

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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 \$ 164,607,397

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 diverse membership advances the oral health of the public.
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 20
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 463
	6 Total number of volunteers (estimate if necessary) 6 450
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 10,913,138 b Net unrelated business taxable income from Form 990-T, line 39 7b 2,444,360
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 1,233,750 1,596,312
	9 Program service revenue (Part VIII, line 2g) 9 96,048,941 100,065,892
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,297,045 5,082,319
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 28,199,567 28,084,773
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 133,779,303 134,829,296
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 4,817,693 5,077,347
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 59,070,283 64,529,698
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0
	b Total fundraising expenses (Part IX, column (D), line 25) 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 59,936,622 65,673,542
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 123,824,598 135,280,587
	19 Revenue less expenses. Subtract line 18 from line 12 19 9,954,705 -451,291
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 204,160,708 219,930,318
	21 Total liabilities (Part X, line 26) 21 94,392,663 102,302,411
	22 Net assets or fund balances. Subtract line 21 from line 20 22 109,768,045 117,627,907

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

2020-08-31
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name CROWE LLP
Firm's address 225 West Wacker Drive Suite 2600
Chicago, IL 606061224

Preparer's signature
Firm's EIN 35-0921680
Phone no. (312) 899-7000

Date
PTIN P01342224

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 professional through initiatives in advocacy, education, research, and the development of standards.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Build a community for a professional association of over 181,000 dentists by developing and promoting member value, recruiting and retaining members, fostering collaborative tripartite network (national, state, local) provide leadership development, advance diversity and inclusion, and position ADA as America's leading advocate for oral health.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Promoting high quality and effective processes for dental education, dental licensure and credentialing. This is accomplished through monitoring and disseminating information on dental education and licensure issues and conducting studies. There are also ongoing liaison activities with related organizations which also serve dental education and licensure including the recognized dental specialty certifying boards, sponsoring organizations, and allied dental organizations. ADA seeks to improve the quality of continuing education available for dentists. ADA accredited 1,649 education programs and nearly 47,500 individuals sat for certifying exams.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Develop and produce ADA's annual meeting 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 2019, there were over 31,000 attendees, receiving more than 37,000 hours of continuing education, and 1,195 booths in the ADA World Marketplace. Also included, is ADA as the premier dental education provider by providing a continuing education program throughout the year that is comprehensive and integrated.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** ▶

0

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 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>	9	No
10 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>	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	14b Yes	
15 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>	15 Yes	
16 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>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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>	21 Yes	

Part IV

Checklist of Required Schedules (continued)

	Yes	No
22 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>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27 <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31 <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34 <i>If "Yes," complete Schedule R, Part I</i> 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>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	551
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 463			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16 If "Yes," enter the amount of net investment income for which the organization is subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

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
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	20	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Paul Sholty 211 East Chicago Avenue Chicago, IL 606112637 (312) 440-2516	

