

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.

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning **01-01-2021**, and ending **12-31-2021**

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

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

Doing business as:

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

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

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

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

**G** Gross receipts \$ 164,846,863

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

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

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

If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**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**

**1** Briefly describe the organization's mission or most significant activities:  
Professional association of dentists that fosters the success of diverse membership advances the oral health of the public.

**2** Check this box

<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 2021 (Part V, line 2a)	<b>5</b>	480
<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>	12,079,398
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	3,204,142

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,691,714	5,552,645
<b>9</b> Program service revenue (Part VIII, line 2g)	87,526,627	100,536,132
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,158,190	6,560,365
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,698,317	25,948,308
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,074,848	138,597,450
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,374,406	2,336,964
<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)	66,192,233	65,960,715
<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)	46,083,216	56,648,639
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	114,649,855	124,946,318
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	9,424,993	13,651,132
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	235,906,148	257,052,700
<b>21</b> Total liabilities (Part X, line 26)	96,347,808	85,109,986
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	139,558,340	171,942,714

**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: 2022-10-13

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 Chicago, IL 606061224

Phone no. (312) 899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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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 [X] No

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

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 1,604 education programs and nearly 45,000 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 continuing Covid-19 pandemic in 2021, there were in person/virtual annual meeting. There were 8,235 attendees in person & virtually, receiving 19,379 hours of continuing education, and 837 booths/exhibits 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

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Part IV Checklist of Required Schedules

Table with 10 rows and 3 columns: Question, Yes, No. Contains checklist items regarding organization type, lobbying, and asset management.

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

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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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<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? <i>If "Yes," complete Schedule J.</i>	<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	<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? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	No



Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		

<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	<b>12a</b>	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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

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**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) Dr Cesar R Sabates DDS President-Elect (Oct 2020-Oct 2021)/President (Oct 2021-Oct 2022)	13.0 ..... 0	X		X			296,028	0	11,474
(2) Dr Daniel J Klemmedson DDS Former President (Oct 2020-Oct 2021)	30.0 ..... 0	X		X			288,788	0	0
(3) Dr George Russell Shepley DDS Trustee (Oct 2017-Oct 2021)/President-Elect (Oct 21-Oct 22)	10.0 ..... 1.0	X		X			59,275	0	0
(4) Dr Maria C Maranga DDS Second VP (Oct 2020-Oct 2021)/First VP (Oct 21-Oct 22)	12.0 ..... 0	X		X			56,782	0	0
(5) Dr Mark E Bronson DDS Second VP (Oct 2021-Oct 2022)	10.0 ..... 0	X		X			0	0	0
(6) Dr Vincent U Rapini DDS	11.0 .....						57,473	0	0



New Dentist Committee Chair (30) Dr Ted Sherwin DDS	28.0		X				54,765	0	0
Treasurer	0								
(31) Dr William M Donald DMD	6.0		X				37,598	0	0
Speaker of the House (32) Paul S Sholty	40.0		X				314,717	0	82,948
Chief Financial Officer (33) Anthony Frankos	10.0			X			258,589	0	50,934
VP, Sales Strategy & Product Development (34) April D Kates-Ellison	40.0			X			269,989	0	55,697
VP, Member & Client Services (35) Catherine H Mills	40.0			X			260,079	0	49,241
VP - Business & Conference (36) Elizabeth A Shapiro DDS	40.0			X			226,097	0	51,634
Chief of Gov & Strategy Mgmt (37) James S Goodman	40.0			X			315,407	0	59,340
SVP, Business Group (38) Jerome K Bowman	40.0			X			179,553	0	59,220
Chief of Governance & Strategy Mgmt/Term 8/3/21 (39) Jordan G Baugh	40.0			X			291,381	0	45,545
Chief Technology Officer (40) Judith E Fleeks	40.0			X			318,885	0	65,613
Chief Human Resources Officer (41) Michael A Graham	40.0			X			315,842	0	80,189
SVP - Govt & Public Affairs (42) Michelle L Hoffman	10.0			X			257,138	0	56,900
VP, Publishing (43) Robert Quashie	40.0			X			307,142	0	58,277
SVP - Operations (44) Stephanie L Moritz	40.0			X			307,548	0	56,936
Chief Marketing & Communications Officer (45) Anthony J Ziebert DDS	40.0				X		354,506	0	74,963
SVP - Education/Prof. Affairs (46) David M Preble DDS	40.0				X		324,390	0	48,891
SVP - Practice Institute (47) Dr Marcelo W Araujo DDS	40.0				X		377,642	0	50,504
ADA Chief Science Officer/Former ADAF CEO (48) Marko Vujicic PHD	0.0				X		386,771	0	48,719
Chief Economist/VP, HP Institute (49) Scott W Fowkes	40.0				X		339,935	0	60,390
General Counsel (50) William J Robinson	40.0					X	286,006	0	48,384
Former KE/Former President & CEO ADABIG/Term 10/30/21	0								

