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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 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization DELTA DENTAL OF MISSOURI Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 12399 GRAVOIS ROAD City or town, state or country, and ZIP + 4 ST LOUIS, MO 631271702 F Name and address of principal officer BARBARA BENTRUP 12399 GRAVOIS ROAD ST LOUIS,MO 631271702	D Employer identification number 43-0908349 E Telephone number (314) 656-3000 G Gross receipts \$ 445,793,235	
	I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
	J Website: ▶ WWW.DELTADENTALMO.COM		
	K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1958	M State of legal domicile MO

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATIONS PRIMARY PURPOSE IS TO IMPROVE THE DENTAL HEALTH OF THE PUBLIC BY PROMOTING PREVENTIVE DENTISTRY AND PROVIDING COMPREHENSIVE DENTAL CARE & MAINTENANCE ON A PREPAID BASIS 		
	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	199
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-14,461
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-14,461
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	403,887,520	441,642,197
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,768,546	2,234,351
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,936,606	1,480,906
		401,719,460	445,357,454
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	464,979	691,007
	14 Benefits paid to or for members (Part IX, column (A), line 4)	373,423,093	405,880,043
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,021,005	15,071,148
	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–24e)	15,895,988	15,988,273
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	402,805,065	437,630,471
	19 Revenue less expenses Subtract line 18 from line 12	-1,085,605	7,726,983
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	104,155,000	115,132,995
	21 Total liabilities (Part X, line 26)	40,878,817	44,393,926
	22 Net assets or fund balances Subtract line 21 from line 20	63,276,183	70,739,069

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	
	BARBARA BENTRUP CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	CINCINNATI, OH 45202			Phone no (513) 621-8300
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No				

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

THE ORGANIZATIONS PRIMARY PURPOSE IS TO IMPROVE THE DENTAL HEALTH OF THE PUBLIC BY PROMOTING PREVENTIVE DENTISTRY AND PROVIDING COMPREHENSIVE DENTAL CARE & MAINTENANCE ON A PREPAID BASIS

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 431,130,987 including grants of \$) (Revenue \$ 441,642,197)

DELTA DENTAL OF MISSOURI IS A PREPAID DENTAL INSURANCE COMPANY IN 2011, DELTA DENTAL PROCESSED 2,389,978 CLAIMS FROM CLIENT COMPANIES

4b

(Code) (Expenses \$ 507,786 including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c

(Code) (Expenses \$ 263,000 including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O)

(Expenses \$ 138,000 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 432,039,773

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
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 U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	No
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 U S ? <i>If "Yes," complete Schedule F, Part III and IV</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response 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	48,189
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	199
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: TK See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
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	No
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BARBARA BENTRUP 12399 GRAVOIS ROAD ST LOUIS, MO 631271702 (314) 656-3000	

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

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BERGLUND DIRECTOR	4 0	X						18,600	0	0
(2) DEE JOYNER DIRECTOR	4 0	X						14,800	0	0
(3) EDWARD C ROBISON DDS DIRECTOR	4 0	X						13,950	0	0
(4) GUY P BATES JR DDS DIRECTOR	4 0	X						14,800	0	0
(5) H R REDOHL DIRECTOR	4 0	X						17,950	0	0
(6) MELVIN M BLOOM CPA DIRECTOR	4 0	X						18,423	0	0
(7) OLLIE FISHER DMD DIRECTOR	4 0	X						16,899	0	0
(8) RICHARD HAFFNER DIRECTOR	7 0	X						35,864	0	0
(9) RICHARD W BRAUN DIRECTOR	4 0	X						18,200	0	0
(10) ROBERT TAIT DDS DIRECTOR	4 0	X						16,117	0	0
(11) SHANON KIRCHHOFF DIRECTOR	4 0	X						12,250	0	0
(12) WILLIAM TUNNEY JR DIRECTOR	4 0	X						15,650	0	0
(13) DAVID HAYNES PRESIDENT & CEO	60 0	X		X				678,853	0	145,478
(14) BARBARA BENTRUP CFO AND CORPORATE COUNSEL	60 0			X				273,838	0	71,608
(15) EB ROB GOREN CHIEF ACTUARY AND VP SC MARKET	60 0			X				264,534	0	85,229
(16) RICHARD KLASSEN CHIEF SALES/MARKETING OFFICER	60 0			X				348,891	0	91,421
(17) PAMELA MARTIN CHIEF OPERATING OFFICER	60 0			X				257,249	0	91,982

