

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**B** Check if applicable:  Address change  Name change  Initial return  Final return/terminated  Amended return  Application pending

**C** Name of organization: American Dental Association

**D** Employer identification number: 36-0724690

Doing business as: \_\_\_\_\_

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

City or town, state or province, country, and ZIP or foreign postal code: Chicago, IL 606112637

**E** Telephone number: (312) 440-2500

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

**G** Gross receipts \$ 144,664,751

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

**H(c)** Group exemption number: \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

**J** Website: www.ada.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1859 **M** State of legal domicile: IL

**Part I Summary**

|   |   |                           |             |              |           |
|---|---|---------------------------|-------------|--------------|-----------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>Professional association of dentists that fosters the success of diverse membership advances the oral health of the public. |                           |             |              |           |
|   | <b>2</b> Check this box <input type="checkbox"/>  |                           |             |              |           |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                  | 20          |              |           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                  | 20          |              |           |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>                  | 454         |              |           |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                  | 450         |              |           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 9,663,212   |              |           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39             | <b>7b</b>   | 1,746,815                 |             |              |           |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | Prior Year                | 1,596,312   | Current Year | 1,691,714 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 100,065,892               | 87,526,627  |              |           |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 5,082,319                 | 6,158,190   |              |           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 28,084,773                | 28,698,317  |              |           |
|   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 134,829,296               | 124,074,848 |              |           |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 5,077,347                 | 2,374,406   |              |           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                           | 0           |              |           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 64,529,698                | 66,192,233  |              |           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                           | 0           |              |           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 0                         |             |              |           |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)              | 65,673,542  | 46,083,216                |             |              |           |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 135,280,587   | 114,649,855               |             |              |           |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | -451,291  | 9,424,993                 |             |              |           |
| <b>Net Assets or Fund Balances</b>  |   | Beginning of Current Year | End of Year |              |           |
|   | <b>20</b> Total assets (Part X, line 16)  | 219,930,318               | 235,906,148 |              |           |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 102,302,411               | 96,347,808  |              |           |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                | 117,627,907   | 139,558,340               |             |              |           |

**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: \_\_\_\_\_ Date: 2021-08-27

Paul Sholty, Chief Financial Officer  
Type or print name and title

**Paid Preparer**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name: CROWE LLP Firm's EIN: 35-0921680

Check  if self-employed PTIN: P01342224

Use Only

|   |                          |
|---|--------------------------|
| Firm's address  225 West Wacker Drive Suite 2600<br>Chicago, IL 606061224 | Phone no. (312) 899-7000 |
|---|--------------------------|

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The ADA is the professional association of dentists committed to the public's oral health, ethics, science, and professional advancement; leading a unified 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 179,000 dentists by developing and promoting member value, recruiting and retaining members, fostering collaborative tripartite network (national, state, local) provide leadership development, advance diversity and inclusion, and position ADA as America's leading advocate for oral health.


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 1,633 education programs and nearly 40,000 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. Due to the Covid-19 pandemic In 2020, there were a online/virtual annual meeting. There were over 4,000 attendees virtually, receiving more than 13,000 hours of continuing education, and 100 virtual 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)? If "Yes," complete Schedule A   |     | No |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?    | Yes |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  |     |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | Yes |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                   |     | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V                        | 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   |     |    |

|   |  |                |
|---|--|----------------|
| If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. |  |                |
| <b>a</b>  | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | <b>11a</b> Yes |
| <b>b</b>  | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.   | <b>11b</b> No  |
| <b>c</b>  | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   | <b>11c</b> No  |
| <b>d</b>  | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  | <b>11d</b> No  |
| <b>e</b>  | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   | <b>11e</b> Yes |
| <b>f</b>  | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  | <b>11f</b> Yes |
| <b>12a</b>  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  | <b>12a</b> No  |
| <b>b</b>  | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.   | <b>12b</b> Yes |
| <b>13</b>   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.   | <b>13</b> No   |
| <b>14a</b>  | Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b> No  |
| <b>b</b>  | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | <b>14b</b> Yes |
| <b>15</b>   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  | <b>15</b> No   |
| <b>16</b>   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | <b>16</b> No   |
| <b>17</b>   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).   | <b>17</b> No   |
| <b>18</b>   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  | <b>18</b> No   |
| <b>19</b>   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  | <b>19</b> No   |
| <b>20a</b>  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.   | <b>20a</b> No  |
| <b>b</b>  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b>     |
| <b>21</b>   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.   | <b>21</b> Yes  |

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

|            |  | Yes           | No |
|------------|--|---------------|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.   | <b>22</b>     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  | <b>23</b> Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  | <b>24a</b>    | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | <b>24b</b>    |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | <b>24c</b>    |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | <b>24d</b>    |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.   | <b>25a</b>    |    |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.   | <b>25b</b>    |    |
| <b>26</b>  | 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? If "Yes," complete Schedule L, Part II.   | <b>26</b>     | No |
| <b>27</b>  | 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? If "Yes," complete Schedule L, Part III. | <b>27</b>     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |               |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  | <b>28a</b>    | No |
| <b>b</b>   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.   |               |    |



|  |  |            |  |    |
|--|--|------------|--|----|
| have excess business holdings at any time during the year? . . . . .   |  | <b>8</b>   |  |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |  |            |  |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  |  | <b>9a</b>  |  |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   |  | <b>9b</b>  |  |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |  |            |  |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  |  | <b>10a</b> |  |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  | <b>10b</b> |  |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |  |            |  |    |
| <b>a</b> Gross income from members or shareholders . . . . .   |  | <b>11a</b> |  |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  |  | <b>11b</b> |  |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |            |  |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |  | <b>12b</b> |  |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |            |  |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                          |  | <b>13a</b> |  |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   |  | <b>13b</b> |  |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  |  | <b>13c</b> |  |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |  | <b>14a</b> |  | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   |  | <b>14b</b> |  |    |
| <b>15</b> 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? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N. |  | <b>15</b>  |  | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   |  | <b>16</b>  |  | No |

Form 990 (2020)

Form 990 (2020)

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

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

**Section A. Governing Body and Management**

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | Yes |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |

|   |  |            |     |    |
|---|--|------------|-----|----|
| <b>c</b>  | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>  | <b>12c</b> | Yes |    |
| <b>13</b>   | Did the organization have a written whistleblower policy?  | <b>13</b>  | Yes |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy?   | <b>14</b>  | Yes |    |
| <b>15</b>   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |     |    |
| <b>a</b>  | The organization's CEO, Executive Director, or top management official   | <b>15a</b> | Yes |    |
| <b>b</b>  | Other officers or key employees of the organization  | <b>15b</b> | Yes |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). |  |            |     |    |
| <b>16a</b>  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16a</b> |     | No |
| <b>b</b>  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16b</b> |     |    |