<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>							8,460,750	0	1,181,862

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 **199**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Capgemini America Inc 400 Broadacres Drive Bloomfield, NJ 070033156	Technology Services	6,024,436
PROMETRIC LLC PO BOX 223608 PITTSBURGH, PA 152512608	Testing Services	4,607,848
Accenture International Limited 1 Grand Canal Square Grand Canal Harbour Dublin, D02 P820 EI	Consulting Services	3,182,198
EFFEMAN DECORATING COMPANY	Audio visual equipment	1,307,160

5230 EISENHOWER AVENUE ALEXANDRIA, VA 22304 ELSEVIER P O BOX 9533 New York, NY 100879533	Public view equipment Publishing	4,971,100 1,270,246
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 ▶ 60		

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Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues				
<b>1c</b> Other Amounts Similar Amounts Raising events				
<b>1d</b> Related organizations	3,898,463			
<b>1e</b> Government grants (contributions)	727,404			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	926,778			
<b>1g</b> Noncash contributions included in lines 1a - 1f:				
<b>h Total.</b> Add lines 1a-1f	5,552,645			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
<b>2a</b> Membership Dues	900099	57,932,566	57,932,566	
<b>2b</b> Testing Service Revenue	541900	29,082,865	27,246,815	1,836,050
<b>2c</b> Publications	541800	7,420,155	26,132	7,394,023
<b>2d</b> Meetings & Seminars	900099	5,956,122	5,956,122	
<b>2e</b> Rental Income	532000	144,424		144,424
<b>2f</b> All other program service revenue.		0	0	0
<b>g Total.</b> Add lines 2a-2f		100,536,132		

<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,482,411		2,482,411
<b>4</b> Income from investment of tax-exempt bond proceeds				
<b>5</b> Royalties		15,407,560	1,927,357	13,480,203
<b>6a</b> Gross rents	(i) Real	7,026,538		
	(ii) Personal			
	<b>6b</b> Less: rental expenses	4,844,883		
	<b>6c</b> Rental income or (loss)	2,181,655	0	
<b>d</b> Net rental income or (loss)		2,181,655		2,181,655
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	24,684,150		
	(ii) Other			
<b>b</b> Less: cost or other basis and sales expenses		20,606,196		

<b>Other Revenue</b>	<b>c</b> Gain or (loss)	<b>7c</b>	4,077,954	0			
	<b>d</b> Net gain or (loss)				4,077,954		4,077,954
	<b>7a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		5,467,764			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		798,334			
	<b>c</b> Net income or (loss) from sales of inventory			4,669,430			4,669,430
	Miscellaneous Revenue		Business Code				
<b>11a</b> Program Maintenance		900099	1,241,792		24,792	1,217,000	
<b>b</b> Insurance Reimbursement		524298	895,433		611,002	284,431	
<b>c</b> Sponsorship and Display Advertising Revenue		541800	141,750		141,750		
<b>d</b> All other revenue			1,410,688	251,140	0	1,159,548	
<b>e Total.</b> Add lines 11a–11d			3,689,663				
<b>12 Total revenue.</b> See instructions			138,597,450	91,412,775	12,079,398	29,552,632	

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**Part IX Statement of Functional Expenses**  
 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,336,964			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,211,938			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)				
<b>7</b> Other salaries and wages	45,134,542			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,676,371			
<b>9</b> Other employee benefits	5,580,498			
<b>10</b> Payroll taxes	3,357,366			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	569,810			
<b>c</b> Accounting	507,028			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	225,157			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,483,592			
<b>12</b> Advertising and promotion	3,999,255			

