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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [X] Amended return
- [ ] Application pending

C Name of organization
DELTA DENTAL OF IOWA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9000 NORTHPARK DRIVE

City or town, state or country, and ZIP + 4
JOHNSTON, IA 50131

F Name and address of principal officer: DONN HUTCHINS
SAME AS C ABOVE

D Employer identification number
42-0959302

E Telephone number
515-261-5500

G Gross receipts $ 75,329,390.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

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

H(c) Group exemption number ▶

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c) (4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.DELTADENTALIA.COM

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1970 **M** State of legal domicile IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: DENTAL HEALTH CARE: TO IMPROVE THE ORAL HEALTH OF THE PEOPLE WE SERVE. THIS IS ACCOMPLISHED

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	79
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	94,279.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VIII, line 2g)	61,372,549.	67,111,304.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,476,664.	976,111.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85.	130,498.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,849,298.	68,217,913.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,017,605.	1,858,714.
14 Benefits paid to or for members (Part IX, column (A), line 4)	42,422,753.	46,244,699.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,093,583.	7,419,331.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,908,592.	9,081,213.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,442,533.	64,603,957.
19 Revenue less expenses. Subtract line 18 from line 12	3,406,765.	3,613,956.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	46,185,763.	53,430,840.
21 Total liabilities (Part X, line 26)	10,207,342.	11,407,284.
22 Net assets or fund balances. Subtract line 21 from line 20	35,978,421.	42,023,556.

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 11/14/12

▶ CHERYL HARDING, VICE PRES & CHIEF OPER OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRENT L. ALEXANDER	Preparer's signature	Date 11/13/2012	Check [ ] if self-employed — PTIN
Firm's name ▶ BROOKS LODDEN, P.C.			Firm's EIN ▶
Firm's address ▶ 1441 29TH STREET, STE. 305 WEST DES MOINES, IA 50266-1357			Phone no 515/223-7300

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9/13/25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
DENTAL HEALTH CARE: TO IMPROVE THE ORAL HEALTH OF THE PEOPLE WE SERVE. THIS IS ACCOMPLISHED THROUGH THE PROVISION OF DENTAL INSURANCE AND PUBLIC HEALTH CONTRIBUTIONS THAT FOCUS ON ACCESS TO ORAL HEALTH SERVICES AND EDUCATION RELATED TO GOOD ORAL HEALTH BEHAVIORS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 58383635. including grants of $ 1,858,714.) (Revenue $ 67111304.)
SINCE 1970, DELTA DENTAL OF IOWA HAS EXPANDED ACCESS TO DENTAL CARE BY PROVIDING AFFORDABLE, NETWORK BASED DENTAL BENEFITS PLANS TO IOWA EMPLOYERS AND INDIVIDUALS THAT RESULT IN LONG-TERM COST SAVINGS AND SUPPORT GOOD ORAL HEALTH. DELTA DENTAL OF IOWA'S DENTAL BENEFIT PLANS STRIVE TO INCORPORATE THE CURRENT BEST PRACTICES IN DENTAL SCIENCE. DELTA DENTAL IS COMMITTED TO ITS VISION OF IMPROVING THE ORAL HEALTH OF THE PEOPLE AND COMMUNITIES IT SERVES. DELTA DENTAL FULFILLS ITS NOT-FOR-PROFIT VISION BY ACTIVELY PARTICIPATING IN THE COMMUNITIES IT SERVES AS A CHAMPION AND MAJOR FUNDER OF ORAL HEALTH INITIATIVES IN THE STATE OF IOWA. DELTA DENTAL INVESTS IN ORAL HEALTH PROJECTS THAT MEET THE NEEDS OF UNDERSERVED POPULATIONS AND THAT FOCUS ON ACCESS TO CARE, PREVENTION, EDUCATION AND RESEARCH.

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

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

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

4e **Total program service expenses** ▶ 58,383,635.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15471		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

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

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

CHERYL HARDING - 515-261-5500
9000 NORTHPARK DRIVE, JOHNSTON, IA 50131

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. BRYAN CLEMONS II, DDS DIRECTOR	1.30	X						11,300.	0.	0.
LYNN D. CURRY, DDS DIRECTOR	1.30	X						18,517.	0.	0.
ANNE HENNESSEY, DDS DIRECTOR	1.30	X						11,500.	0.	0.
JOHN KEARNS, DDS DIRECTOR	1.30	X						500.	600.	10,850.
MERRITT KRAUSE DIRECTOR	1.30	X						12,000.	0.	0.
JEFF PLAGGE DIRECTOR	1.30	X						9,100.	400.	8,500.
RENIE NEUBERGER DIRECTOR	1.30	X						10,900.	0.	0.
TOM ALLER DIRECTOR	1.30	X						11,100.	0.	0.
DAVID VELLINGA DIRECTOR	1.30	X						7,800.	0.	0.
DONN HUTCHINS PRESIDENT AND CEO	40.00	X		X				597,225.	0.	148,047.
CHERYL HARDING VICE PRESIDENT AND COO	40.00			X				322,595.	0.	70,401.
GREGORY SHIREMAN VICE PRESIDENT OF MARKETING	40.00			X				346,751.	0.	67,979.
RICHARD RUSSELL VICE PRESIDENT, OPERATIONS	40.00			X				220,506.	0.	51,326.
ED SCHOOLEY, DDS VICE PRESIDENT AND DENTAL	40.00					X		252,096.	0.	25,811.
SHERRY MALY DIRECTOR OF CLIENT SERVICES	40.00					X		149,793.	0.	17,899.
SHERRY PERKINS CONTROLLER	40.00					X		149,258.	0.	30,173.
MARK MOVIC RISK MANAGEMENT DIRECTOR	40.00					X		126,082.	0.	9,263.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE HECKENLAIBLE DIRECTOR,COMMUNITY & GOVT RELATIONS	40.00					X		121,875.	0.	28,547.
1b Sub-total						▶		2,378,898.	1,000.	468,796.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		2,378,898.	1,000.	468,796.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 16

