                                   |                                                       |                                        |
| (2)                             |                          |                          |                                   |                                                       |                                        |
| (3)                             |                          |                          |                                   |                                                       |                                        |
| (4)                             |                          |                          |                                   |                                                       |                                        |
| (5)                             |                          |                          |                                   |                                                       |                                        |
| (6)                             |                          |                          |                                   |                                                       |                                        |
| (7)                             |                          |                          |                                   |                                                       |                                        |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds | American Dental Association grants are usually given in accordance with established agreements regarding specific purposes. Detailed reporting of monies spent is obtained for the grant to the ADA Foundation but not typically required for other grants. The association awards grants based on a case by case review. Criteria and templates have been established for the grants to state dental associations. |



Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 36-0724690  
Name: American Dental Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC 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 |
|----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| National Network for Oral Health Access<br>181 E 56TH AVENUE<br>DENVER, CO 80216 | 84-1186592 | 501(c)(3)                     | 10,250                   |                                   |                                                       |                                        | support                            |
| DENTAL LIFELINE NETWORK<br>1800 15TH STREET<br>DENVER, CO 80202                  | 56-6002033 | 501(c)(3)                     | 50,000                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC 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 |
| ALABAMA DENTAL ASSOCIATION<br>836 Wahsington Street<br>Montgomery, IL 36104                                    | 63-0415082 | 501(c)(6)                     | 9,000                    |                                   |                                                       |                                        | public support                     |
| ALASKA DENTAL SOCIETY<br>9170 Jewel Lake Road<br>Anchorage, AK 99503                                           | 92-0064057 | 501(c)(6)                     | 11,390                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC 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 |
| ARIZONA DENTAL ASSOCIATION<br>3193 N DRINKWATER BLVD<br>SCOTTSDALE, AZ 85251                                   | 86-0103604 | 501(c)(6)                     | 141,000                  |                                   |                                                       |                                        | public support                     |
| CALIFORNIA DENTAL ASSOCIATION<br>1201 K STREET<br>SACRAMENTO, CA 95853                                         | 95-2822367 | 501(c)(6)                     | 130,993                  |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC 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 |
| COLEGIO DE CIRUJANOS<br>DENTISTAS<br>200 CALLE MANUEL<br>DEOMENECH<br>SAN JUAN, PR 00918                       | 66-0240779 | 501(c)(6)                     | 48,700                   |                                   |                                                       |                                        | public support                     |
| COLORADO DENTAL<br>ASSOCIATION<br>3690 S YOSEMITE<br>DENVER, CO 80237                                          | 84-0890863 | 501(c)(6)                     | 76,400                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC 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 |
| CONNECTICUT STATE DENTAL ASSOCIATION<br>835 WEST QUEEN STREET<br>SOUTHINGTON, CT 06489                         | 06-0605831 | 501(c)(6)                     | 50,750                   |                                   |                                                       |                                        | public support                     |
| DELAWARE STATE DENTAL SOCIETY<br>200 CONTINENTAL DRIVE<br>NEWARK, DE 19713                                     | 51-6015486 | 501(c)(6)                     | 63,492                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| GEORGIA DENTAL ASSOCIATION<br>7000 PEACHTREE DUNWOODY ROAD NE<br>ATLANTA, GA 303281655                         | 58-0626520 | 501(c)(6)                     | 136,885                  |                                   |                                                       |                                        | public support                     |
| GREATER ST LOUIS DENTAL SOCIETY<br>11457 OLDE CABIN ROAD<br>ST LOUIS, MO 63141                                 | 43-0494640 | 501(c)(6)                     | 17,860                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| HARTFORD DENTAL SOCIETY<br>342 NORTH MAIN ST<br>WEST HARTFORD, CT 06117                                        | 06-6039487 | 501(c)(6)                     | 5,000                    |                                   |                                                       |                                        | public support                     |
| HAWAII DENTAL ASSOCIATION<br>1345 S BERETANIA STREET<br>HONOLULU, HI 96814                                     | 99-6005352 | 501(c)(6)                     | 57,724                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
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| IDAHO STATE DENTAL ASSOCIATION<br>1220 W HAYS STREET<br>BOISE, ID 83702                                        | 82-6007766 | 501(c)(6)                     | 55,000                   |                                   |                                                       |                                        | public support                     |
| INDIANA DENTAL ASSOCIATION<br>1319 E STOP 10 RD<br>INDIANAPOLIS, IN 46227                                      | 35-0411620 | 501(c)(6)                     | 12,000                   |                                   |                                                       |                                        | public support                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| KAGENO WORLDWIDE<br>261 BROADWAY<br>NEW YORK, NY 10007                                                         | 25-1910983 | 501(c)(6)                     | 10,000                   |                                   |                                                       |                                        | public support                     |
| KANSAS DENTAL ASSOCIATION<br>5200 SW HUNTOON STREET<br>TOPEKA, KS 66604                                        | 48-0803779 | 501(c)(6)                     | 136,495                  |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| LOUISIANA DENTAL ASSOCIATION<br>7833 OFFICE PARK BLVD<br>BATON ROUGE, LA 70809                                 | 72-0428263 | 501(c)(6)                     | 76,085                   |                                   |                                                       |                                        | public support                     |