13	Office expenses . . . . .	8,059,292		
14	Information technology . . . . .			
15	Royalties . . . . .	1,597,428		
16	Occupancy . . . . .	5,179,259		
17	Travel . . . . .	1,923,140		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .			
19	Conferences, conventions, and meetings . . . . .	1,654,390		
20	Interest . . . . .			
21	Payments to affiliates . . . . .	164,471		
22	Depreciation, depletion, and amortization . . . . .	4,533,322		
23	Insurance . . . . .	495,472		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a	Test Administration Fees	4,464,804		
b	Outside Services	12,800,985		
c	Stipends/Honoraria	843,266		
d	Income & Sales Tax Expense	1,009,216		
e	All other expenses	3,138,752		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	124,946,318		
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).			

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	17,808	1	9,378
	2 Savings and temporary cash investments . . . . .	4,824,688	2	3,258,368
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	13,809,932	4	12,093,260
	5 Loans and other receivables from 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 . . . . .	910,368	8	1,066,147
	9 Prepaid expenses and deferred charges . . . . .	4,434,937	9	4,204,760
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	174,090,528	10a	
	b Less: accumulated depreciation	136,128,697	10b	
		37,012,810	10c	37,961,831
	11 Investments—publicly traded securities . . . . .	161,723,712	11	184,515,128
	12 Investments—other securities. See Part IV, line 11 . . . . .	4,815,584	12	4,724,967
	13 Investments—program-related. See Part IV, line 11 . . . . .	0	13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .	8,356,309	15	9,218,861	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	235,906,148	16	257,052,700	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	59,530,805	17	48,170,544
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	15,064,393	19	14,599,733
	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	

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	21,752,610	25	22,339,709
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	96,347,808	26	85,109,986
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions . . . . .	139,365,790	27	168,238,838
	28 Net assets with donor restrictions . . . . .	192,550	28	3,703,876
	<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 . . . . .	139,558,340	32	171,942,714
33 Total liabilities and net assets/fund balances . . . . .	235,906,148	33	257,052,700	

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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	138,597,450
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	124,946,318
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	13,651,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	139,558,340
5	Net unrealized gains (losses) on investments . . . . .	5	11,650,477
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	7,082,765
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,942,714

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

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Form 990 (2021)

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Form 990, Special Condition Description:

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2021

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 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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) (2021)

Schedule B (Form 990) (2021)

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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.

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a checkbox for 'Person'.

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization American Dental Association	Employer identification number 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) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2021)

**Additional Data**

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**Software ID:** 21014044  
**Software Version:** 2021v4.2

SCHEDULE C (Form 990)

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

2021

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), Employer identification number (36-0724690)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures. 3 Volunteer hours for political campaign activities.

Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955. 2 Enter the amount of any excise tax incurred by organization managers under section 4955. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 4b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. 3 Total exempt function expenditures. Add lines 1 and 2. 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Table with 3 columns: (a) Filing organization's totals, (b) Affiliated group totals, and a row for Total lobbying expenditures to influence public opinion (grass roots lobbying).

c Total lobbying expenditures (add lines 1a and 1b) .....

d Other exempt purpose expenditures .....

e Total exempt purpose expenditures (add lines 1c and 1d) .....

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

g Grassroots nontaxable amount (enter 25% of line 1f) .....

h Subtract line 1g from line 1a. If zero or less, enter -0- .....

i Subtract line 1f from line 1c. If zero or less, enter -0- .....

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021

Page 3

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members

E7 022 566

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	31,932,500
<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>	2,130,000
<b>b</b>	Carryover from last year .....	<b>2b</b>	0
<b>c</b>	Total .....	<b>2c</b>	2,130,000
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	3,939,414
<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>	-1,809,414

**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) 2021

**Additional Data**

[Return to Form](#)

Software ID: 21014044  
 Software Version: 2021v4.2

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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 advised funds.