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF IOWA, 322 DENTAL SCIENCE BLDG S, IOWA CITY, IA 52242	DENTAL SERVICES	3,394,940.
CONSAMUS AND HAMPTON DENTAL CLINIC PLC 3324 ORION DR, AMES, IA 50010	DENTAL SERVICES	1,499,731.
DENTAL ASSOCIATES PC, 3700 WESTOWN PKWY, WEST DES MOINES, IA 50266	DENTAL SERVICES	1,389,294.
IOWA ORAL & MAXILL SURGEONS PC 1469 29TH ST, WEST DES MOINES, IA 50266	DENTAL SERVICES	1,285,076.
ENDODONTICS PC 1450 28TH ST, WEST DES MOINES, IA 50266	DENTAL SERVICES	1,202,763.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 459

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $				
	h **Total.** Add lines 1a-1f ▶				
Program Service Revenue		Business Code			
	2a PREMIUMS EARNED	524114	58,168,922.	58,168,922.	
	b ADMINISTRATIVE SERVICE	524292	8942382.	8942382.	
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶		67,111,304.		
	3 Investment income (including dividends, interest, and other similar amounts) ▶		1158049.		1,158,049.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	6,869,424.	60,115.		
	b Less: cost or other basis and sales expenses	7,084,861.	26,616.		
	c Gain or (loss)	<215,437.>	33,499.		
	d Net gain or (loss) ▶		<181,938.>		<181938.>
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a MANAGEMENT FEES	541610	94,279.	94,279.	
	b MISCELLANEOUS INCOME	900099	36,219.		36,219.
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶		130,498.		
	12 **Total revenue.** See instructions ▶		68,217,913.	67,111,304.	94,279. 1,012,330.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,858,714.	1,858,714.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	46,244,699.	46,244,699.		
5 Compensation of current officers, directors, trustees, and key employees	2,379,432.	149,793.	2,229,639.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,217,905.	2,391,889.	826,016.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	610,171.	175,036.	435,135.	
9 Other employee benefits	847,435.	640,573.	206,862.	
10 Payroll taxes	364,388.	194,359.	170,029.	
11 Fees for services (non-employees):				
a Management				
b Legal	90,614.	17,183.	73,431.	
c Accounting	116,200.	30.	116,170.	
d Lobbying	33,750.		33,750.	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	142,697.		142,697.	
g Other	698,438.	504,439.	193,999.	
12 Advertising and promotion	434,285.	398,927.	35,358.	
13 Office expenses	1,795,166.	1,201,551.	593,615.	
14 Information technology	1,125,182.	1,125,182.		
15 Royalties				
16 Occupancy	268,645.		268,645.	
17 Travel	109,772.	69,341.	40,431.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,079.	24,058.	51,021.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	211,453.	60,216.	151,237.	
23 Insurance	155,003.		155,003.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BROKER COMMISSIONS	2,805,030.	2,805,030.		
b PREMIUM TAXES	493,626.	493,626.		
c DDPA DUES	185,396.		185,396.	
d SERP AND 457(B) EXPENSE	110,593.		110,593.	
e CIVIC AND CHARITABLE CO	81,021.	10,816.	70,205.	
f All other expenses	149,263.	18,173.	131,090.	
25 **Total functional expenses.** Add lines 1 through 24f	64,603,957.	58,383,635.	6,220,322.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,473,876.	1	2,458,670.
	2	Savings and temporary cash investments		470,070.	2	752,617.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,594,508.	4	2,043,166.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,997,302.			
	b	Less: accumulated depreciation	10b 1,296,262.	3,662,325.	10c	8,701,040.
	11	Investments - publicly traded securities		36,377,711.	11	38,812,789.
	12	Investments - other securities. See Part IV, line 11			12	226,126.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		607,273.	15	436,432.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		46,185,763.	16	53,430,840.
Liabilities	17	Accounts payable and accrued expenses		6,082,425.	17	6,671,677.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	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. Complete Part X of Schedule D		4,124,917.	25	4,735,607.
	26	**Total liabilities.** Add lines 17 through 25		10,207,342.	26	11,407,284.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund		475,819.	31	475,819.
	32	Retained earnings, endowment, accumulated income, or other funds		35,502,602.	32	41,547,737.
	33	Total net assets or fund balances		35,978,421.	33	42,023,556.
	34	Total liabilities and net assets/fund balances		46,185,763.	34	53,430,840.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,217,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,603,957.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,613,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,978,421.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,431,179.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	42,023,556.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

DELTA DENTAL OF IOWA

Employer identification number

42-0959302

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,665,500.		2,665,500.
b Buildings		5,099,092.	53,116.	5,045,976.
c Leasehold improvements				
d Equipment		2,232,710.	1,243,146.	989,564.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,701,040.