**Section C. Disclosure**

- 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

Form 990 (2020)

Form 990 (2020)

Page 7

**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)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Dr Cesar R Sabates DDS<br>Former Trustee (2016-2020)/President-Elect (Oct 2020-Oct 2021)                | 13.0<br>.....<br>1.0   | X   |                       | X       |              |                              |        | 75,602   | 0   | 0   |
| (2) Dr Craig W Herre DDS<br>First VP (Sep 2019-Oct 2020)  | 11.0<br>.....<br>0   | X   |                       | X       |              |                              |        | 36,695   | 0   | 0   |
| (3) Dr Daniel J Klemmedson DDS<br>Former President-Elect (Sep 2019-Oct 2020)/ President (Oct 2020-Oct 2021) | 30.0<br>.....<br>0   | X   |                       | X       |              |                              |        | 143,223  | 0   | 0   |
| (4) Dr Maria C Maranga DDS<br>Second VP (Oct 2020-Oct 2021)   | 12.0<br>.....<br>0   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) Dr Vincent U Rapini DDS<br>Second VP (Sep 2019-Oct 2020)/First VP (Oct 2020-2021)                       | 11.0<br>.....<br>0   | X   |                       | X       |              |                              |        | 55,406   | 0   | 0   |
| (6) Dr Billie S Kyger DDS<br>Trustee (Oct 2016-Oct 2020)  | 13.0<br>.....<br>0   | X   |                       |         |              |                              |        | 56,207   | 0   | 0   |
| (7) Dr Brett Kessler DDS  | 10.0<br>.....  |   |                       |         |              |                              |        | 71,000   | 0   | 0   |

|                               |      |   |  |  |  |  |  |  |        |   |   |
|-------------------------------|------|---|--|--|--|--|--|--|--------|---|---|
| Trustee (Oct 2019-Oct 2023)   | 0    |   |  |  |  |  |  |  | 71,030 |   |   |
| (8) Dr Chad R Leighty DDS     | 11.0 | X |  |  |  |  |  |  | 0      | 0 | 0 |
| Trustee (Oct 2020-Oct 2024)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (9) Dr Craig S Armstrong DDS  | 10.0 | X |  |  |  |  |  |  | 72,068 | 0 | 0 |
| Trustee (Oct 2019-Oct 2023)   | 1.0  |   |  |  |  |  |  |  |        |   |   |
| (10) Dr Gary R Oyster DDS     | 11.0 | X |  |  |  |  |  |  | 0      | 0 | 0 |
| Trustee (Oct 2020-Oct 2024)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (11) Dr George R Shepley DDS  | 10.0 | X |  |  |  |  |  |  | 52,495 | 0 | 0 |
| Trustee (Oct 2017-Oct 2021)   | 1.0  |   |  |  |  |  |  |  |        |   |   |
| (12) Dr James D Stephens DDS  | 10.0 | X |  |  |  |  |  |  | 72,286 | 0 | 0 |
| Trustee (Oct 2018-Oct 2022)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (13) Dr Jay F Harrington DDS  | 10.0 | X |  |  |  |  |  |  | 71,781 | 0 | 0 |
| Trustee (Oct 2017-Oct 2021)   | 1.0  |   |  |  |  |  |  |  |        |   |   |
| (14) Dr Julio H Rodriguez DDS | 10.0 | X |  |  |  |  |  |  | 72,211 | 0 | 0 |
| Trustee (Oct 2017-Oct 2021)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (15) Dr Kenneth McDougall DDS | 13.0 | X |  |  |  |  |  |  | 56,182 | 0 | 0 |
| Trustee (Oct 2016-Oct 2020)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (16) Dr Kirk M Norbo DMD      | 13.0 | X |  |  |  |  |  |  | 30,352 | 0 | 0 |
| Trustee (Oct 2016-Oct 2020)   | 0    |   |  |  |  |  |  |  |        |   |   |
| (17) Dr Linda J Edgar DDS     | 10.0 | X |  |  |  |  |  |  | 74,253 | 0 | 0 |
| Trustee (Oct 2018-Oct 2022)   | 0    |   |  |  |  |  |  |  |        |   |   |

Form 990 (2020)

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

| (A)<br>Name and title             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) Dr Linda K Himmelberger DMD  | 10.0   | X   |                       |         |              |                              |        | 70,961   | 0   | 0   |
| Trustee (Oct 2017-Oct 2021)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (19) Dr Michael D Medovic DDS     | 11.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Trustee (Oct 2020-Oct 2024)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (20) Dr Paul R Leary DMD          | 10.0   | X   |                       |         |              |                              |        | 52,158   | 0   | 0   |
| Trustee (Oct 2018-Oct 2022)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (21) Dr Richard J Rosato DMD      | 10.0   | X   |                       |         |              |                              |        | 52,304   | 0   | 0   |
| Trustee (Oct 2019-Oct 2023)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (22) Dr Roy W Thompson DDS        | 13.0   | X   |                       |         |              |                              |        | 56,472   | 0   | 0   |
| Trustee (Oct 2016-Oct 2020)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (23) Dr Rudolph T Liddell DMD     | 11.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Trustee (Oct 2020-Oct 2024)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (24) Dr Scott L Morrison DDS      | 11.0   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| Trustee (Oct 2020-Oct 2024)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (25) Dr Susan B Doroshov DDS      | 10.0   | X   |                       |         |              |                              |        | 51,161   | 0   | 0   |
| Trustee (Oct 2018-Oct 2022)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (26) Dr Terry Fiddler DDS         | 10.0   | X   |                       |         |              |                              |        | 71,651   | 0   | 0   |
| Trustee (Oct 2019-Oct 2023)       | 0  |   |                       |         |              |                              |        |  |   |   |
| (27) Dr Chad P Gehani DDS         | 30.0   |   |                       | X       |              |                              |        | 296,452  | 0   | 0   |
| President (Sep 2019-Oct 2020)     | 0  |   |                       |         |              |                              |        |  |   |   |
| (28) Dr Kathleen T O'Loughlin DMD | 40.0   |   |                       | X       |              |                              |        | 681,163  | 0   | 42,953  |
| Executive Director/COO            | 1.0  |   |                       |         |              |                              |        |  |   |   |
| (29) Dr Ted Sherwin DDS           | 28.0   |   |                       | X       |              |                              |        | 72,494   | 0   | 0   |
| Treasurer                         | 0  |   |                       |         |              |                              |        |  |   |   |
| (30) Dr William M Donald DMD      | 6.0  |   |                       | X       |              |                              |        | 55,573   | 0   | 0   |
| Speaker of the House              | 0  |   |                       |         |              |                              |        |  |   |   |