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 easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions 1a-2b regarding collections of 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 significant use of 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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	12,584,804	11,316,595	9,928,901	11,356,209	2,929,585
b Contributions . . . . .	250	412,474	200	150	7,365,868
c Net investment earnings, gains, and losses	1,585,452	1,413,508	1,926,947	-769,896	1,848,006
d Grants or scholarships . . . . .	415,330	557,773	539,400	527,736	321,799
e Other expenditures for facilities and programs . . . . .				129,248	463,883
f Administrative expenses . . . . .	120		53	578	1,568
g End of year balance . . . . .	13,755,056	12,584,804	11,316,595	9,928,901	11,356,209

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

- a Board designated or quasi-endowment ▶ 4.21 %
- b Permanent endowment ▶ 67.72 %
- c Term endowment ▶ 28.07 %

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
3a(i)		
3a(ii)	Yes	
3b	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 . . . . .		104,286,190	88,699,293	15,586,897
c Leasehold improvements		13,011,127	6,606,744	6,404,383
d Equipment . . . . .		53,051,098	40,822,660	12,228,438
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				37,961,831

Schedule D (Form 990) 2021

**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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		



<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		<b>4c</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>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>2e</b>
<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>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>4c</b>
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>			
<b>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, 2021, there was no liability related to uncertain tax positions for federal and state income taxes.

Schedule D (Form 990) 2021

Additional Data

Return to Form

Software ID: 21014044  
 Software Version: 2021v4.2

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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, (f) Total expenditures for and investments in the region. Includes rows for Europe, North America, and Central America.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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).

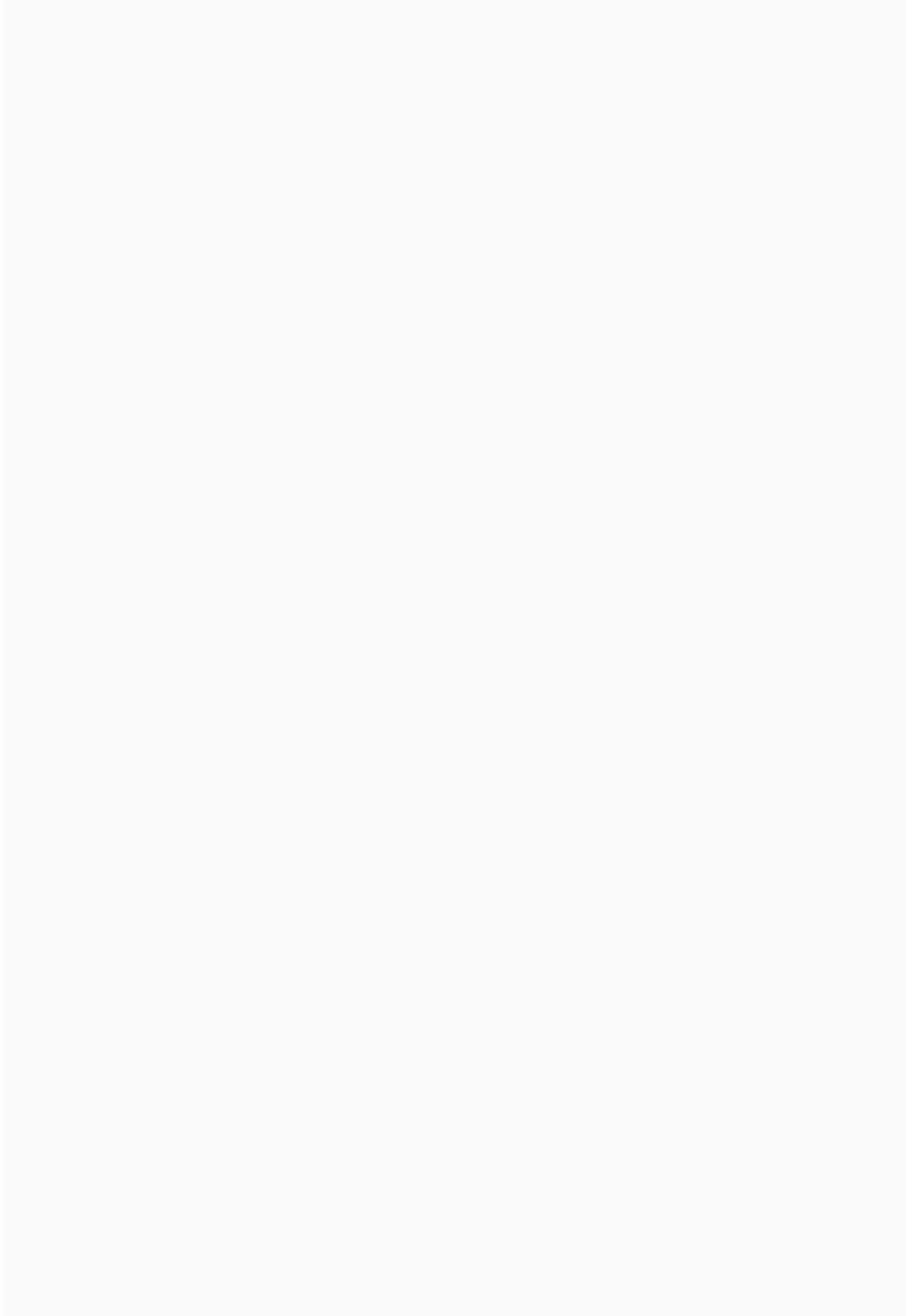
- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2021