| MACOMB DENTAL SOCIETY<br>54152 SHERWOOD<br>SHELBY TWP, MI 48315                                                | 38-6107375 | 501(c)(6)                     | 9,000                    |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| MAINE DENTAL ASSOCIATION<br>PO BOX 215<br>MANCHESTER, ME 04351                                                 | 01-6019308 | 501(c)(6)                     | 101,859                  |                                   |                                                       |                                        | public support                     |
| MASSACHUSETTS DENTAL SOCIETY<br>2 WILLOW STREET<br>SOUTHBOROUGH, MA 01745                                      | 04-1590155 | 501(c)(6)                     | 50,401                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC 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 ASSOCIATION<br>3657 OKEMOS ROAD<br>OKEMOS, MI 48864                                            | 38-1300483 | 501(c)(6)                     | 69,676                   |                                   |                                                       |                                        | public support                     |
| MINNEAPOLIS DISTRICT DENTAL SOCIETY<br>2475 15TH STREET NW<br>NEW BRIGHTON, MN 55112                           | 41-0414680 | 501(c)(6)                     | 10,500                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| MISSOURI DENTAL ASSOCIATION<br>3340 AMERICAN AVENUE<br>JEFFERSON CITY, MO 65110                                | 44-0535233 | 501(c)(6)                     | 73,632                   |                                   |                                                       |                                        | public support                     |
| MONTANA DENTAL ASSOCIATION<br>PO BOX 1154<br>HELENA, MT 59624                                                  | 81-0169605 | 501(c)(6)                     | 25,000                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| MONTGOMERY BUCKS DENTAL SOCIETY<br>PO BOX 633<br>GREEN LANE, PA 18054                                          | 23-7012241 | 501(c)(6)                     | 5,000                    |                                   |                                                       |                                        | public support                     |
| NEW HAMPSHIRE DENTAL SOCIETY<br>RELIEF FUND<br>CONCORD, NH 03302                                               | 02-0230365 | 501(c)(6)                     | 155,408                  |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| NEW MEXICO DENTAL ASSOCIATION<br>9201 MONTGOMERY BLVD NE<br>ALBUQUERQUE, NM 87111                              | 85-0122362 | 501(c)(6)                     | 115,850                  |                                   |                                                       |                                        | public support                     |
| NEW YORK STATE DENTAL ASSOCIATION<br>20 Corporate Woods Blvd<br>ALBANY, NY 12211                               | 14-1434154 | 501(c)(6)                     | 20,000                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| NORTH CAROLINA DENTAL SOCIETY<br>1600 EVANS ROAD<br>CARY, NC 27513                                             | 56-0608781 | 501(c)(6)                     | 6,500                    |                                   |                                                       |                                        | public support                     |
| NORTH DAKOTA DENTAL ASSOCIATION<br>115 N 4TH ST<br>BISMARCK, ND 58501                                          | 45-6014875 | 501(c)(6)                     | 20,000                   |                                   |                                                       |                                        | public support                     |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| NORTHERN KENTUCKY DENTAL<br>PO BOX 17062<br>KY, KY 41017                                                       | 61-1289884 | 501(c)(6)                     | 6,000                    |                                   |                                                       |                                        | public support                     |
| OHIO DENTAL ASSOCIATION<br>1370 DUBLIN ROAD<br>COLUMBUS, OH 43215                                              | 31-4361266 | 501(c)(6)                     | 8,000                    |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| OREGON DENTAL ASSOCIATION<br>8699 SW SUN PLACE<br>WILSONVILLE, OR 97070                                        | 93-0243383 | 501(c)(6)                     | 22,500                   |                                   |                                                       |                                        | public support                     |
| PENNSYLVANIA DENTAL ASSOCIATION<br>3501 N FRONT STREET<br>HARRISBURG, PA 17105                                 | 23-0961120 | 501(c)(6)                     | 7,500                    |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| QUEENS COUNTY DENTAL SOCIETY<br>86-90 188TH STREET<br>JAMAICA, NY 11423                                        | 11-2014838 | 501(c)(6)                     | 10,000                   |                                   |                                                       |                                        | public support                     |
| SOUTH DAKOTA DENTAL ASSOCIATION<br>PO BOX 1194<br>PIERRE, SD 57501                                             | 46-0363251 | 501(c)(6)                     | 12,000                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| SOUTH FLORIDA DISTRICT DENTAL<br>420 S DIXIE HIGHWAY<br>CORAL GABLES, FL 33146                                 | 59-0806565 | 501(c)(6)                     | 5,900                    |                                   |                                                       |                                        | public support                     |
| SOUTHERN NEVADA DENTAL SOCIETY<br>8863 W FLAMINGO RD<br>LAS VEGAS, NV 89147                                    | 88-0244494 | 501(c)(6)                     | 5,000                    |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| TEXAS DENTAL ASSOCIATION<br>1946 SOUTH IH 35<br>AUSTIN, TX 78704                                               | 75-0608460 | 501(c)(6)                     | 6,500                    |                                   |                                                       |                                        | public support                     |
| VERMONT STATE DENTAL SOCIETY<br>1 KENNEDY DRIVE<br>SOUTH BURLINGTON, VT<br>05403                               | 22-2514423 | 501(c)(6)                     | 199,323                  |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| VIRGINIA DENTAL ASSOCIATION<br>3460 MAYLAND COURT<br>HENRICO, VA 23233                                         | 54-0697647 | 501(c)(6)                     | 37,902                   |                                   |                                                       |                                        | public support                     |
| WASHINGTON STATE DENTAL ASSOCIATION<br>126 NW CANAL STREET<br>SEATTLE, WA 98107                                | 91-0750294 | 501(c)(6)                     | 96,398                   |                                   |                                                       |                                        | public support                     |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
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| WASHTENAW DISTRICT SOCIETY<br>PO BOX 2584<br>ANN ARBOR, MI 48106                                               | 38-2472465 | 501(c)(6)                     | 5,490                    |                                   |                                                       |                                        | public support                     |
| ADA Foundation<br>211 E Chicago<br>Chicago, IL 60611                                                           | 36-6132046 | 501(C)(3)                     | 2,361,000                |                                   |                                                       |                                        | Support                            |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
American Dental Association