Part VII

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr Chad P Gehani DDS President Elect (2018-Sep 2019)/President (Sep 2019-Oct 2020)	30.0 1.0	X		X				294,900	0	0
(2) Dr Craig W Herre Second VP (Oct 2018-Sep 2019)/First VP (Sep 2019-Oct 2020)	11.0	X		X				50,187	0	0
(3) Dr Richard A Huot First VP (Oct 2018- Sep 2019)	17.0	X		X				58,750	0	0
(4) Dr Ron Lemmo Treasurer (end Sep 2019)	28.0	X		X				0	0	0
(5) Dr Ted Sherwin Treasurer	14.0	X		X				75,226	0	0
(6) Dr Vincent U Rapini Second VP (Sep 2019-Oct 2020)	11.0	X		X				0	0	0
(7) Dr Billie S Kyger Trustee (2016-2020)	13.0	X						55,570	0	0
(8) Dr Brett Kessler Trustee (2019-2023)	4.0	X						0	0	0
(9) Dr Cesar R Sabates Trustee (2016-2020)	13.0 1.0	X						77,445	0	0
(10) Dr Craig S Armstrong Trustee (2019-2023)	4.0 1.0	X						0	0	0
(11) Dr Daniel J Klemmedson Trustee (2015-Sep 2019)	16.0 1.0	X						61,399	0	0
(12) Dr George R Shepley Trustee (2017-2021)	10.0	X						56,605	0	0
(13) Dr James D Stephens Trustee (2018-2022)	7.0 1.0	X						73,503	0	0
(14) Dr Jay F Harrington Trustee (2017-2021)	10.0	X						76,822	0	0
(15) Dr Judith M Fisch Trustee (2015-Sep 2019)	16.0	X						78,666	0	0
(16) Dr Julio H Rodriguez Trustee (2017-2021)	10.0	X						77,009	0	0
(17) Dr Kenneth McDougall Trustee (2016-2020)	13.0	X						59,905	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Dr Kirk M Norbo Trustee (2016-2020)	13.0	X						59,384	0	0
(19) Dr Linda J Edgar Trustee (2018-2022)	7.0	X						79,865	0	0
(20) Dr Linda K Himmelberger Trustee (2017-2021)	10.01.0	X						71,618	0	0
(21) Dr Paul R Leary Trustee (2018-2022)	7.0	X						56,138	0	0
(22) Dr Raymond A Cohlmlia Trustee (2015-Sep 2019)	16.0	X						79,755	0	0
(23) Dr Richard C Black Trustee (2015-Sep 2019)	16.01.0	X						78,310	0	0
(24) Dr Richard J Rosato Trustee (2019-2023)	4.0	X						0	0	0
(25) Dr Roy Thompson Trustee (2016-2020)	13.01.0	X						56,327	0	0
(26) Dr Susan B Doroshow Trustee (2018-2022)	7.0	X						53,518	0	0
(27) Dr Terry Fiddler Trustee (2019-2023)	4.0	X						0	0	0
(28) Dr Glen D Hall Speaker of the House (end in Sep 2019)	6.0			X				55,962	0	0
(29) Dr Jeffrey M Cole DDS President (2018-Sep 2019)	58.01.0			X				247,976	0	6,180
(30) Dr W Mark Donald Speaker of the House	6.0			X				0	0	0
(31) Kathleen T O'Loughlin DMD Executive Director/COO	40.01.0			X				668,737	0	56,153
(32) Paul S Sholty Chief Financial Officer	40.01.0			X				293,264	0	71,311
(33) Catherine H Mills VP - Business & Conference	40.0				X			245,387	0	39,034
(34) James S Goodman SVP, Business & Conference	40.0				X			293,640	0	50,941
(35) Jerome K Bowman Chief of Goverance & Strategy Mgmt	40.0				X			259,167	0	60,380
(36) Jordan Baugh Chief Technology Officer	40.0				X			245,794	0	35,129
(37) Michael A Graham SVP - Govt & Public Affairs	40.0				X			295,926	0	105,757
(38) Michelle L Hoffman VP, Publishing	40.0				X			243,760	0	46,837
(39) Robert Quashie VP, Business Operations & Strategy	40.0				X			262,451	0	42,200
(40) Stephanie L Moritz VP Communications	40.0				X			284,368	0	49,103
(41) Anthony J Ziebert DDS SVP - Education	40.0					X		329,405	0	63,740
(42) David M Preble DDS Sr VP - Practice Institute	40.0					X		300,007	0	64,728
(43) Judith E Fleeks VP-Human Resources	40.0					X		297,650	0	61,949
(44) Marcelo W Araujo DDS	40.0					X		312,387	0	43,001

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CEO ADAF Chief Science Officer ADA	20.0									
(45) Marko Vujicic PHD	40.0					X		359,329	0	40,712
VP - HPI										
(46) William J Robinson	0.0									
Former KE/President & CEO ADABIG	40.0						X	290,577	0	53,938