Schedule D (Form 990) 2010

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) UNEARNED PREMIUMS	1,612,952.
(3) CLAIMS UNPAID	2,937,459.
(4) OTHER POLICY RESERVES	185,196.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	4,735,607.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	68,217,913.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,603,957.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,613,956.
4	Net unrealized gains (losses) on investments	4	2,431,179.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,431,179.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,045,135.

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

1	Total revenue, gains, and other support per audited financial statements			1	208254197.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	140306759.		
e	Add lines **2a** through **2d**			2e	140306759.
3	Subtract line **2e** from line **1**			3	67,947,438.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,697.		
b	Other (Describe in Part XIV.)	4b	127,778.		
c	Add lines **4a** and **4b**			4c	270,475.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	68,217,913.

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

1	Total expenses and losses per audited financial statements			1	204640241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	140306759.		
e	Add lines **2a** through **2d**			2e	140306759.
3	Subtract line **2e** from line **1**			3	64,333,482.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,697.		
b	Other (Describe in Part XIV.)	4b	127,778.		
c	Add lines **4a** and **4b**			4c	270,475.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	64,603,957.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: DELTA DENTAL OF IOWA IS ORGANIZED AS A NONPROFIT DENTAL CARE PLAN FOR FEDERAL INCOME TAX PURPOSES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, DOES NOT PAY FEDERAL INCOME TAXES. THE COMPANY EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING ITS TAX RETURNS TO DETERMINE WHETHER IT IS "MORE LIKELY THAN NOT" THAT EACH TAX POSITION WOULD BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT

Part XIV Supplemental Information *(continued)*

THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. DURING THE YEARS ENDED DECEMBER 31, 2010 AND 2009, THE COMPANY DID NOT RECORD ANY SUCH TAX BENEFIT OR EXPENSE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. NO EXAMINATIONS ARE IN PROGRESS OR ANTICIPATED AT THIS TIME.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE SERVICE CLAIMS (NETTED WITH REVENUE)	140,306,759.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS	33,499.
MANAGEMENT FEES (NETTED WITH EMPLOYEE BENEFITS)	94,279.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	127,778.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE SERVICE CLAIMS (NETTED WITH REVENUE)	140,306,759.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS - NETTED WITH EXPENSES FOR FINANCIALS	33,499.
MANAGEMENT FEES - NETTED WITH EXPENSES FOR FINANCIALS	94,279.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	127,778.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF IOWA

Employer identification number
42-0959302

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA DENTAL OF IOWA FOUNDATION 9000 NORTHPARK DRIVE JOHNSTON, IA 50131	26-0762771	501(C)(3)	1,138,590.	0.			CONTRIBUTION TO DELTA DENTAL OF IOWA FOUNDATION TO SUPPORT & IMPROVE THE ORAL HEALTH OF IOWANS.

2 Enter total number of section 501(c)(3) and government organizations ▶ 1.

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, QUESTION 1: DELTA DENTAL OF IOWA ONLY MAKES GRANTS TO THE DELTA DENTAL OF IOWA FOUNDATION. THE DELTA DENTAL OF IOWA FOUNDATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS, THE GRANTEES' ELIGIBILITY AND THE SELECTION CRITERIA.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

DELTA DENTAL OF IOWA

Employer identification number

42-0959302

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONN HUTCHINS	(i)	399,458.	179,228.	18,539.	136,154.	11,893.	745,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHERYL HARDING	(i)	233,000.	83,298.	6,297.	52,027.	18,374.	392,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GREGORY SHIREMAN	(i)	232,059.	108,969.	5,723.	56,110.	11,869.	414,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RICHARD RUSSELL	(i)	166,570.	51,355.	2,581.	33,030.	18,296.	271,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ED SCHOOLEY, DDS	(i)	167,817.	79,302.	4,977.	19,347.	6,464.	277,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SHERRY MALY	(i)	118,404.	29,931.	1,458.	11,874.	6,025.	167,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SHERRY PERKINS	(i)	108,977.	38,041.	2,240.	11,933.	18,240.	179,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SUZANNE HECKENLAIBLE	(i)	95,550.	23,724.	2,601.	10,251.	18,296.	150,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: TAX GROSS UP PAYMENTS ARE RELATED TO TAXABLE FRINGE BENEFITS INCLUDED AS COMPENSATION FOR ALL COMPANY EMPLOYEES INCLUDING THE PERSONS LISTED IN PART VII, SECTION A, LINE 1. THE PAYMENTS REPRESENT 1% OR LESS OF COMPENSATION FOR THE INDIVIDUALS.