|   |              |  |  |   |   |   |   |  |           |   |         |
|---|--------------|--|--|---|---|---|---|--|-----------|---|---------|
| (31) Paul S Sholty<br>Chief Financial Officer                       | 40.0<br>10.0 |  |  | X |   |   |   |  | 318,294   | 0 | 70,731  |
| (32) Anthony Frankos<br>VP, Sales Strategy & Product Development    | 40.0<br>0    |  |  |   | X |   |   |  | 261,865   | 0 | 46,628  |
| (33) Anthony J Ziebert DDS<br>SVP - Education/Prof. Affairs         | 40.0<br>0    |  |  |   | X |   |   |  | 354,843   | 0 | 62,806  |
| (34) April Kates-Ellison<br>VP, Member & Client Services            | 40.0<br>0    |  |  |   | X |   |   |  | 263,271   | 0 | 48,002  |
| (35) Catherine H Mills<br>VP - Business & Conference                | 40.0<br>0    |  |  |   | X |   |   |  | 264,501   | 0 | 43,280  |
| (36) James S Goodman<br>SVP, Business Group                         | 40.0<br>0    |  |  |   | X |   |   |  | 319,224   | 0 | 43,314  |
| (37) Jerome K Bowman<br>Chief of Governance & Strategy Mgmt         | 40.0<br>0    |  |  |   | X |   |   |  | 279,625   | 0 | 62,176  |
| (38) Jordan Baugh<br>Chief Technology Officer                       | 40.0<br>0    |  |  |   | X |   |   |  | 294,359   | 0 | 37,293  |
| (39) Michelle L Hoffman<br>VP, Publishing                           | 40.0<br>0    |  |  |   | X |   |   |  | 261,681   | 0 | 49,661  |
| (40) Robert Quashie<br>SVP - Operations                             | 40.0<br>0    |  |  |   | X |   |   |  | 308,047   | 0 | 48,840  |
| (41) Scott W Fowkes<br>General Counsel                              | 40.0<br>0    |  |  |   | X |   |   |  | 342,628   | 0 | 50,386  |
| (42) Stephanie L Moritz<br>Chief Marketing & Communications Officer | 40.0<br>0    |  |  |   | X |   |   |  | 308,072   | 0 | 49,155  |
| (43) David M Preble DDS<br>SVP - Practice Institute                 | 40.0<br>0    |  |  |   |   | X |   |  | 328,135   | 0 | 42,642  |
| (44) Dr Marcelo W Araujo DDS<br>ADA Chief Science Officer/ADAF CEO  | 40.0<br>10.0 |  |  |   |   | X |   |  | 379,979   | 0 | 41,076  |
| (45) Judith E Fleeks<br>Chief Human Resources Officer               | 40.0<br>0    |  |  |   |   | X |   |  | 319,496   | 0 | 54,823  |
| (46) Marko Vujcic PHD<br>Chief Economist/VP, HP Institute           | 40.0<br>0    |  |  |   |   | X |   |  | 386,530   | 0 | 39,518  |
| (47) Michael A Graham<br>SVP - Govt & Public Affairs                | 40.0<br>10.0 |  |  |   |   | X |   |  | 319,416   | 0 | 67,734  |
| (48) William J Robinson<br>Former KE/President & CEO ADABIG         | 40.0<br>0    |  |  |   |   |   | X |  | 302,907   | 0 | 64,799  |
| <b>1b Sub-Total</b>   |              |  |  |   |   |   |   |  |           |   |         |
| <b>c Total from continuation sheets to Part VII, Section A</b>      |              |  |  |   |   |   |   |  |           |   |         |
| <b>d Total (add lines 1b and 1c)</b>                                |              |  |  |   |   |   |   |  | 8,013,061 | 0 | 965,817 |

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 ▶ 205

|   | Yes   | No |
|---|-------|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a?<br><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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| PROMETRIC LLC<br>PO BOX 223608<br>PITTSBURGH, PA 152512608   | Testing Services               | 5,199,133           |
| Accenture International Limited<br>1 Grand Canal Square<br>Grand Canal Harbour<br>Dublin, D02 P820<br>EI | Consulting Services            | 1,748,213           |
| NCS PEARSON<br>13036 COLLECTION CENTER DRIVE<br>CHICAGO, IL 60693  | Testing Services               | 1,359,954           |
| Accenture LLP<br>1255 Treat Blvd<br>Walnut Creek, CA 94597   | Consulting Services            | 1,189,674           |
| Capgemini America Inc<br>400 Broadacres Drive<br>Bloomfield, NJ 070033156                                | Technology Services            | 1,088,492           |

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 ▶ 59

Form 990 (2020)

Page 9

Part VIII **Statement of Revenue**

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

|  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|--|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                            | Coordinated campaigns . . . . .             | <b>1a</b>            |  |   |  |
|  | Membership dues . . . . .                   | <b>1b</b>            |  |   |  |
|  | Fundraising events . . . . .                | <b>1c</b>            |  |   |  |
|  | Related organizations . . . . .             | <b>1d</b>            |  |   |  |
|  | 721,973                                     |                      |  |   |  |
|  | Government grants (contributions) . . . . . | <b>1e</b>            |  |   |  |
|  | 99,048                                      |                      |  |   |  |
| All other contributions, gifts, grants, and similar amounts not included above . . . . . | <b>1f</b>                                   |                      |  |   |  |
| 870,693  |   |                      |  |   |  |
| g Noncash contributions included in lines 1a - 1f: \$ . . . . .                          | <b>1g</b>                                   |                      |  |   |  |
|  |   |                      |  |   |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .  | <b>1,691,714</b>                            |                      |  |   |  |