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	6,916,689	0	891,093

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 ▶
184

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

Section B. Independent Contractors

1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GMMB Inc 3050 K Street NW washington, DC 20007	Advertising	5,781,425
PROMETRIC INC PO BOX 223608 PITTSBURGH, PA 152512608	Testing Services	4,347,611
Enterprise Settlement Services LLC 2176 Wisconsin Avenue NW Suite 100 Washington, DC 20007	Real Estate Services	2,691,766
CONTINUUM LLC 21 DRYDOCK AVENUE SUITE 410 W BOSTON, MA 02210	Design Services	1,645,969
NCS PEARSON 13036 COLLECTION CENTER DRIVE CHICAGO, IL 60693	Testing Services	1,545,228

2
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶
47

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants
and Other Similar Amounts

1a	Federated campaigns . . .	1a		
b	Membership dues . . .	1b		
c	Fundraising events . . .	1c		
d	Related organizations	1d		
e	Government grants (contributions)	1e		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,596,312	
g	Noncash contributions included in lines 1a - 1f:\$	1g		
h Total. Add lines 1a-1f			1,596,312	

Program Service Revenue

2a	Membership Dues	Business Code				
		900099	55,822,190	55,822,190		
b	Meetings & Seminars	900099	10,523,739	10,404,464	10,275	109,000
c	Publications	541800	5,694,112	48,770	5,645,342	
d	Testing Service Revenue	541900	27,839,329	26,081,908	1,757,421	
e	Rental Income	532000	186,522		186,522	
f All other program service revenue.			0	0	0	0
9 Total. Add lines 2a-2f.			100,065,892			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		3,189,228			3,189,228
4	Income from investment of tax-exempt bond proceeds					
5	Royalties		16,186,832		2,436,447	13,750,385
		(i) Real	(ii) Personal			
6a	Gross rents	6a	6,426,356			
b	Less: rental expenses	6b	4,361,584			
c	Rental income or (loss)	6c	2,064,772	0		
d Net rental income or (loss)			2,064,772			2,064,772
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory	7a	26,297,915			
b	Less: cost or other basis and sales expenses	7b	24,404,824			
c	Gain or (loss)	7c	1,893,091	0		
d Net gain or (loss)			1,893,091			1,893,091
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c Net income or (loss) from gaming activities						

10a Gross sales of inventory, less returns and allowances . . .	10a	6,568,856			
	10b	1,011,693			
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory . . .			5,557,163		5,557,163
Miscellaneous Revenue	Business Code				
11a Sponsorship and Display Advertising Revenue	541800	203,020		203,020	
b Insurance Reimbursement	524298	688,309		572,185	116,124
c Program Maintenance	900099	1,519,526		101,926	1,417,600
d All other revenue		1,865,151	0	0	1,865,151
e Total. Add lines 11a-11d		4,276,006			
12 Total revenue. See instructions		134,829,296	92,357,332	10,913,138	29,962,514

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,067,347			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,000			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,590,359	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43,681,437			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,710,698			
9 Other employee benefits	4,381,842			
10 Payroll taxes	3,165,362			
11 Fees for services (non-employees):				
a Management				
b Legal	336,421			
c Accounting	713,773			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	229,286			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,113,826	0	0	0
12 Advertising and promotion	5,164,740			
13 Office expenses	9,943,783			
14 Information technology				
15 Royalties	1,597,786			
16 Occupancy	3,708,557			
17 Travel	7,298,268			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,566,362			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,552,790			
23 Insurance	418,870			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Test Administration Fees	5,702,121			
b Outside Services	12,131,053			
c Stipends/Honoraria	948,286			
d Income & Sales Tax Expense	768,204			
e All other expenses	2,479,416	0	0	0
25 Total functional expenses. Add lines 1 through 24e	135,280,587	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		126,439	1	5,408
	2	Savings and temporary cash investments		6,780,190	2	7,644,266
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,179,050	4	10,680,834
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		770,349	8	969,435
	9	Prepaid expenses and deferred charges		5,477,257	9	5,203,992
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a159,786,173			
	b	Less: accumulated depreciation	10b122,925,136	37,726,573	10c	36,861,037
	11	Investments—publicly traded securities		131,531,229	11	146,667,320
	12	Investments—other securities. See Part IV, line 11		4,333,579	12	4,917,128
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,236,042	15	6,980,898
16	Total assets. Add lines 1 through 15 (must equal line 34)		204,160,708	16	219,930,318	
Liabilities	17	Accounts payable and accrued expenses		63,155,883	17	67,071,860
	18	Grants payable			18	
	19	Deferred revenue		13,885,724	19	15,043,722
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		17,351,056	25	20,186,829
	26	Total liabilities. Add lines 17 through 25		94,392,663	26	102,302,411
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		109,768,045	27	117,627,907
	28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		109,768,045	32	117,627,907
	33	Total liabilities and net assets/fund balances		204,160,708	33	219,930,318