PART I, LINE 4B: OFFICERS OF THE COMPANY PARTICIPATE IN A SEC. 457(F) PLAN. THE COMPANY MAKES A CONTRIBUTION TO THE PLAN ANNUALLY ON BEHALF OF THE OFFICERS. THIS CONTRIBUTION IS A PERCENTAGE OF SALARY AND IS SET AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE OFFICERS CANNOT ACCESS THE FUNDS UNTIL RETIREMENT, LEAVING THE COMPANY, OR DEATH. OFFICERS WHO RECEIVED DEPOSITS IN 2010 AND AMOUNTS ARE:

DONN HUTCHINS	$116,554
CHERYL HARDING	$ 32,427
GREG SHIREMAN	$ 36,510
RICHARD RUSSELL	$ 15,634

PART I, LINE 5: TWO KEY EMPLOYEES OF THE COMPANY HAVE COMPENSATION CONTINGENT ON REVENUES. THEY ARE ACCOUNT EXECUTIVES OF THE COMPANY WHO

Part III Supplemental Information

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

RECEIVE COMMISSIONS BASED ON SALES AND RENEWALS OF GROUP BUSINESS. THESE ACCOUNT EXECUTIVES ARE RESPONSIBLE FOR SELLING NEW BUSINESS AND ENSURING THE RENEWAL OF EXISTING BUSINESS.

PART I, LINE 6: CONSISTENT WITH THE COMPANY'S TOTAL COMPENSATION POLICY, THE OFFICERS AND KEY EMPLOYEES, ALONG WITH ALL EMPLOYEES OF THE COMPANY, PARTICIPATE IN A COMPANY INCENTIVE COMPENSATION PLAN. THIS PLAN CONTAINS SEVEN METRICS WHICH REPRESENT KEY GOALS FOR THE PLAN YEAR. AN OVERALL WEIGHTED SCORE IS CALCULATED. A BONUS WILL BE PAID IF THE COMPANY MEETS A RANGE OF GOAL ACCOMPLISHMENTS FOR THE YEAR. THE AMOUNT OF THE BONUS IS BASED ON THE TOTAL SCORE. ONE OF THESE METRICS IS PROFITABILITY, WHICH IS DEFINED AS "TOTAL NET GAIN IN DOLLARS PRIOR TO ORAL HEALTH CONTRIBUTIONS FOR THE FISCAL YEAR PER AUDITED FINANCIAL RESULTS."

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

DELTA DENTAL OF IOWA

Employer identification number

42-0959302

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			▶ $							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
JOHN KEARNS, DDS	DIRECTOR	211,350.	INDEPENDENT		X
ANNE HENNESSEY, DDS	DIRECTOR	150,577.	INDEPENDENT		X
CATHY TIGGES, DDS	CHILD OF DIRECTOR (	242,810.	INDEPENDENT		X
MERRITT KRAUSE	DDIA DIRECTOR & OFF	277,130.	PAYMENTS TO		X
SCOTT CLEMONS, DDS	CHILD OF DIRECTOR (	241,051.	INDEPENDENT		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN KEARNS, DDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION $ 211,350.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR - PAYMENTS FROM DDIA FOR DENTAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANNE HENNESSEY, DDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION $ 150,577.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR - PAYMENTS FROM DDIA FOR DENTAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CATHY TIGGES, DDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF DIRECTOR (LYNN D. CURRY, DDS)

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION $ 242,810.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR - PAYMENTS FROM DDIA FOR DENTAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MERRITT KRAUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DDIA DIRECTOR & OFFICER OF EMPLOYER WHO PURCHASES DENTAL BENEFITS FROM DDIA

(C) AMOUNT OF TRANSACTION $ 277,130.

(D) DESCRIPTION OF TRANSACTION: PAYMENTS TO DDIA FOR ADMINISTRATIVE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SCOTT CLEMONS, DDS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CHILD OF DIRECTOR (W. BRYAN CLEMONS II, DDS)

(C) AMOUNT OF TRANSACTION $ 241,051.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR - PAYMENTS FROM DDIA FOR DENTAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH THE PROVISION OF DENTAL INSURANCE AND PUBLIC HEALTH CONTRIBUTIONS THAT FOCUS ON ACCESS TO ORAL HEALTH SERVICES AND EDUCATION RELATED TO GOOD ORAL HEALTH BEHAVIORS.

FORM 990, PART VI, SECTION A, LINE 2: TWO DIRECTORS HAVE A BUSINESS RELATIONSHIP. JEFF PLAGGE IS PRESIDENT OF A COMPANY THAT PURCHASES BENEFITS FROM A BROKER COMPANY IN WHICH MERRITT KRAUSE SERVES AS PRESIDENT. MR. PLAGGE IS NOT A KEY DECISION MAKER IN REGARD TO THE BENEFIT PURCHASE DECISIONS.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THE CORPORATION CONSIST OF THE PROVIDERS (PARTICIPATING DENTISTS), AND SUBSCRIBER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: DECISIONS OF THE GOVERNING BODY ARE NOT SUBJECT TO APPROVAL BY THE MEMBERSHIP WITH THE EXCEPTION OF CHANGES TO THE ARTICLES OF INCORPORATION. THOSE CHANGES MUST BE APPROVED BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 AND ALL RELATED SCHEDULES WERE REVIEWED BY BOTH THE MANAGEMENT OF THE COMPANY AND THE BOARD OF DIRECTORS PRIOR TO FILING. THE FORM 990 WAS REVIEWED BY MANAGEMENT OF THE COMPANY PRIOR TO PRESENTATION TO THE BOARD. THE MEMBERS OF THE MANAGEMENT TEAM WHO REVIEWED THE FORM 990 WERE THE CEO, COO, COMPLIANCE MANAGER, AND CONTROLLER. AN ELECTRONIC COPY OF THE FORM 990 WAS PROVIDED