Employer identification number  
36-0724690

**Part I Questions Regarding Compensation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                                                 | No                                                                       |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----|--|--|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence                       | <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account                                     | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |    |  |  |
| <input type="checkbox"/> First-class or charter travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Housing allowance or residence for personal use            |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <input checked="" type="checkbox"/> Travel for companions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Payments for business use of personal residence            |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <input type="checkbox"/> Discretionary spending account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>b</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                                                                              |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 Yes                                                                               |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>3</b> 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>                                                                                        | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract          | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                               | <input type="checkbox"/> Form 990 of other organizations                      | <input checked="" type="checkbox"/> Approval by the board or compensation committee |                                                                                             |                                                                          |    |  |  |
| <input checked="" type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Written employment contract                     |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Compensation survey or study                    |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Approval by the board or compensation committee |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b Yes</td> <td></td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                      | <b>a</b> Receive a severance payment or change-of-control payment?                  | 4a                                                                       | No                                                                      | <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b Yes                                                                        |                                                                                     | <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? | 4c                                                                       | No |  |  |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a                                                                                  | No                                                                       |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4b Yes                                                                              |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4c                                                                                  | No                                                                       |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td>5a</td> <td></td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td>5b</td> <td></td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>a</b> The organization?                                                          | 5a                                                                       |                                                                         | <b>b</b> Any related organization?                                                             | 5b                                                                            |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5a                                                                                  |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5b                                                                                  |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td>6a</td> <td></td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td>6b</td> <td></td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>a</b> The organization?                                                          | 6a                                                                       |                                                                         | <b>b</b> Any related organization?                                                             | 6b                                                                            |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6a                                                                                  |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6b                                                                                  |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>7</b> For persons listed on 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                                                                                   |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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                                                                                   |                                                                          |                                                                         |                                                                                                |                                                                               |                                                                                     |                                                                                             |                                                                          |    |  |  |
| <b>9</b> If "Yes" on 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 on 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 in column(B) reported as deferred on prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