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.

(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)



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

2021

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.

PO BOX 215 MANCHESTER, ME 04351						
(27) MARYLAND STATE DENTAL ASSOCIATION 8901 HERRMANN DR COLUMBIA, MD 21045	52-6041784	501(c)(6)	90,363			public support
(28) MASSACHUSETTS DENTAL SOCIETY 2 WILLOW STREET SOUTHBOROUGH, MA 017451027	04-1590155	501(c)(6)	158,505			public support
(29) MICHIGAN DENTAL ASSOCIATION 3657 OKEMOS ROAD SUITE 100 OKEMOS, MI 48864	38-1300483	501(c)(6)	5,000			public support
(30) MINNESOTA DENTAL ASSOCIATION 1335 INDUSTRIAL BLVD MINNEAPOLIS, MN 55413	41-0418600	501(c)(6)	88,091			public support
(31) MISSISSIPPI DENTAL ASSOCIATION 439 Katherine Drive Flowood, MS 39232	23-7104321	501(c)(6)	98,191			public support
(32) MISSOURI DENTAL ASSOCIATION 3340 American Ave Jefferson City, MO 65109	43-1133855	501(c)(6)	61,500			public support
(33) MONTANA DENTAL ASSOCIATION PO BOX 1154 HELENA, MT 59624	81-0169605	501(c)(6)	36,000			public support
(34) NEVADA DENTAL ASSOCIATION 8863 W Flamingo Road Las Vegas, NV 89147	88-0099382	501(c)(6)	220,912			public support
(35) NEW JERSEY DENTAL ASSOCIATION 1 Dental Plaza North Brunswick, NJ 08902	21-0606618	501(c)(6)	81,028			public support
(36) NEW MEXICO DENTAL ASSOCIATION 9201 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87111	85-0122362	501(c)(6)	106,112			public support
(37) NEW YORK STATE DENTAL ASSOCIATION 20 Corporate Woods Blvd Albany, NY 12211	14-1434154	501(c)(6)	69,227			public support
(38) NORTH CAROLINA DENTAL SOCIETY 1600 Evans Road Cary, NC 27615	56-0608781	501(c)(6)	5,617			public support
(39) NORTH DAKOTA DENTAL ASSOCIATION 1720 Burnt Boat Drive Bismarck, ND 58503	45-6014875	501(c)(6)	234,000			public support
(40) OHIO DENTAL ASSOCIATION 1370 DUBLIN ROAD Columbus, OH 43215	31-4361266	501(c)(6)	7,500			public support
(41) OREGON DENTAL ASSOCIATION 8699 SW Sun Place Wilsonville, OR 97070	93-0243383	501(c)(6)	154,420			public support
(42) PENNSYLVANIA DENTAL ASSOCIATION 3501 N Front Street PO Box 3341 Harrisburg, PA 17105	23-0961120	501(c)(6)	102,619			public support
(43) RHODE ISLAND DENTAL ASSOCIATION 875 Centerville Commons Bldg 4 Warwick, RI 02886	05-0374154	501(c)(6)	47,659			public support
(44) SUFFOLK COUNTY DENTAL SOCIETY 150 Motor Parkway Hauppauge, NY 11788	11-2606777	501(c)(6)	9,992			public support
(45) TENNESSEE DENTAL ASSOCIATION 60 BAKERS BRIDGE AVENUE Franklin, TN 37067	62-0419454	501(c)(6)	5,062			public support
(46) TEXAS DENTAL ASSOCIATION 1946 S INTERSTATE 35 Austin, TX 78704	75-0608460	501(c)(6)	32,900			public support
(47) UTAH DENTAL ASSOCIATION 1568 South 500 West Woods Cross, UT 84010	87-0266455	501(c)(6)	40,560			public support
(48) VERMONT STATE DENTAL SOCIETY 1 KENNEDY DRIVE SOUTH BURLINGTON, VT 05403	22-2514423	501(c)(6)	75,013			public support
(49) VIRGINIA DENTAL ASSOCIATION 3460 Maryland Court Richmond, VA 23233	54-0697647	501(c)(6)	15,000			public support
(50) WASHINGTON STATE DENTAL ASSOCIATION 1001 4th Ave Seattle, WA 98154	91-0750294	501(c)(6)	218,254			public support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 7  
3 Enter total number of other organizations listed in the line 1 table . . . . . 42