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

TO ALL BOARD MEMBERS PRIOR TO THE BOARD MEETING HELD ON SEPTEMBER 16, 2011. ALL MEMBERS OF THE BOARD REVIEWED THE FORM 990 AND RELATED SCHEDULES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE COMPLIANCE MANAGER, ON BEHALF OF THE GOVERNANCE COMMITTEE, CONDUCTS AN ANNUAL CONFLICT OF INTEREST REVIEW FOR COMPLIANCE WITH FEDERAL AND STATE LAW. THE REVIEW INCLUDES ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES. COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES AND DISCLOSURES ARE COMPARED TO THE GROUP FOR POTENTIALLY CONFLICTING TRANSACTIONS, BUSINESS AND FAMILY RELATIONSHIPS, AND AFFILIATIONS. ANNUAL COMPENSATION, REIMBURSEMENTS, BENEFIT PAYMENTS, AND OTHER TRANSACTIONS ARE REVIEWED FOR APPROPRIATENESS. A WRITTEN REPORT OF THE FINDINGS IS PRESENTED TO THE GOVERNANACE COMMITTEE, BOARD OF DIRECTORS AND SENIOR MANAGEMENT. SOLUTIONS TO POTENTIAL CONFLICTS ARE DISCUSSED AND DOCUMENTED IN THE BOARD OF DIRECTOR'S MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: ON A BI-ANNUAL BASIS, DELTA DENTAL OF IOWA DOES A MARKET PRICE AND BENCHMARKING COMPARISON OF THE COMPENSATION OF THE LEADERSHIP TEAM AND THE STAFF. THIS ANALYSIS IS PERFORMED BY AN INDEPENDENT THIRD PARTY. THIS ANALYSIS INCLUDES THE USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE DOCUMENTED RESULTS AND RECOMMENDATIONS OF THIS ANALYSIS ARE PRESENTED TO THE BOARD OF DIRECTORS. THIS BOARD OF DIRECTORS REVIEWS THE DOCUMENTATION AND APPROVES THE COMPENSATION. THESE DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: DELTA DENTAL OF IOWA'S GOVERNING

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

DOCUMENTS BECOME A MATTER OF PUBLIC RECORD WHEN THEY ARE FILED WITH THE IOWA SECRETARY OF STATE. THE FINANCIAL STATEMENTS BECOME A MATTER OF PUBLIC RECORD WHEN THEY ARE FILED WITH THE IOWA INSURANCE DIVISION. BOTH AGENCIES HAVE ONLINE PUBLIC VIEWING ACCESS. THE CONFLICT OF INTEREST POLICY IS NOT FILED WITH THE STATE AGENCIES; HOWEVER, IT WOULD BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 2,431,179.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A FINANCE AND AUDIT COMMITTEE THAT HAS RESPONSIBILITY FOR SELECTION OF THE INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE AUDIT. THE BOARD OF DIRECTORS APPROVES THE ANNUAL APPOINTMENT OF THE INDEPENDENT ACCOUNTANT.

FORM 990, PART IV, LINE 35A:

THIS QUESTION IS ANSWERED AS "NO" BECAUSE THE ORGANIZATION DID NOT RECEIVE ANY OF THE "SPECIFIED PAYMENTS" AS OUTLINED IN IRC SEC 512(B)(13).

FORM 990 - AMENDED RETURN CHANGES:

THIS AMENDED RETURN IS FILED TO REPORT MANAGEMENT FEES RECEIVED FROM A FOR-PROFIT SUBSIDIARY AS UNRELATED BUSINESS INCOME. ON THE ORIGINAL RETURN FILED, THE MANAGEMENT FEES WERE NETTED WITH EMPLOYEE BENEFITS. THE ITEMS UPDATED ON THE AMENDED RETURN WERE THE FOLLOWING:

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

PART I, LINE 11, CURRENT YEAR WAS UPDATED TO $130,498 WHICH CHANGED THE TOTAL ON PART I, LINE 12, CURRENT YEAR TO $68,217,918.

PART I, LINE 15, CURRENT YEAR WAS UPDATED TO $7,419,331 WHICH CHANGED THE TOTAL ON PART I, LINE 17, CURRENT YEAR TO $64,603,957.

PART III, LINE 4A, EXPENSES WERE UPDATED TO $58,363,635.

PART V, LINES 3A AND 3B WERE CHANGED TO "YES."

PART VIII, LINE 11A, MANAGEMENT FEE INCOME OF $94,279 WAS ADDED TO THE RETURN.

PART IX, LINE 9, OTHER EMPLOYEE BENEFITS - PROGRAM SERVICE COLUMN WAS UPDATED TO $640,573 AND MANAGEMENT AND GENERAL EXPENSES COLUMN WAS UPDATED TO $206,862.

PART X, LINE 11, COLUMN B WAS CHANGED TO $38,812,789.

PART X, LINE 12, COLUMN B WAS CHANGED TO $226,126.

SCHEDULE D, PART XII, LINE 4B - MANAGEMENT FEES OF $94,279 WERE ADDED.

SCHEDULE D, PART XIII, LINE 4B - MANAGEMENT FEES OF $94,279 WERE ADDED.

THE FORM 990-T RETURN WAS COMPLETED TO REPORT THE MANAGEMENT FEE INCOME AND EXPENSES.