| <b>Program Service Revenue</b>           |                                      | Business Code |            |            |           |
|--|--------------------------------------|---------------|------------|------------|-----------|
|  |                                      |               |            |            |           |
| <b>2a</b>                                | Membership Dues                      | 900099        | 55,541,960 | 55,541,960 |           |
|  | Meetings & Seminars                  | 900099        | 1,607,081  | 1,607,081  |           |
|  | Publications                         | 541800        | 5,164,531  | 30,661     | 5,133,870 |
|  | Testing Service Revenue              | 541900        | 25,057,135 | 23,414,395 | 1,642,740 |
|  | Rental Income                        | 532000        | 155,920    |            | 155,920   |
|  | f All other program service revenue. |               | 0          | 0          | 0         |
| <b>g Total.</b> Add lines 2a-2f. . . . . | <b>87,526,627</b>                    |               |            |            |           |

|           |  |  |            |           |            |
|-----------|--|--|------------|-----------|------------|
| <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) . . . . .                                       |  | 1,988,659  |           | 1,988,659  |
| <b>4</b>  | Income from investment of tax-exempt bond proceeds . . . . .   |  |            |           |            |
| <b>5</b>  | Royalties . . . . .  |  | 15,274,305 | 2,107,828 | 13,166,477 |
| <b>6a</b> | Gross rents  | (i) Real   | 6,503,593  |           |            |
|           |  | (ii) Personal  |            |           |            |
|           |  | <b>6b</b> Less: rental expenses                        | 4,300,024  |           |            |
|           |  | <b>6c</b> Rental income or (loss)                      | 2,203,569  | 0         |            |
| <b>d</b>  | Net rental income or (loss) . . . . .  |  | 2,203,569  |           | 2,203,569  |
| <b>7a</b> | Gross amount from sales of assets other than inventory   | (i) Securities   | 19,638,251 |           |            |
|           |  | (ii) Other   |            |           |            |
|           |  | <b>7b</b> Less: cost or other basis and sales expenses | 15,468,720 |           |            |
|           |  | <b>7c</b> Gain or (loss)                               | 4,169,531  | 0         |            |
| <b>d</b>  | Net gain or (loss) . . . . .   |  | 4,169,531  |           | 4,169,531  |
| <b>8a</b> | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>  |            |           |            |
|           |  | <b>8b</b> Less: direct expenses . . . . .              |            |           |            |

|                       |  |  |           |             |            |           |            |
|-----------------------|--|--|-----------|-------------|------------|-----------|------------|
| <b>Other</b>          |  | c Net income or (loss) from fundraising events . . . . . ▶ |           |             |            |           |            |
|                       | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | <b>9a</b>  |           |             |            |           |            |
|                       | b Less: direct expenses . . . . .                                      | <b>9b</b>  |           |             |            |           |            |
|                       | c Net income or (loss) from gaming activities . . . . . ▶              |  |           |             |            |           |            |
|                       | 10a Gross sales of inventory, less<br>returns and allowances . . . . . | <b>10a</b>   | 5,256,221 |             |            |           |            |
|                       | b Less: cost of goods sold . . . . .                                   | <b>10b</b>   | 821,159   |             |            |           |            |
|                       | c Net income or (loss) from sales of inventory . . . . . ▶             |  |           | 4,435,062   |            |           | 4,435,062  |
| Miscellaneous Revenue |  | Business Code  |           |             |            |           |            |
| <b>11a</b>            | Sponsorship and Display Advertising<br>Revenue                         | 541800   |           | 46,740      |            | 46,740    |            |
| <b>b</b>              | Insurance Reimbursement  | 524298   |           | 849,695     |            | 567,059   | 282,636    |
| <b>c</b>              | Program Maintenance  | 900099   |           | 1,185,555   |            | 9,055     | 1,176,500  |
| <b>d</b>              | All other revenue . . . . .  |  |           | 4,703,391   | 3,462,413  | 0         | 1,240,978  |
| <b>e</b>              | <b>Total.</b> Add lines 11a–11d . . . . . ▶                            |  |           | 6,785,381   |            |           |            |
| <b>12</b>             | <b>Total revenue.</b> See instructions . . . . . ▶                     |  |           | 124,074,848 | 84,056,510 | 9,663,212 | 28,663,412 |

Form 990 (2020)

Form 990 (2020)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 2,374,406             |                                 |  |                             |
| 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. . . . .                |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 6,805,445             |                                 |  |                             |
| 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 . . . . .   | 45,887,769            |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 5,577,673             |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 4,639,525             |                                 |  |                             |
| 10 Payroll taxes . . . . .   | 3,281,821             |                                 |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   |                       |                                 |  |                             |
| b Legal . . . . .  | 377,417               |                                 |  |                             |
| c Accounting . . . . .   | 494,313               |                                 |  |                             |
| d Lobbying . . . . .   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees . . . . .   | 192,042               |                                 |  |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 5,274,390             |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 2,807,706             |                                 |  |                             |
| 13 Office expenses . . . . .   | 6,615,021             |                                 |  |                             |
| 14 Information technology . . . . .  |                       |                                 |  |                             |
| 15 Royalties . . . . .   | 1,344,919             |                                 |  |                             |
| 16 Occupancy . . . . .   | 3,213,543             |                                 |  |                             |
| 17 Travel . . . . .  | 1,320,839             |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |

|    |  |             |  |  |
|----|--|-------------|--|--|
| 19 | Conferences, conventions, and meetings . . . . .   | 848,441     |  |  |
| 20 | Interest . . . . .   |             |  |  |
| 21 | Payments to affiliates . . . . .   |             |  |  |
| 22 | Depreciation, depletion, and amortization . . . . .  | 4,783,176   |  |  |
| 23 | Insurance . . . . .  | 388,015     |  |  |
| 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   | 5,234,837   |  |  |
| b  | Outside Services   | 9,481,249   |  |  |
| c  | Stipends/Honoraria   | 416,780     |  |  |
| d  | Income & Sales Tax Expense   | 556,802     |  |  |
| e  | All other expenses   | 2,733,726   |  |  |
| 25 | <b>Total functional expenses.</b> Add lines 1 through 24e  | 114,649,855 |  |  |
| 26 | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |             |  |  |

Form 990 (2020)

Form 990 (2020)