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,829,296
2	Total expenses (must equal Part IX, column (A), line 25)	2	135,280,587
3	Revenue less expenses. Subtract line 2 from line 1	3	-451,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,768,045
5	Net unrealized gains (losses) on investments	5	16,477,980
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,166,827
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	117,627,907

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID: 19010655

Software Version: 2019v5.0

Form 990, Special Condition Description:

Special Condition Description

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization American Dental Association	Employer identification number 36-0724690
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Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization American Dental Association	Employer identification number 36-0724690
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

Name of organization American Dental Association	Employer identification number 36-0724690
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization American Dental Association	Employer identification number 36-0724690
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

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 American Dental Association	Employer identification number 36-0724690
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
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.														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>		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.		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

1	Dues, assessments and similar amounts from members	1	55,822,190
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	2,060,000
b	Carryover from last year	2b	-10,052,560
c	Total	2c	-7,992,560
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	3,907,553
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-11,900,113

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.

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
American Dental Association

Employer identification number
36-0724690

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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) 2019

Part III

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

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

☐ Public exhibition

d

☐ Loan or exchange programs
- b

☐ Scholarly research

e

☐ Other
- c

☐ Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, 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 | 9,928,901 | 11,356,209 | 2,929,585 | 2,858,319 | 3,134,040 |
| b Contributions | 200 | 150 | 7,365,868 | | |
| c Net investment earnings, gains, and losses | 1,926,947 | -769,896 | 1,848,006 | 193,859 | -150,374 |
| d Grants or scholarships | 539,400 | 527,736 | 321,799 | | |
| e Other expenditures for facilities and programs | | 129,248 | 463,883 | 119,931 | 123,169 |
| f Administrative expenses | 53 | 578 | 1,568 | 2,662 | 2,178 |
| g End of year balance | 11,316,595 | 9,928,901 | 11,356,209 | 2,929,585 | 2,858,319 |
- 2
- Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 1.92 %
- b Permanent endowment ▶ 82.32 %
- c Temporarily restricted endowment ▶ 15.76 %
- 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) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |
- 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 | | 102,314,351 | 83,335,653 | 18,978,698 |
| c Leasehold improvements | | 12,486,574 | 5,087,233 | 7,399,341 |
| d Equipment | | 41,243,135 | 34,502,250 | 6,740,885 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 36,861,037 |

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	20,186,829
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.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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
Schedule D, Part V, Line 4 Intended uses of endowment funds	The ADA's related organization, the American Dental Association Foundation, has endowment funds that support access to care and educational activities as well as charitable financial assistance. Net Assets related to the Foundation endowments are donor restricted funds, classified and reported based upon the donor-imposed restrictions or per court order.
Schedule D, Part X, Line 2 FIN 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 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 accounting in interim periods and requires increased disclosures. As of December 31, 2019, there was no liability related to uncertain tax positions for federal and state income taxes.