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

SCHEDULE R, PART II, COLUMN B:

PRIMARY ACTIVITY OF DELTA DENTAL PLAN OF IOWA FOUNDATION:

DELTA DENTAL OF IOWA'S VISION IS TO IMPROVE THE ORAL HEALTH OF THOSE WE SERVE. AN AMOUNT IS SET ASIDE EACH YEAR TO FUND THIS MISSION. THE AMOUNT IS DETERMINED BY THE PERFORMANCE AND FINANCIAL STRENGTH OF THE COMPANY. AFTER THE AUDITED FINANCIALS ARE COMPLETE, THE AMOUNT IS PAID TO THE DELTA DENTAL OF IOWA FOUNDATION. THE DELTA DENTAL OF IOWA FOUNDATION IS A SEC. 501(C)(3) ORGANIZATION AND IS A TYPE 1 SUPPORTING ORGANIZATION UNDER SEC. 509(A)(3). IT IS THE RESPONSIBILITY OF THE FOUNDATION TO DISTRIBUTE THE MONIES CONSISTENT WITH IT'S MISSION AND FOUNDING DOCUMENTS. THE MISSION OF THE DELTA DENTAL OF IOWA FOUNDATION IS TO SUPPORT AND IMPROVE THE ORAL HEALTH OF IOWANS. THE FOUNDATION WILL PROVIDE FUNDS TO OTHER SEC. 501(C)(3) ORGANIZATIONS, GOVERNMENTS, OR ACADEMIC INSTITUTIONS THAT ARE UNDERTAKING PROJECTS THAT SUPPORT AND IMPROVE THE ORAL HEALTH OF IOWANS. THE FOUNDATION WILL PROVIDE FUNDS TO OTHER TAX-EXEMPT ORGANIZATIONS THROUGH THEIR GRANTS PROGRAM THAT ALIGN WITH THE PROJECTS OF ACCESS TO CARE, RESEARCH, EDUCATION AND PREVENTION. THE AMOUNT CONTRIBUTED TO THE FOUNDATION IN 2010 WAS $1,138,590. ADDITIONALLY, DELTA DENTAL OF IOWA PROVIDES MANAGEMENT SERVICES FOR THE FOUNDATION. THIS INCLUDES DUTIES PERFORMED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER. THE EXECUTIVE DIRECTOR OF THE FOUNDATION IS THE DIRECTOR OF GOVERNMENT AND COMMUNITY RELATIONS FOR DELTA DENTAL OF IOWA. ALSO, DELTA DENTAL OF IOWA PROVIDES SOME ACOUNTING FUNCTIONS. THE FOUNDATION REIMBURSES DELTA DENTAL OF IOWA FOR ALL STAFF CHARGES RELATED TO THE FOUNDATION. THE AMOUNT REIMBURSED TO DELTA DENTAL OF IOWA IN 2010 WAS $84,029 FOR MANAGEMENT FEES AND $6,334 FOR OTHER EXPENSES.

Name of the organization: DELTA DENTAL OF IOWA

Employer identification number: 42-0959302

SCHEDULE R, PART IV, COLUMN B:

PRIMARY ACTIVITY OF VERATRUS BENEFIT SOLUTIONS, INC.:

VERATRUS BENEFIT SOLUTIONS, INC. (VERATRUS) IS A FOR-PROFIT CORPORATION AND A WHOLLY-OWNED SUBSIDIARY OF DELTA DENTAL OF IOWA. VERATRUS WAS ORGANIZED TO DISTRIBUTE THE DELTA VISION PRODUCT. DELTA DENTAL OF IOWA INVESTED $100,000 IN COMMON STOCK AND AN ADDITIONAL $250,000 IN PAID-IN CAPITAL IN VERATRUS DURING 2010. DELTA DENTAL OF IOWA COLLECTS PREMIUMS FROM GROUPS FOR VISION COVERAGE AND TRANSFERS THIS PREMIUM TO VERATRUS. IN 2010, DELTA DENTAL OF IOWA TRANSFERRED $149,030 TO VERATRUS FOR PREMIUMS COLLECTED ON THEIR BEHALF. IN ADDITION, DELTA DENTAL OF IOWA PROVIDES MANAGEMENT SERVICES TO VERATRUS. VERATRUS REIMBURSES DELTA DENTAL OF IOWA FOR ALL STAFF CHARGES RELATED TO VERATRUS. THE AMOUNT REIMBURSED TO DELTA DENTAL OF IOWA IN 2010 WAS $94,279 FOR MANAGEMENT FEES AND $57,660 FOR OTHER EXPENSES.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization
DELTA DENTAL OF IOWA

Employer identification number
42-0959302

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
DELTA DENTAL OF IOWA FOUNDATION - 26-0762771 9000 NORTHPARK DRIVE JOHNSTON, IA 50131	CHARITABLE ORGANIZATION TO SUPPORT AND IMPROVE THE ORAL HEALTH OF IOWANS.	IOWA	501(C)(3)	LINE 11A, I	DELTA DENTAL PLAN OF IOWA	X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
VERATRUS BENEFIT SOLUTIONS, INC. - 27-1584394 9000 NORTHPARK DRIVE JOHNSTON, IA 50131	FOR-PROFIT CORPORATION ORGANIZED TO DISTRIBUTE THE	IA	DENTAL DENTAL PLAN OF IOWA	C CORP	<123,874.>	293,954.	100.00%