Schedule I (Form 990) 2021 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 I (Form 990) 2021

**Additional Data**

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Software ID: 21014044  
Software Version: 2021v4.2

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 for instructions and the latest information.

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization American Dental Association

Employer identification number 36-0724690

Part I Questions Regarding Compensation

Form with questions 1a through 9 regarding compensation, including checkboxes for travel, housing, and other benefits, and a Yes/No column.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Rows list individuals like Daniel J Klemmedson, Cesar R Sabates, etc.

12 Michael A Graham SVP - Govt & Public Affairs	(i)	305,746	3,275	6,821	68,716	11,474	396,031	0
	(ii)	0	0	0	0	0	0	0
13 Michelle L Hoffman VP, Publishing	(i)	251,602	1,000	4,536	53,738	3,163	314,038	0
	(ii)	0	0	0	0	0	0	0
14 April D Kates-Elison VP, Member & Client Services	(i)	264,098	4,544	1,348	52,534	3,163	325,687	0
	(ii)	0	0	0	0	0	0	0
15 Catherine H Mills VP - Business & Conference	(i)	253,163	1,000	5,917	46,079	3,163	309,321	0
	(ii)	0	0	0	0	0	0	0
16 Stephanie L Moritz Chief Marketing & Communications Officer	(i)	302,222	3,275	2,051	45,463	11,474	364,485	0
	(ii)	0	0	0	0	0	0	0
17 Robert Quashie SVP - Operations	(i)	300,064	3,275	3,803	52,128	6,150	365,419	0
	(ii)	0	0	0	0	0	0	0
18 Elizabeth A Shapiro DDS Chief of Gov & Strategy Mgmt	(i)	220,178	2,500	3,419	45,289	6,346	277,731	0
	(ii)	0	0	0	0	0	0	0
19 Dr Marcelo W Araujo DDS ADA Chief Science Officer/Former ADAF CEO	(i)	371,966	0	5,676	47,391	3,113	428,145	0
	(ii)	0	0	0	0	0	0	0
20 Scott W Fowkes General Counsel	(i)	328,295	2,275	9,366	50,871	9,519	400,326	0
	(ii)	0	0	0	0	0	0	0
21 David M Preble DDS SVP - Practice Institute	(i)	306,483	3,025	14,882	37,417	11,474	373,280	0
	(ii)	0	0	0	0	0	0	0
22 Marko Vujicic PHD Chief Economist/VP, HP Institute	(i)	378,186	3,775	4,810	48,719	0	435,490	0
	(ii)	0	0	0	0	0	0	0
23 Anthony J Ziebert DDS SVP - Education/Prof. Affairs	(i)	344,798	2,275	7,432	71,800	3,163	429,469	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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) 2021

Additional Data

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Software ID: 21014044  
Software Version: 2021v4.2

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 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.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization  
American Dental Association