Additional Data

Return to Form

Software ID: 19010655

Software Version: 2019v5.0

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
American Dental Association

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-0724690

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) North America (Canada & Mexico only)	0	0	Conference Travel		23,225
(2) North America (Canada & Mexico only)	0	0	Program Services	Software License	105,000
(3) North America (Canada & Mexico only)	0	0	Fundraising		14,500
(4) Europe (Including Iceland and Greenland)	0	0	Conference Travel		767,261
(5) Europe (Including Iceland and Greenland)	0	0	Program Services	software application, membership, subscription, consulting & implementation	702,572
(6) Europe (Including Iceland and Greenland)	0	0	Fundraising		30,250
(7) East Asia and the Pacific	0	0	Conference Travel		56,939
(8) East Asia and the Pacific	0	0	Program Services	Software License	86,032
(9) South Asia	0	0	Grantmaking		10,000
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			1,795,779
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,795,779

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			South Asia	Public Support	10,000	Wire Transfer	0	N/A	FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

1

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)*

☐ 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; don't file with Form 990).*

☐ 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.

[illegible]

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

Name of the organization
American Dental Association

Employer identification number
36-0724690

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) Clinica Tepeyac Inc 4725 High Street Denver, C O 80216	84-1285505	501(c)(3)	6,000				public support
(2) JIM COLEMAN LTD 1500 S Hicks Road Rolling Meadows,IL 60008	36-3737877	501(c)(3)	22,177				public support
(3) New Horizons Health Care 3716 Melrose Avenue NW Roanoke,V T 24017	22-3823819	501(c)(3)	6,000				public support
(4) Vermont Dental Care Programs Inc 32 Mallets Bay Ave Winooski,V T 05404	03-0228038	501(c)(3)	6,000				public support
(5) Zufall Health Center 18 West Blackwell Street Dover,NJ 07801	22-3125397	501(c)(3)	6,000				public support
(6) AMERICAN STUDENT DENTAL ASSOCIATION 211 E Chicago Ave Chicago,IL 60611	23-7136741	501(c)(6)	16,000				public support
(7) ARIZONA DENTAL ASSOCIATION 3193 N DRINKWATER BLVD SCOTTSDALE,AZ 85251	86-0103604	501(c)(6)	42,600				public support
(8) CALIFORNIA DENTAL ASSOCIATION 1201 K STREET SACRAMENTO,C A 95814	95-2822367	501(c)(6)	119,624				public support
(9) COLEGIO DE CIRUJANOS DENTISTAS 200 Calle Manual Domench San Juan,PR 009183537	66-0240779	501(c)(6)	115,720				public support
(10) COLORADO DENTAL ASSOCIATION 8301 E Prentice Ave Greenwood Village,C O 80111	84-0890863	501(c)(6)	7,536				public support
(11) CONNECTICUT STATE DENTAL ASSOCIATION 835 WEST QUEEN STREET SOUTHINGTON,CT 06489	06-0605831	501(c)(6)	56,000				public support
(12) DELAWARE STATE DENTAL SOCIETY 200 CONTINENTAL DRIVE NEWARK,DE 19713	51-6015486	501(c)(6)	50,000				public support
(13) GEORGIA DENTAL ASSOCIATION 700 PEACHTREE DUNWOODY ROAD NE ATLANTA,GA 30328	58-0626520	501(c)(6)	145,946				public support
(14) HAWAII DENTAL ASSOCIATION 1345 S BERETANIA STREET HONOLULU,HI 96814	99-6005352	501(c)(6)	55,000				public support
(15) IDAHO STATE DENTAL ASSOCIATION 1220 WEST HAYS ST BOISE,ID 83702	82-6007766	501(c)(6)	53,000				public support