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b	X	
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X	
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA DENTAL OF IOWA FOUNDATION	B	1,138,590.	SEE PART VII - SUPPLEMENTAL INFO.
(2) DELTA DENTAL OF IOWA FOUNDATION	N	84,029.	SEE PART VII - SUPPLEMENTAL INFO.
(3) DELTA DENTAL OF IOWA FOUNDATION	P	6,334.	SEE PART VII - SUPPLEMENTAL INFO.
(4) VERATRUS BENEFIT SOLUTIONS, INC.	B	350,000.	SEE PART VII - SUPPLEMENTAL INFO.
(5) VERATRUS BENEFIT SOLUTIONS, INC.	N	94,279.	SEE PART VII - SUPPLEMENTAL INFO.
(6) VERATRUS BENEFIT SOLUTIONS, INC.	Q	139,632.	SEE PART VII - SUPPLEMENTAL INFO.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART V, LINE 2(1), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

PERCENTAGE OF REVENUE BASED ON BOARD APPROVED POLICY

FORM 990, SCHEDULE R, PART V, LINE 2(2), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

FEES CHARGED TO DELTA DENTAL OF IOWA FOUNDATION BASED ON HOURS WORKED

FORM 990, SCHEDULE R, PART V, LINE 2(3), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

ACTUAL COST OF INVOICES PAID BY DDIA ON BEHALF OF DELTA DENTAL OF IOWA FOUNDATION

FORM 990, SCHEDULE R, PART V, LINE 2(4), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

CAPITAL CONTRIBUTION TO SUBSIDIARY (VERATRUS BENEFIT SOLUTIONS, INC.)

FORM 990, SCHEDULE R, PART V, LINE 2(5), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

MANAGEMENT FEES CHARGED TO VERATRUS BENEFIT SOLUTIONS, INC. BASED ON HOURS WORKED

FORM 990, SCHEDULE R, PART V, LINE 2(6), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

VISION PREMIUMS BILLED AND COLLECTED BY DDIA ON BEHALF OF VERATRUS BENEFIT SOLUTIONS, INC. CASH WAS TRANSFERRED FROM DDIA TO VERATRUS FOR THESE PREMIUMS.

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART V, LINE 2(7), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

ACTUAL COST OF INVOICES PAID BY DDIA ON BEHALF OF VERATRUS BENEFIT SOLUTIONS, INC.

FORM 990, SCHEDULE R, PART V, LINE 2(7), COLUMN D:

METHOD OF DETERMINING AMOUNT INVOLVED -

VISION PREMIUMS PAID TO VERATRUS BENEFIT SOLUTIONS, INC. FOR DDIA EMPLOYEES.

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) VERATRUS BENEFIT SOLUTIONS, INC.	P	57,660.	SEE PART VII - SUPPLEMENTAL INFO.
(8) VERATRUS BENEFIT SOLUTIONS, INC.	L	9,399.	SEE PART VII - SUPPLEMENTAL INFO.
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

SECRETARY OF STATE
IOWA
05 SEP -2 PM 2:3

RESTATED ARTICLES OF INCORPORATION
OF
DELTA DENTAL OF IOWA

56623

508431 RART22 $20.00 SELF! 2

TO THE SECRETARY OF STATE
OF THE STATE OF IOWA:

Pursuant to the provisions of Section 1006 of the Revised Iowa Nonprofit Corporation Act, Chapter 504, Code of Iowa, Delta Dental of Iowa adopts the following Restated Articles of Incorporation, including concurrent amendments thereto:

ARTICLE I
NAME OF THE CORPORATION

The name of the Corporation is DELTA DENTAL OF IOWA.

ARTICLE II
PURPOSE

The purpose or purposes for which this Corporation is organized is to enhance social welfare by establishing, maintaining and operating a voluntary nonprofit dental care plan by which professional dental services are provided at the expense of this Corporation to persons or groups of persons who shall become subscribers to such plan, which said dental services are to be provided under written contracts, which entitle the subscribers to certain dental services, and for any other purposes for which corporations may be organized under the Revised Iowa Nonprofit Corporation Act, Chapter 504, Code of Iowa.

ARTICLE III
MEMBERS

The members of the Corporation shall consist of those dentists who have entered into contracts with the Corporation to furnish professional dental services and any person elected to the Board of Directors, if not a dentist, while so serving on the Board of Directors. The number, selection, qualifications and term of membership shall be as provided for in the Bylaws of the Corporation.

ARTICLE IV
BOARD OF DIRECTORS

The number of directors constituting the Board of Directors, the manner of their selection and their terms of office shall be as provided in the Bylaws, except that in all cases the number of provider directors who are licensed dentists shall not be less than one-third (1/3) of the entire Board of Directors.

ARTICLE V
INDEMNIFICATION

Approved June 24, 2005

092018

6

The Corporation shall indemnify a director for liability (as such term is defined in section 504.851(5) of the Revised Iowa Nonprofit Corporation Act) to any person for any action taken, or any failure to take any action, as a director, except liability for any of the following: (1) receipt of a financial benefit by a director to which the director is not entitled; (2) an intentional infliction of harm on the Corporation; (3) a violation of the unlawful distribution provision of the Revised Iowa Nonprofit Corporation Act; or (4) an intentional violation of criminal law. Without limiting the foregoing, the Corporation shall exercise all of its permissive powers as often as necessary to indemnify and advance expenses to its directors and officers to the fullest extent permitted by law. If the Revised Iowa Nonprofit Corporation Act is hereafter amended to authorize broader indemnification, then the indemnification obligations of the Corporation shall be deemed amended automatically and without any further action to require indemnification and advancement of funds to pay for or reimburse expenses of its directors and officers to the fullest extent permitted by law. The Corporation may also indemnify its employees in the Corporation's discretion. Any repeal or modification of this Article shall be prospective only and shall not adversely affect any indemnification obligations of the Corporation with respect to any state of facts existing at or prior to the time of such repeal or modification.