Part X **Balance Sheet**

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

|  |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|---|--------------------------|-------------|--------------------|
| <b>Assets</b>  | 1 Cash—non-interest-bearing . . . . .   | 5,408                    | 1           | 17,808             |
|  | 2 Savings and temporary cash investments . . . . .  | 7,644,266                | 2           | 4,824,688          |
|  | 3 Pledges and grants receivable, net . . . . .  |                          | 3           |                    |
|  | 4 Accounts receivable, net . . . . .  | 10,680,834               | 4           | 13,809,932         |
|  | 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 . . . . .   | 969,435                  | 8           | 910,368            |
|  | 9 Prepaid expenses and deferred charges . . . . .   | 5,203,992                | 9           | 4,434,937          |
|  | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 165,651,889          |             |                    |
|  | b Less: accumulated depreciation  | 10b 128,639,079          | 36,861,037  | 10c 37,012,810     |
|  | 11 Investments—publicly traded securities . . . . .   | 146,667,320              | 11          | 161,723,712        |
|  | 12 Investments—other securities. See Part IV, line 11 . . . . .   | 4,917,128                | 12          | 4,815,584          |
|  | 13 Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | 13          |                    |
|  | 14 Intangible assets . . . . .  |                          | 14          |                    |
|  | 15 Other assets. See Part IV, line 11 . . . . .   | 6,980,898                | 15          | 8,356,309          |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .  | 219,930,318   | 16                       | 235,906,148 |                    |
| <b>Liabilities</b>   | 17 Accounts payable and accrued expenses . . . . .  | 67,071,860               | 17          | 59,530,805         |
|  | 18 Grants payable . . . . .   |                          | 18          |                    |
|  | 19 Deferred revenue . . . . .   | 15,043,722               | 19          | 15,064,393         |
|  | 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  | 20,186,829               | 25          | 21,752,610         |
|  | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 102,302,411              | 26          | 96,347,808         |
| <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |                          |             |                    |

|                             |   |  |             |    |             |
|-----------------------------|---|--|-------------|----|-------------|
| Net Assets or Fund Balances | 27  | Net assets without donor restrictions . . . . .                            | 117,627,907 | 27 | 139,365,790 |
|                             | 28  | Net assets with donor restrictions . . . . .                               |             | 28 | 192,550     |
|                             | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b> |  |             |    |             |
|                             | 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 . . . . .                                | 117,627,907 | 32 | 139,558,340 |
|                             | 33  | Total liabilities and net assets/fund balances . . . . .                   | 219,930,318 | 33 | 235,906,148 |

Form 990 (2020)

Form 990 (2020)

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  | 124,074,848 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .   | 2  | 114,649,855 |
| 3  | Revenue less expenses. Subtract line 2 from line 1 . . . . .   | 3  | 9,424,993   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .                      | 4  | 117,627,907 |
| 5  | Net unrealized gains (losses) on investments . . . . .   | 5  | 11,260,880  |
| 6  | Donated services and use of facilities . . . . .   | 6  |             |
| 7  | Investment expenses . . . . .  | 7  |             |
| 8  | Prior period adjustments . . . . .   | 8  | -2          |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 9  | 1,244,562   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . . | 10 | 139,558,340 |

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Yes |    |
| 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 |
| 3b | 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.   |     |    |

Form 990 (2020)

Form 990 (2020)

Additional Data

Return to Form

Software ID: 20011424

Software Version: 2020v4.0

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**

Name of the organization  
American Dental Association

Employer identification number  
36-0724690

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 33<sup>1</sup>/<sub>3</sub>% 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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization  
American Dental Association

Employer identification number  
36-0724690

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution     |
|------------|-----------------------------------|----------------------------|---------------------------------|
| RESTRICTED |                                   |                            | <input type="checkbox"/> Person |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| -          |                                   | \$                         | <input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.)                                    |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

**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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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 |
|                                       |  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

**Additional Data**

[Return to Form](#)

**Software ID:** 20011424  
**Software Version:** 2020v4.0

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Table with 2 columns: Name of the organization (American Dental Association) and Employer identification number (36-0724690)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Questions 1-3 regarding political campaign activities and expenditures.

Part I-B Complete if the organization is exempt under section 501(c)(3). Questions 1-4 regarding excise taxes and corrections.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Questions 1-5 regarding section 527 exempt function activities.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check A and B regarding affiliated groups and limited control provisions.

Limits on Lobbying Expenditures table with columns for (a) Filing organization's totals and (b) Affiliated group totals. Rows 1a and 1b for total lobbying expenditures.



|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Dues, assessments and similar amounts from members .....   | <b>1</b>  | 33,341,900 |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |            |
| <b>a</b> | Current year .....   | <b>2a</b> | 2,310,000  |
| <b>b</b> | Carryover from last year .....   | <b>2b</b> | 0          |
| <b>c</b> | Total .....  | <b>2c</b> | 2,310,000  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  | 4,110,105  |
| <b>4</b> | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  | 0          |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  | -1,800,105 |

**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. |

Schedule C (Form 990 or 990EZ) 2020

**Additional Data**

[Return to Form](#)

Software ID: 20011424  
 Software Version: 2020v4.0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (American Dental Association) and 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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor information and fund usage.

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

Table with 3 columns: Line number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easement details and monitoring.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

Table with 3 columns: Line number, Description, and Amount. Includes question 3 regarding collection items.

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:

- c Beginning balance . . . . .
- d Additions during the year . . . . .
- e Distributions during the year . . . . .
- f Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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 . . . . .                     | 11,316,595       | 9,928,901      | 11,356,209         | 2,929,585            | 2,858,319           |
| b Contributions . . . . .                                  | 412,474          | 200            | 150                | 7,365,868            |                     |
| c Net investment earnings, gains, and losses               | 1,413,508        | 1,926,947      | -769,896           | 1,848,006            | 193,859             |
| d Grants or scholarships . . . . .                         | 557,773          | 539,400        | 527,736            | 321,799              |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                | 129,248            | 463,883              | 119,931             |
| f Administrative expenses . . . . .                        |                  | 53             | 578                | 1,568                | 2,662               |
| g End of year balance . . . . .                            | 12,584,804       | 11,316,595     | 9,928,901          | 11,356,209           | 2,929,585           |

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

- a Board designated or quasi-endowment ▶ 4.6 %
- b Permanent endowment ▶ 74.02 %
- c Term endowment ▶ 21.38 %

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 . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> | Yes |    |
| <b>3b</b>     | Yes |    |

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

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 . . . . .  |                                      | 103,163,961                     | 86,113,002                   | 17,050,959     |
| c Leasehold improvements   |                                      | 13,014,348                      | 5,841,543                    | 7,172,805      |
| d Equipment . . . . .  |                                      | 45,731,467                      | 36,684,534                   | 9,046,933      |
| e Other . . . . .  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 37,012,810     |