Employer identification number

36-0724690

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	All ADA members have the right to vote and elect representatives to the ADA House of Delegates ("HOD") through their local and/or state dental association in a national tripartite governance structure. The United States and its territories are divided into 17 districts. Each district elects a trustee to the board who serves a 4 year term. The ADA HOD is the primary legislative body of the ADA which meets annually and elects the officers of the Board of Trustees.
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The nature of the voting rights of members is described above from Part VI, Line 6. Elections are held on an annual basis for each level of governance.
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The "House of Delegates" is separate from the governing Board of Directors and must approve both the budget and any changes to the organization's BYlaws.
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	There is no committee with broad authority to act on behalf of the governing body.
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 was reviewed by management prior to filing, Financial Information was compared to the organization's books and records. Responses to questions and additional information was reviewed for appropriateness. Additionally, the Form 990 was provided to the Audit Committee of the Board of Trustees as well as all members of the Board of Trustees prior to filing.
Form 990, Part VI, Line 12c Conflict of interest policy	There is an annual review of the conflict of interest policy. Board members and employees at the director level and above are required to sign the conflict of interest disclosure from each year. In-house legal counsel collects and reviews responses and determines necessary action if any. Individuals who have a disclosed conflict recuse themselves from discussion, and do not vote if there is a direct conflict.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The human resources division 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 2021 for the executive director.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	On an annual basis, the compensation committee of the board of trustees determines and reviews the compensation of the officers and members of the board of trustees while the executive director determines and reviews the compensation of key employees. Employees' salaries are made available to the board of trustees for examination upon request and any deliberations or decisions based on the review is documented in the board minutes. The human resources department reviews comparability data on annual salary increases every 3 to 5 years and monitors a comprehensive compensation program.
Form 990, Part VI, Line 19 Required documents available to the public	The American Dental Association makes its governing documents, conflict of interest policy or financial statements available upon request.
Form 990, Part VIII, Line 5 Royalties	ADA entered into a journal publishing agreement to publish, promote, and distribute The Journal of the American Dental Association (JADA). The amount that the Publisher pays to ADA is primarily related to advertising revenue from the publication.

Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	CMIRP Reimbursement - Total Revenue: 528078, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 528078; PPE Distribution - Total Revenue: 251140, Related or Exempt Function Revenue: 251140, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Other - Total Revenue: 631268, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 631268; Speaker Fees - Total Revenue: 202, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 202;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Investment in Sub - -2802523; Pension Related Changes other than Net Periodic Costs - 9885288;

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data**

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**Software ID:** 21014044

**Software Version:** 2021v4.2

<a href="#">efile Public Visual Render</a>	Objectid: 202242869349301549 - Submission: 2022-10-13	TIN: 36-0724690
<b>SCHEDULE R (Form 990)</b>  Department of the Treasury Internal Revenue Service Name of the organization American Dental Association	<b>Related Organizations and Unrelated Partnerships</b> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2021</div> Open to Public Inspection
	Employer identification number 36-0724690	

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ADA Science and Research Institute LLC 211 E Chicago Ave Chicago, IL 606112637 84-4338889	Scientific Information and Research	IL	754,487	2,952,918	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ADA Foundation 211 East Chicago Avenue Chicago, IL 606112637 36-6132046	Grant Making	IL	501(c)(3)	9	American Dental Association	Yes	
(2) ADPAC Education Fund 1111 14th Street NW Suite 1100 Washington, DC 20005 90-0038675	Seg. Fund	DC	527		NA		No
(3) AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE 1111 14th Street NW Suite 1100 Washington, DC 20005 52-0913198	Seg. Fund	DC	527		NA		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ADA Business Enterprises Inc 211 East Chicago Avenue Chicago, IL 606112637 36-3679743	Financial Services	IL	American Dental Association	C Corporation	127,841	4,052,496	100 %	Yes	
(2) ADA Business Innovation Group 541 N Fairbanks CT FL 22nd FL Chicago, IL 606112637 83-2668449	Dental Practice Matching Service	IL	American Dental Association	C Corporation	-3,100,956	501,877	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?

Table with 13 rows (1a-1s) and 3 columns (Transaction description, Yes, No). Rows include receipt of interest, gift/grant, loans, dividends, sale of assets, etc.

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. Includes entries for ADA Business Enterprises Inc and ADA Foundation.

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 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.