**Part III Supplemental Information**

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.

| Return Reference                                                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 1a Travel for companions                         | Companion travel is considered a taxable benefit and subject to tax. The tax associated with this benefit is also included in the individuals' Form W-2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Schedule J, Part I, Line 1a Tax indemnification and gross-up payments     | See explanation for Line 1a as noted below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | As part of the Executive Director's employment contract, the Executive Director was reimbursed for membership in an athletic club.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan     | Deferred compensation in column C includes, where applicable, the 2016 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 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. |

Additional Data

Software ID: 16000421  
Software Version: 2016v3.0  
EIN: 36-0724690  
Name: American Dental Association

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

| (A) Name 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 in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                               |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1Paul S Sholty<br>Chief Financial Officer                     | (i)  | 261,897                                            | 5,000                               | 3,195                               | 24,000                                         | 15,007                  | 309,099                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1Kathleen T O'Loughlin DMD<br>Executive Director/COO          | (i)  | 544,699                                            | 23,690                              | 11,378                              | 24,000                                         | 9,567                   | 613,334                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2Gary Roberts DDS<br>President (2016-2017)                    | (i)  | 232,901                                            | 0                                   | 41,359                              | 0                                              | 7,286                   | 281,546                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3Carol Summerhays DDS<br>President (2015-2016) - Partial Year | (i)  | 251,698                                            | 0                                   | 11,599                              | 0                                              | 1,030                   | 264,327                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4Michael D Springer<br>SVP - Business & Publishing            | (i)  | 289,018                                            | 250                                 | 4,891                               | 24,000                                         | 9,259                   | 327,418                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5Anthony J Ziebert DDS<br>SVP - Education                     | (i)  | 298,544                                            | 0                                   | 2,839                               | 24,000                                         | 3,658                   | 329,041                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6John Craig Busey<br>General Counsel                          | (i)  | 278,371                                            | 0                                   | 5,409                               | 24,000                                         | 3,658                   | 311,438                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7William Robinson<br>VP-Memb&Client                           | (i)  | 259,297                                            | 0                                   | 1,354                               | 24,000                                         | 7,766                   | 292,417                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8Sabrina A King<br>Chief of People Management                 | (i)  | 251,718                                            | 0                                   | 3,237                               | 15,597                                         | 6,890                   | 277,442                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9Toni L Mark<br>Chief Technology Officer                      | (i)  | 246,827                                            | 0                                   | 2,999                               | 24,000                                         | 12,856                  | 286,682                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 10Marko Vujicic PHD<br>VP - HPRC                              | (i)  | 331,925                                            | 0                                   | 921                                 | 18,000                                         | 676                     | 351,522                         | 1,011                                                                 |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 11Marcello W Araujo DDS<br>VP - Science Institute             | (i)  | 269,879                                            | 0                                   | 3,559                               | 13,398                                         | 10,997                  | 297,833                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 12Michael A Graham<br>SVP - Govt & Public Affairs             | (i)  | 265,979                                            | 5,000                               | 2,623                               | 24,000                                         | 11,493                  | 309,095                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 13James S Goodman<br>VP - DCCE                                | (i)  | 258,132                                            | 0                                   | 1,519                               | 18,000                                         | 7,257                   | 284,908                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 14Stephanie L Moritz<br>VP Communications                     | (i)  | 261,558                                            | 0                                   | 591                                 | 15,348                                         | 11,493                  | 288,990                         | 0                                                                     |
|                                                               | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
American Dental Association

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

36-0724690

**990 Schedule O, Supplemental Information**

| Return Reference                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 6 Classes of members or stockholders | 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 divided 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 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | 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 |

## 990 Schedule O, Supplemental Information

| Return Reference                                                                   | Explanation                                                                                                                                              |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | 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 |