Schedule D (Form 990) 2020

**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)  |                |   |

|   |  |  |
|---|--|--|
| (1)   |  |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |  |  |

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

|  | (a) Description of investment | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|-------------------------------|----------------|--|
| (2)  |                               |                |  |
| (3)  |                               |                |  |
| (4)  |                               |                |  |
| (5)  |                               |                |  |
| (6)  |                               |                |  |
| (7)  |                               |                |  |
| (8)  |                               |                |  |
| (9)  |                               |                |  |
| (10)   |                               |                |  |
| <b>Total.</b> (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)   |                 |                |
| <b>Total.</b> (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)  |                              |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) |                              | 21,752,610     |

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 |    |  |

|          |  |           |  |
|----------|--|-----------|--|
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  |  |

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

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

**Part XIII Supplemental Information**

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

| Return Reference  | Explanation  |
|---|--|
| 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, 2020, there was no liability related to uncertain tax positions for federal and state income taxes. |

Schedule D (Form 990) 2020

**Additional Data**

[Return to Form](#)

Software ID: 20011424  
 Software Version: 2020v4.0

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization American Dental Association

Employer identification number

36-0724690

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance... 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.

Table with 6 columns: (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), (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. Includes rows for East Asia, Europe, North America, and Middle East, with a total of 2,709,326.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

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.

Table with 9 columns: (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).

- 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.

Schedule F (Form 990) 2020

Page 3

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.

Table with 8 columns: (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). The table is currently empty.

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

Page 4

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

Page 5

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.

Table with 2 columns: ReturnReference, Explanation. The table is currently empty.

Schedule F (Form 990) 2020

**Additional Data**

**Software ID:** 20011424  
**Software Version:** 2020v4.0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (American Dental Association) and 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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 26 rows of grant data.

|  |            |           |         |  |  |                |
|--|------------|-----------|---------|--|--|----------------|
| ASSOCIATION<br>439 Katherine Drive<br>Flowood, MS 39232  |            |           |         |  |  |                |
| (27) MISSOURI DENTAL ASSOCIATION<br>3340 American Ave<br>Jefferson City, MO 65109                  | 43-1133855 | 501(c)(6) | 40,567  |  |  | public support |
| (28) MONTANA DENTAL ASSOCIATION<br>PO BOX 1154<br>HELENA, MT 59624                                 | 81-0169605 | 501(c)(6) | 36,000  |  |  | public support |
| (29) NEBRASKA DENTAL ASSOCIATION<br>7160 S 29th Street<br>Lincoln, NE 685165853                    | 47-0384563 | 501(c)(6) | 9,000   |  |  | public support |
| (30) NEVADA DENTAL ASSOCIATION<br>8863 W Flamingo Road<br>Las Vegas, NV 89147                      | 88-0099382 | 501(c)(6) | 79,462  |  |  | public support |
| (31) NEW HAMPSHIRE DENTAL SOCIETY<br>23 S STATE STREET<br>CONCORD, NH 03301                        | 02-0230365 | 501(c)(6) | 87,000  |  |  | public support |
| (32) NEW JERSEY DENTAL ASSOCIATION<br>1 Dental Plaza<br>North Brunswick, NJ 08902                  | 21-0606618 | 501(c)(6) | 110,500 |  |  | public support |
| (33) NEW MEXICO DENTAL ASSOCIATION<br>9201 MONTGOMERY BLVD NE<br>ALBUQUERQUE, NM 87111             | 85-0122362 | 501(c)(6) | 158,924 |  |  | public support |
| (34) NEW YORK STATE DENTAL ASSOCIATION<br>20 Corporate Woods Blvd<br>Albany, NY 12211              | 14-1434154 | 501(c)(6) | 9,520   |  |  | public support |
| (35) NORTH CAROLINA DENTAL SOCIETY<br>1600 Evans Road<br>Cary, NC 27615                            | 56-0608781 | 501(c)(6) | 6,500   |  |  | public support |
| (36) NORTH DAKOTA DENTAL ASSOCIATION<br>1720 Burnt Boat Drive<br>Bismarck, ND 58503                | 45-6014875 | 501(c)(6) | 28,000  |  |  | public support |
| (37) OREGON DENTAL ASSOCIATION<br>8699 SW Sun Place<br>Wilsonville, OR 97070                       | 93-0243383 | 501(c)(6) | 121,023 |  |  | public support |
| (38) PENNSYLVANIA DENTAL ASSOCIATION<br>3501 N Front Street<br>PO Box 3341<br>Harrisburg, PA 17105 | 23-0961120 | 501(c)(6) | 27,500  |  |  | public support |
| (39) RHODE ISLAND DENTAL ASSOCIATION<br>875 Centerville Commons Bldg 4<br>Warwick, RI 02886        | 05-0374154 | 501(c)(6) | 40,000  |  |  | public support |
| (40) SOUTHERN NEVADA DENTAL SOCIETY<br>8863 W Flamingo<br>Las Vegas, NV 89147                      | 88-0244494 | 501(c)(6) | 9,500   |  |  | public support |
| (41) VERMONT STATE DENTAL SOCIETY<br>1 KENNEDY DRIVE<br>SOUTH BURLINGTON, VT 05403                 | 22-2514423 | 501(c)(6) | 65,500  |  |  | public support |
| (42) VIRGINIA DENTAL ASSOCIATION<br>3460 Maryland Court<br>Richmond, VA 23233                      | 54-0697647 | 501(c)(6) | 55,000  |  |  | public support |
| (43) WASHINGTON STATE DENTAL ASSOCIATION<br>1001 4th Ave<br>Seattle, WA 98154                      | 91-0750294 | 501(c)(6) | 246,000 |  |  | public support |
| (44) UTAH DENTAL ASSOCIATION<br>1568 South 500 West<br>Woods Cross, UT 84010                       | 87-0266455 | 501(c)(6) | 32,122  |  |  | public support |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 6  
3 Enter total number of other organizations listed in the line 1 table . . . . . 38