(16) IOWA DENTAL ASSOCIATION 666 Grand Ave Des Moines,IA 50309	42-0335455	501(c)(6)	40,000				public support
(17) KANSAS DENTAL ASSOCIATION 5200 SW HUNTOON STREET TOPEKA,KS 66604	48-0803779	501(c)(6)	160,000				public support
(18) KENTUCKY DENTAL ASSOCIATION 1920 Nelson Miller Parkway Louisville,KY 402232164	61-0426190	501(c)(6)	50,000				public support
(19) Los Angeles Dental Society 3660 Wilshire Blvd Los Angeles,C A 90010	95-0734614	501(c)(6)	10,000				public support
(20) MAINE DENTAL ASSOCIATION PO BOX 215 MANCHESTER,ME 04351	01-6019308	501(c)(6)	144,936				public support
(21) MARYLAND STATE DENTAL ASSOCIATION 8901 HERRMANN DR COLUMBIA,MD 21045	52-6041784	501(c)(6)	95,000				public support
(22) MASSACHUSETTS DENTAL SOCIETY 2 WILLOW STREET SOUTHBOROUGH,MA 017451027	04-1590155	501(c)(6)	73,500				public support
(23) MICHIGAN DENTAL ASSOCIATION 3657 OKEMOS ROAD SUITE 100 OKEMOS,MI 48864	38-1300483	501(c)(6)	46,000				public support
(24) MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD MINNEAPOLIS,MN 55413	41-0418600	501(c)(6)	42,500				public support
(25) MISSISSIPPI DENTAL ASSOCIATION 439 Katherine Drive Flowood,MS 39232	23-7104321	501(c)(6)	67,460				public support
(26) MONTANA DENTAL ASSOCIATION PO BOX 1154 HELENA,MT 59624	81-0169605	501(c)(6)	33,000				public support
(27) NEBRASKA DENTAL ASSOCIATION 7160 S 29th Street Lincoln,NE 685165853	47-0384563	501(c)(6)	13,119				public support
(28) NEVADA DENTAL ASSOCIATION 8863 W Flamingo Road Las Vegas,NV 89147	88-0099382	501(c)(6)	107,450				public support
(29) NEW HAMPSHIRE DENTAL SOCIETY 23 S STATE STREET CONCORD,NH 03301	02-0230365	501(c)(6)	66,000				public support
(30) NEW JERSEY DENTAL ASSOCIATION 1 Dental Plaza North Brunswick,NJ 08902	21-0606618	501(c)(6)	82,402				public support
(31) NEW MEXICO DENTAL ASSOCIATION 9201 MONTGOMERY BLVD NE ALBUQUERQUE,NM 87111	85-0122362	501(c)(6)	167,316				public support
(32) NEW YORK STATE DENTAL ASSOCIATION 20 Corporate Woods Blvd Albany,NY 12211	14-1434154	501(c)(6)	8,893				public support
(33) NORTH CAROLINA DENTAL SOCIETY 1600 Evans Road Cary,NC 27615	56-0608781	501(c)(6)	28,225				public support
(34) NORTH DAKOTA DENTAL ASSOCIATION PO BOX 1332 BISMARCK,ND 58502	45-6014875	501(c)(6)	289,500				public support
(35) OHIO DENTAL ASSOCIATION 1370 Dublin Road Columbus,O H 43215	31-4361266	501(c)(6)	6,120				public support
(36) OKLAHOMA DENTAL	73-0384196	501(c)(6)	47,091				public support

ASSOCIATION 317 NE 13th Street Oklahoma,OK 73104						
(37) OREGON DENTAL ASSOCIATION 8699 SW Sun Place Wilsonville,OR 97070	93-0243383	501(c)(6)	110,000			public support
(38) PENNSYLVANIA DENTAL ASSOCIATION 3501 N Front Street PO Box 3341 Harrisburg,PA 17105	23-0961120	501(c)(6)	32,326			public support
(39) RHODE ISLAND DENTAL ASSOCIATION 875 Centerville Commons Bldg 4 Warwick,RI 02886	05-0374154	501(c)(6)	27,500			public support
(40) SOUTHERN NEVADA DENTAL SOCIETY 8863 W Flamingo Las Vegas,NV 89147	88-0244494	501(c)(6)	5,906			public support
(41) TEXAS DENTAL ASSOCIATION 1946 S IH-35 SOUTH Austin,TX 78704	75-0608460	501(c)(6)	80,000			public support
(42) UNIVERSITY OF CALIFORNIA 1855 Folsom Street PO Box 0812 San Francisco,C A 941430812	94-3067788	501(c)(6)	50,000			public support
(43) VERMONT STATE DENTAL SOCIETY 1 KENNEDY DRIVE SOUTH BURLINGTON,V T 05403	22-2514423	501(c)(6)	60,500			public support
(44) WASHINGTON STATE DENTAL ASSOCIATION 126 NW Canal Street Seattle,WA 98107	91-0750294	501(c)(6)	182,000			public support
(45) WISCONSIN DENTAL ASSOCIATION 6737 W Washington Street West Allis,WI 53214	39-0716117	501(c)(6)	45,000			public support
(46) ADA Foundation 211 E Chicago Chicago,IL 60611	36-6132046	501(C)(3)	2,198,000			Support