ARTICLE VI
LIMITATION OF LIABILITY

A director of the Corporation shall not be liable to the Corporation for money damages for any action taken, or any failure to take any action, as a director, except liability for any of the following: (1) the amount of a financial benefit received by a director to which the director is not entitled; (2) an intentional infliction of harm on the Corporation; (3) a violation of the unlawful distribution provision of the Revised Iowa Nonprofit Corporation Act; or (4) an intentional violation of criminal law. If the Revised Iowa Nonprofit Corporation Act is hereafter amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director of the Corporation, in addition to the limitation on personal liability provided herein, shall be eliminated or limited to the extent of such amendment, automatically and without any further action, to the fullest extent permitted by law. Any repeal or modification of this Article shall be prospective only and shall not adversely affect any limitation on the personal liability or any other right or protection of a director of the Corporation with respect to any state of facts existing at or prior to the time of such repeal or modification.

ARTICLE VII
AMENDMENTS

These Restated Articles of Incorporation may be amended by the vote of the members upon a resolution of the Board of Directors and as otherwise provided in the Revised Iowa Nonprofit Corporation Act, except that with respect to amendments proposed by members, in lieu of such provisions, amendments may be proposed upon the written request of at least ten percent (10%) of the members.

Approved June 24, 2005

092019

ARTICLE VIII
BYLAWS

The Board of Directors of the Corporation shall have the power to alter, amend or repeal the Bylaws of this Corporation and to adopt new Bylaws.

ARTICLE IX
ANTI-INUREMENT, LIQUIDATION AND DISSOLUTION

No part of the net earnings of the Corporation shall inure to the benefit of any director or officer of the Corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation affecting one or more of its purposes), and no director or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the corporate assets on dissolution of the Corporation. If, upon liquidation and dissolution of the Corporation there remains in the hands of the Corporation or any liquidating agency, after paying and discharging all of the just debts and obligations of the Corporation, any money or property not otherwise disposed of or needed, all such money or property shall be conveyed and transferred as a gift to a nonprofit, charitable corporation. In no event shall any such excess assets or property be distributed to any member or members of the Corporation.

Approved June 24, 2005

092060

CERTIFICATE

I hereby certify that:

1. This restatement contains an amendment to the Restated Articles of Incorporation requiring approval of the members of the Corporation.

2. The name of the Corporation was Delta Dental Plan of Iowa and by these Restated Articles of Incorporation shall be Delta Dental of Iowa.

3. These Restated Articles of Incorporation, including all amendments contained herein, were adopted on June 24, 2005. These Restated Articles of Incorporation correctly set forth the provisions of the Restated Articles of Incorporation as amended and they have been duly adopted as required by law.

4. At the time of adoption of these Restated Articles of Incorporation there were 1,353 memberships held by dentists who have entered into contracts with the Corporation outstanding and 8 memberships held by persons elected to the Board of Directors who are not dentists outstanding. There were 12 votes entitled to be cast on the Restated Articles of Incorporation and 12 votes indisputably voting.

5. There were 12 undisputed votes cast for the Restated Articles of Incorporation and that number of votes was sufficient for approval by the membership of the Corporation.

Tamera Robinson, Secretary
Delta Dental of Iowa

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Approved June 24, 2005

092031

CERTIFICATE OF APPROVAL
COMMISSIONER OF INSURANCE

Pursuant to provisions of the Iowa Code section 514.3, the undersigned approves the Restated Articles of Incorporation for Delta Dental Plan of Iowa (adopted June 24, 2005).

SUSAN E. VOSS
Commissioner of Insurance

8-25-05
Date

By: JAMES N. ARMSTRONG
Deputy Commissioner of Insurance

FILED
IOWA
SECRETARY OF STATE
9-2-05
2:31PM
W438832

093022

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	DELTA DENTAL PLAN OF IOWA	42-0959302
	Number, street, and room or suite no. If a P.O. box, see instructions. 9000 NORTHPARK DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JOHNSTON, IA 50131	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHERYL HARDING 9000 NORTHPARK DRIVE - JOHNSTON, IA 50131
  Telephone No. ▶ 515-261-5500 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	DELTA DENTAL PLAN OF IOWA	42-0959302
	Number, street, and room or suite no. If a P O. box, see instructions 9000 NORTHPARK DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JOHNSTON, IA 50131	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990 BL	02	Form 1041-A	08
Form 990 EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ CHERYL HARDING 9000 NORTHPARK DRIVE - JOHNSTON, IA 50131
  Telephone No. ▶ 515-261-5500 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN AND ALLOW THE ORGANIZATION TO COMPLETE ITS RELATED GOVERNANCE PROCESSES PRIOR TO FINALIZATION.

8a	If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ VICE PRES & CHIEF OPER OFF Date ▶ 8/11/11