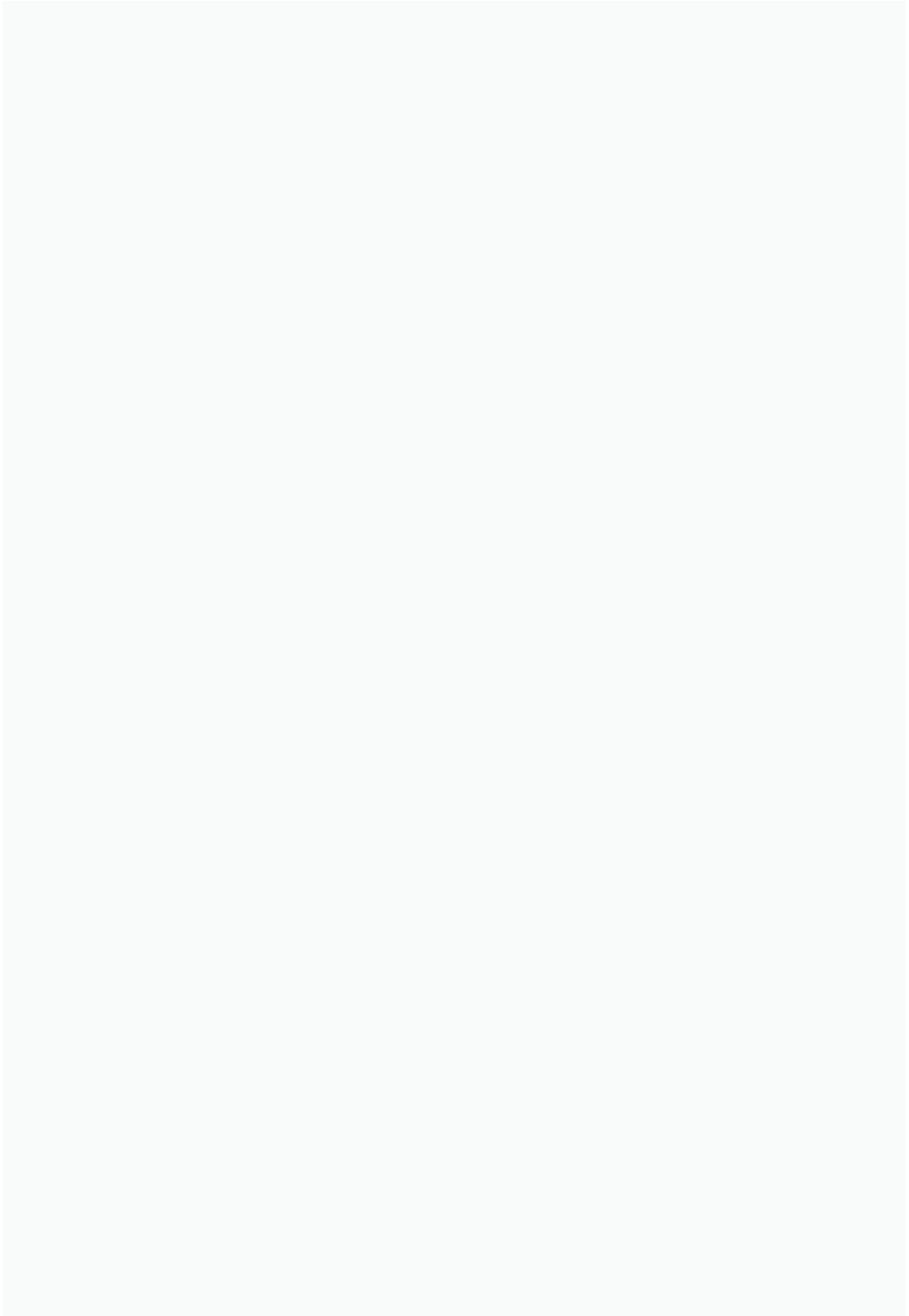
Schedule I (Form 990) 2020 Page 2

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. |



**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

|   |   | Yes                                 | No  |
|---|---|-------------------------------------|---|
| <b>1a</b>   | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |                                     |   |
| <input type="checkbox"/>  | First-class or charter travel   | <input type="checkbox"/>            | Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/>   | Travel for companions   | <input type="checkbox"/>            | Payments for business use of personal residence |
| <input checked="" type="checkbox"/>   | Tax idemnification and gross-up payments  | <input checked="" type="checkbox"/> | Health or social club dues or initiation fees   |
| <input type="checkbox"/>  | Discretionary spending account  | <input type="checkbox"/>            | Personal services (e.g., maid, chauffeur, chef) |
| <b>b</b>  | If any of the boxes 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.   | <b>1b</b>                           | Yes   |
| <b>2</b>  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?  | <b>2</b>                            | Yes   |
| <b>3</b>  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |                                     |   |
| <input checked="" type="checkbox"/>   | Compensation committee  | <input type="checkbox"/>            | Written employment contract                     |
| <input checked="" type="checkbox"/>   | Independent compensation consultant   | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input type="checkbox"/>  | Form 990 of other organizations   | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |
| <b>4</b>  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  |                                     |   |
| <b>a</b>  | Receive a severance payment or change-of-control payment?   | <b>4a</b>                           | No  |
| <b>b</b>  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b>                           | No  |
| <b>c</b>  | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b>                           | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> |   |                                     |   |
| <b>5</b>  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |                                     |   |
| <b>a</b>  | The organization?   | <b>5a</b>                           |   |
| <b>b</b>  | Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5b</b>                           |   |
| <b>6</b>  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  |                                     |   |
| <b>a</b>  | The organization?   | <b>6a</b>                           |   |
| <b>b</b>  | Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6b</b>                           |   |
| <b>7</b>  | 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.  | <b>7</b>                            |   |
| <b>8</b>  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  | <b>8</b>                            |   |
| <b>9</b>  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>                            |   |