## 990 Schedule O, Supplemental Information

| Return Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | 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. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | There is an annual review of the conflict of interest policy. Board members and employees at the director level and above are required to sign the conflict of interest disclosure form each year. In-house legal counsel collects and reviews responses and determines necessary action if any. Individuals who have a disclosed conflict recuse themselves from discussion, and do not vote if there is a direct conflict. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15a Process<br>to establish<br>compensation<br>of top<br>management<br>official | 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 on an annual basis All employees' salaries are made available to the Board of Trustees upon request for examination and any deliberations or decisions based on the review is documented in the board minutes The Human Resources Department obtains comparability data on annual salary increases every 3 to 5 years and monitors a comprehensive compensation program |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15b Process<br>to establish<br>compensation<br>of other<br>employees | The Executive Director determines and reviews the compensation of Key Employees on an annual basis. Employees' salaries are made available to the Board of Trustees for examination upon request and any deliberations or decisions based on the review is documented in the board minutes. The Human Resources Department reviews comparability data on annual salary increases every 3 to 5 years and monitors a comprehensive compensation program. |

# 990 Schedule O, Supplemental Information

| Return Reference                                                      | Explanation                                                                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 Required documents available to the public | The American Dental Association does not make its governing documents, conflict of interest policy or financial statements available to the public |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                         | Explanation                                                                                                                                                                                                                                          |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>5 Royalties | ADA entered into a journal publishing agreement to publish, promote, and distribute The Journal of the American Dental Association (JADA) The amount that the Publisher pays to ADA is primarily related to advertising revenue from the publication |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                   | Explanation                                                                                                                                                                     |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | Other Revenue - Total Revenue 2310020, Related or Exempt Function Revenue , Unrelated Bu<br>siness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 2310020, |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                      | Explanation                                                                                                                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Investment in Sub - 174645, Pension Related Changes other than Net Periodic Costs - -19721<br>74, Retiree Medical Changes other than Net Periodic Costs - -811215, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations

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

| (a)<br>Name, address, and EIN (if applicable) of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)ADA Foundation<br>211 East Chicago Avenue<br><br>Chicago, IL 606112637<br>36-6132046            | Grant Making            | IL                                               | 501(c)(3)                  | 9                                                   | NA                               |                                              | No |
| (2)ADPAC Education Fund<br>1111 14th Street NW<br>Suite 1100<br>Washington, DC 20005<br>90-0038675 | Seg Fund                | DC                                               | 527                        |                                                     | NA                               |                                              | No |
|                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                    |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                                     | (b)<br>Primary activity                          | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| <b>(1)</b> ADA Business Enterprises Inc<br>211 East Chicago Avenue<br>Chicago, IL 606112637<br>36-3679743                                    | Financial Services                               | IL                                                        | American Dental<br>Association      | C Corporation                                          | 174,646                         | 3,042,210                                 | 100 %                          | Yes                                                    |    |
| <b>(2)</b> American Dental Association Political Action Committee<br>1111 14th Street NW<br>Suite 1100<br>Washington, DC 20005<br>52-0913198 | Encourage Participation in<br>Government Affairs | DC                                                        | NA                                  | C Corporation                                          | -37,781                         | 607,080                                   | 100 %                          |                                                        | No |
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|                                                                                                                                              |                                                  |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                                                | Yes           | No |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                                             | <b>1b</b> Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                                                           | <b>1c</b> Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                                                  | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                                                         | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .                                                                                      | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                                                   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                                             | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                                             | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                  | <b>1j</b> Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                | <b>1k</b>     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b> Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                                                      | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                                                  | <b>1p</b> Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                                                  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                                               | <b>1r</b> Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                                             | <b>1s</b> Yes |    |

**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)<br>Name of related organization     | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| <b>(1)</b> ADA Business Enterprises Inc | A                                | 102,650                | Lease terms                                  |
| <b>(2)</b> ADA Business Enterprises Inc | P                                | 112,724                | Indirect Cost calculation                    |
| <b>(3)</b> ADA Business Enterprises Inc | C                                | 50,000                 | Cash Value                                   |
| <b>(4)</b> ADA Foundation               | B                                | 2,361,000              | Cash Value                                   |
|                                         |                                  |                        |                                              |
|                                         |                                  |                        |                                              |

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

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|