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

5

3

Enter total number of other organizations listed in the line 1 table

41

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 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

Return to Form

Software ID: 19010655
Software Version: 2019v5.0

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
American Dental Association

Employer identification number
36-0724690

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
1b	If any of the boxes on 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	Yes	
2	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 on Line 1a?	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	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: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
4a			No
4b			No
4c			No
5	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: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		
5a			
5b			
6	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: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		
6a			
6b			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8	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		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

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

For each individual whose compensation must be reported 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				
1Dr Chad P Gehani DDS President Elect (2018-Sep 2019)/President (Sep 2019-Oct 2020)	(i)	291,717	0	3,183	0	0	294,900	0
	(ii)	0	0	0	0	- 0	- 0	0
2Dr Jeffrey M Cole DDS President (2018-Sep 2019)	(i)	232,131	0	15,845	0	6,180	254,156	0
	(ii)	0	0	0	0	- 0	- 0	0
3Kathleen T O'Loughlin DMD Executive Director/COO	(i)	567,697	76,878	24,162	48,600	7,553	724,890	0
	(ii)	0	0	0	0	- 0	- 0	0
4Paul S Sholty Chief Financial Officer	(i)	287,502	500	5,262	61,953	9,358	364,575	0
	(ii)	0	0	0	0	- 0	- 0	0
5Jordan Baugh Chief Technology Officer	(i)	239,261	0	6,533	32,713	2,416	280,923	0
	(ii)	0	0	0	0	- 0	- 0	0
6Jerome K Bowman Chief of Governance & Strategy Mgmt	(i)	256,207	0	2,960	57,312	3,068	319,547	0
	(ii)	0	0	0	0	- 0	- 0	0
7James S Goodman SVP, Business & Conference	(i)	291,247	500	1,893	41,583	9,358	344,581	0
	(ii)	0	0	0	0	- 0	- 0	0
8Michael A Graham SVP - Govt & Public Affairs	(i)	290,590	0	5,336	94,544	11,213	401,683	0
	(ii)	0	0	0	0	- 0	- 0	0
9Michelle L Hoffman VP, Publishing	(i)	238,894	0	4,866	43,746	3,091	290,597	0
	(ii)	0	0	0	0	- 0	- 0	0
10Catherine H Mills VP - Business & Conference	(i)	243,443	500	1,444	38,379	655	284,421	0
	(ii)	0	0	0	0	- 0	- 0	0
11Stephanie L Moritz VP Communications	(i)	282,386	0	1,982	37,890	11,213	333,471	0
	(ii)	0	0	0	0	- 0	- 0	0
12Robert Quashie VP, Business Operations & Strategy	(i)	261,540	0	911	40,473	1,727	304,651	0
	(ii)	0	0	0	0	- 0	- 0	0
13Marcelo W Araujo DDS CEO ADAF Chief Science Officer ADA	(i)	310,476	0	1,911	37,268	5,733	355,388	0
	(ii)	0	0	0	0	- 0	- 0	0
14Judith E Fleeks VP-Human Resources	(i)	288,405	5,000	4,245	54,396	7,553	359,599	0
	(ii)	0	0	0	0	- 0	- 0	0
15David M Preble DDS Sr VP - Practice Institute	(i)	290,586	0	9,421	53,515	11,213	364,735	0
	(ii)	0	0	0	0	- 0	- 0	0
16Marko Vujicic PHD VP - HPI	(i)	346,131	12,000	1,198	40,712	0	400,041	0
	(ii)	0	0	0	0	- 0	- 0	0
17Anthony J Ziebert DDS SVP - Education	(i)	326,265	0	3,140	60,649	3,091	393,145	0
	(ii)	0	0	0	0	- 0	- 0	0
18William J Robinson Former KE/President & CEO ADABIG	(i)	287,263	250	3,064	47,294	6,644	344,515	0
	(ii)	0	0	0	0	- 0	- 0	0