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Schedule J (Form 990) 2020

Page 2

**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 Kathleen T O'Loughlin DMD<br>Executive Director/COO         | (i)  | 590,015  | 74,898                              | 16,250                              | 35,593   | 7,360                   | 724,116                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2Paul S Sholly<br>Chief Financial Officer                       | (i)  | 308,357  | 350                                 | 9,588                               | 61,551   | 9,180                   | 389,025                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3Dr Chad P Gehani DDS<br>President (Sep 2019-Oct 2020)          | (i)  | 286,655  | 0                                   | 9,797                               | 0  | 0                       | 296,452                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4William J Robinson<br>Former KE/President & CEO ADABIG         | (i)  | 299,761  | 0                                   | 3,145                               | 56,074   | 8,725                   | 367,705                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5Scott W Fowkes<br>General Counsel                              | (i)  | 334,726  | 350                                 | 7,552                               | 41,206   | 9,180                   | 393,014                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6Anthony J Ziebert DDS<br>SVP - Education/Prof. Affairs         | (i)  | 350,910  | 350                                 | 3,583                               | 59,794   | 3,012                   | 417,649                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7James S Goodman<br>SVP, Business Group                         | (i)  | 312,829  | 350                                 | 6,045                               | 41,539   | 1,775                   | 362,538                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8Robert Quashie<br>SVP - Operations                             | (i)  | 304,264  | 600                                 | 3,183                               | 42,909   | 5,931                   | 356,887                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9Stephanie L Moritz<br>Chief Marketing & Communications Officer | (i)  | 305,483  | 600                                 | 1,989                               | 38,228   | 10,927                  | 357,228                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10Jordan Baugh<br>Chief Technology Officer                      | (i)  | 287,678  | 352                                 | 6,329                               | 37,293   | 0                       | 331,652                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11April Kates-Ellison<br>VP, Member & Client Services           | (i)  | 261,394  | 352                                 | 1,524                               | 44,990   | 3,012                   | 311,273                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12Michelle L Hoffman  | (i)  | 256,194  | 600                                 | 4,887                               | 46,649   | 3,012                   | 311,342                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

|  |      |         |       |        |        |        |         |   |
|--|------|---------|-------|--------|--------|--------|---------|---|
| VP, Publishing                           | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 13Anthony Frankos                        | (i)  | 249,136 | 750   | 11,980 | 39,268 | 7,360  | 308,494 | 0 |
| VP, Sales Strategy & Product Development | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 14Catherine H Mills                      | (i)  | 257,846 | 400   | 6,255  | 40,267 | 3,012  | 307,781 | 0 |
| VP - Business & Conference               | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 15Jerome K Bowman                        | (i)  | 275,793 | 350   | 3,482  | 59,157 | 3,019  | 341,801 | 0 |
| Chief of Governance & Strategy Mgmt      | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 16Dr Marcelo W Araujo DDS                | (i)  | 376,760 | 600   | 2,619  | 38,057 | 3,019  | 421,055 | 0 |
| ADA Chief Science Officer/ADAF CEO       | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 17Marko Vujcic PHD                       | (i)  | 384,664 | 350   | 1,516  | 39,518 | 0      | 426,048 | 0 |
| Chief Economist/VP, HP Institute         | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 18David M Preble DDS                     | (i)  | 314,057 | 350   | 13,728 | 31,715 | 10,927 | 370,777 | 0 |
| SVP - Practice Institute                 | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 19Judith E Fleeks                        | (i)  | 311,546 | 350   | 7,599  | 47,463 | 7,360  | 374,319 | 0 |
| Chief Human Resources Officer            | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |
| 20Michael A Graham                       | (i)  | 311,829 | 1,600 | 5,987  | 56,807 | 10,927 | 387,150 | 0 |
| SVP - Govt & Public Affairs              | (ii) | 0       | 0     | 0      | 0      | 0      | 0       | 0 |

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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; 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; 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.   |

Schedule J (Form 990) 2020

Additional Data

Return to Form

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
American Dental Association

Employer identification number

36-0724690

| Return Reference  | Explanation  |
|---|--|
| Form 990, Part VI, Line 4 Significant changes to organizational documents                 | Amendments to the ADA Bylaws or the Governance and Organizational Manual of the American Dental Association were approved. The only two significant changes related to declaring and withdrawing a declaration of an extraordinary emergency and provisions governing the operation of the Association during the period when a declaration of extraordinary emergency is in effect. In addition to the above, technical amendments judged to be editorial or conforming in nature were also made.   |
| 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 2020 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   | The American Dental Association makes its governing documents, conflict of interest policy or financial statements available upon request.   |

|  |  |
|--|--|
| documents available to the public                                      |  |
| 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              | PPE Distribution - Total Revenue: 3462413, Related or Exempt Function Revenue: 3462413, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Other Revenue - Total Revenue: 1240978, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 1240978; |
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Investment in Sub - -2617086; Pension Related Changes other than Net Periodic Costs - 3861648;   |

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Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

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|   |   |  |
|---|---|--|
| <a href="#">efile Public Visual Render</a>  | Objectid: 202102399349300610 - Submission: 2021-08-27   | TIN: 36-0724690  |
| <b>SCHEDULE R<br/>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>American Dental Association | <b>Related Organizations and Unrelated Partnerships</b><br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. | OMB No. 1545-0047<br><br><span style="font-size: 2em; font-weight: bold;">2020</span><br>Open to Public Inspection |
|   | Employer identification number<br>36-0724690  |  |

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                    | (b)<br>Primary activity             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ADA Science and Research Institute LLC<br>211 E Chicago Ave<br>Chicago, IL 606112637<br>84-4338889 | Scientific Information and Research | IL   | 109,048             | 2,488,002                 | American Dental Association      |
|  |                                     |  |                     |                           |                                  |
|  |                                     |  |                     |                           |                                  |
|  |                                     |  |                     |                           |                                  |
|  |                                     |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) ADA Foundation<br>211 East Chicago Avenue<br>Chicago, IL 606112637<br>36-6132046  | Grant Making            | IL   | 501(c)(3)                  | 9   | American Dental Association      | Yes  |    |
| (2) ADPAC Education Fund<br>1111 14th Street NW<br>Suite 1100<br>Washington, DC 20005<br>90-0038675                                   | Seg. Fund               | DC   | 527                        |   | NA                               |  | No |
| (3) AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE<br>1111 14th Street NW<br>Suite 1100<br>Washington, DC 20005<br>52-0913198 | Seg. Fund               | DC   | 527                        |   | NA                               |  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity          | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|----------------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                                  |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) ADA Business Enterprises Inc<br>211 East Chicago Avenue<br>Chicago, IL 606112637<br>36-3679743        | Financial Services               | IL   | American Dental Association      | C Corporation                                    | 261,949                      | 4,228,599                          | 100 %                       | Yes  |    |
| (2) ADA Business Innovation Group<br>541 N Fairbanks CT FL 22nd FL<br>Chicago, IL 606112637<br>83-2668449 | Dental Practice Matching Service | IL   | American Dental Association      | C Corporation                                    | -2,879,035                   | 1,036,869                          | 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.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

Table with columns Yes/No for items 1a through 1s.

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved.

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Schedule R (Form 990) 2020

Page 5

**Part VII Supplemental Information**

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

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

Schedule R (Form 990) 2020

**Additional Data**

[Return to Form](#)

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