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' 1099 or Form W-2. Executive Director;Former ADA President 2018-2019; 2 Officers; 16 Trustees
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Companion travel is considered a taxable benefit and subject to tax. The tax associated with this benefit is also included in the individuals' 1099 or Form W-2. The individuals receive gross up payments to cover their added tax burden for companion travel. Executive Director;Former ADA President 2018-2019; 2 Officers; 16 Trustees
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. The tax associated with this benefit is also included in the individuals' Form W-2.

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

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.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The nature of the voting rights of members is described above from Part VI, Line 6. Elections are held on an annual basis for each level of governance.
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.
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There is no committee with broad authority to act on behalf of the governing body.
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.
Form 990, Part VI, Line 12c Conflict of interest policy	There is an annual review of the conflict of interest policy. Board members and employees at the director level and above are required to sign the conflict of interest disclosure from 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.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The compensation committee of the board of trustees determines and reviews the compensation of the executive director 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 executive director annual salary increases every 3 to 5 years and monitors a comprehensive compensation program. This process was last undertaken in 2017 for the executive director.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	On an annual basis, the compensation committee of the board of trustees determines and reviews the compensation of the officers and members of the board of trustees while the executive director determines and reviews the compensation of key employees. 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.
Form 990, Part VI, Line 19 Required documents available to the public	The American Dental Association makes its governing documents, conflict of interest policy or financial statements available upon request.
Form 990, Part VIII, Line 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.
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other - Total Revenue: 1865151, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 1865151;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Investment in Sub - -1426138; Pension Related Changes other than Net Periodic Costs - -7326069; Reversal of Grant Expenses - 585380;

Additional Data

[Return to Form](#)

Software ID: 19010655

Software Version: 2019v5.0

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ADA Foundation 211 East Chicago Avenue Chicago, IL 606112637 36-6132046	Grant Making	IL	501(c)(3)	9	NA		No
(2)ADPAC Education Fund 1111 14th Street NW Suite 1100 Washington, DC 20005 90-0038675	Seg. Fund	DC	527		NA		No
(3)AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE 1111 14th Street NW Suite 1100 Washington, DC 20005 52-0913198	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)ADA Business Enterprises Inc 211 East Chicago Avenue Chicago, IL 606112637 36-3679743	Financial Services	IL	American Dental Association	C Corporation	512,958	3,662,706	100 %	Yes	
(2)ADA BUSINESS INNOVATION GROUP 541 N FAIRBANKS CT FL 22ND CHICAGO, IL 60611 83-2668449	Dental Practice Matching Service	IL	AMERICAN DENTAL ASSOCIATION	C Corporation	-1,789,190	1,254,420	100 %	Yes	

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?

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

1a Yes

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

1b Yes

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

1c Yes

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

1d No

e Loans or loan guarantees by related organization(s)

1e No

f Dividends from related organization(s)

1f No

g Sale of assets to related organization(s)

1g No

h Purchase of assets from related organization(s)

1h No

i Exchange of assets with related organization(s)

1i No

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

1j Yes

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

1k No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q Yes

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADA Business Enterprises Inc	A	115,492	Lease terms
(2) ADA Business Enterprises Inc	Q	147,664	Indirect Cost calculation
(3) ADA BUSINESS INNOVATION GROUP	B	2,009,688	Cash Value
(4) ADA Foundation	B	2,198,000	Cash Value
(5) ADA Business Enterprises Inc	L	201,295	Cash Value
(6) ADA BUSINESS INNOVATION GROUP	C	109,000	Cash Value

Schedule R (Form 990) 2019

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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