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALCIDES MARTINEZ VP GOVERNMENT AFFAIRS	60 0			X				205,833	0	46,554
(19) KARL MUDRA CHIEF INFORMATION OFFICER	60 0			X				307,211	0	84,231
(20) NANCY SPENCER VP SALES, SC	60 0					X		371,088	0	47,066
(21) LYNN PYLE REGIONAL VP SALES	60 0					X		210,496	0	49,629
(22) JEANNE AUBUCHON VP SALES	60 0					X		205,749	0	56,014
(23) ROBERT WOZNIAK ACCOUNT EXECUTIVE	60 0					X		166,321	0	49,676
(24) PAMELA SUMMERS MGR CUSTOMER/PROVIDER RELATION	60 0					X		159,758	0	32,874
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,663,324	0	851,762

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶30

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEARTLAND FAMILY DENTAL CARE OF MIS 1100 SPUR DR STE 30 MARSHFIELD, MO 65706	DENTAL SERVICES	2,611,224
WM GERALD ALBRECHT LTD 3555 SUNSET OFFICE DR STE 21 ST LOUIS, MO 63127	DENTAL SERVICES	1,618,649
JAY F HAUSER DDS PC PO BOX 503094 ST LOUIS, MO 63150	DENTAL SERVICES	1,177,598
DAVID A DURHAM ASSOC DDS PC 10000 WATSON RD STE A ST LOUIS, MO 63126	DENTAL SERVICES	891,794
SUNSET HILLS DENTAL LLC PO BOX 8570 ST LOUIS, MO 63126	DENTAL SERVICES	875,854
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶584		

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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		0			
Program Service Revenue	2a	DENTAL PREMIUMS	Business Code 524114	441,642,197	441,642,197		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		441,642,197			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,139,435		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real 413,669	(ii) Personal			
b		Less rental expenses	435,781				
c		Rental income or (loss)	-22,112				
d		Net rental income or (loss)		-22,120		-14,461	-7,659
7a		Gross amount from sales of assets other than inventory	(i) Securities 94,916	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	94,916				
d		Net gain or (loss)		94,916			94,916
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 . . .		0			
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 . . .		0			
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 . . .		0			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	13,396			13,396	
b	INVESTMENT IN SUBSIDIARY	900003	1,489,630			1,489,630	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,503,026				
12	Total revenue. See Instructions		445,357,454	441,642,197	-14,461	3,729,718	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	328,369	328,369		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	362,638	362,638		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	405,880,043	405,880,043		
5	Compensation of current officers, directors, trustees, and key employees	4,515,087	3,702,371	812,716	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,681,447	5,478,787	1,202,660	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,271,455	1,862,593	408,862	
9	Other employee benefits	1,058,983	868,366	190,617	
10	Payroll taxes	544,176	446,224	97,952	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	260,264	213,416	46,848	
c	Accounting	315,608	258,799	56,809	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	280,761	230,224	50,537	
g	Other	1,310,184	1,074,351	235,833	
12	Advertising and promotion	1,352,971	1,109,436	243,535	
13	Office expenses	2,369,177	1,942,725	426,452	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	358,487	293,959	64,528	
17	Travel	831,525	681,851	149,674	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	160,870	131,913	28,957	
20	Interest	176,463	144,700	31,763	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	495,581	406,376	89,205	
23	Insurance	276,798	226,974	49,824	
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	BOARD AND BUREAU DUES	321,112	263,312	57,800	
b	SERVICE BUREAU FEES	5,593,128	4,586,365	1,006,763	
c	PUBLIC RELATIONS	927,588	760,622	166,966	
d	SERVICE AGREEMENTS	209,825	172,056	37,769	
e					
f	All other expenses	747,931	613,303	134,628	
25	Total functional expenses. Add lines 1 through 24f	437,630,471	432,039,773	5,590,698	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			625	1	200
	2	Savings and temporary cash investments			9,697,265	2	13,948,429
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			22,572,207	4	24,571,438
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			183,868	9	335,908
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	12,574,451			
	b	Less accumulated depreciation	10b	6,730,073	6,123,745	10c	5,844,378
	11	Investments—publicly traded securities			44,906,628	11	46,861,056
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			12,927,632	13	20,200,126
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			7,743,030	15	3,371,460
16	Total assets. Add lines 1 through 15 (must equal line 34)			104,155,000	16	115,132,995	
Liabilities	17	Accounts payable and accrued expenses			9,207,683	17	10,090,609
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			3,921,027	23	3,734,739
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			27,750,107	25	30,568,578
	26	Total liabilities. Add lines 17 through 25			40,878,817	26	44,393,926
	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			0	31	0
32		Retained earnings, endowment, accumulated income, or other funds			63,276,183	32	70,739,069
33		Total net assets or fund balances			63,276,183	33	70,739,069
34		Total liabilities and net assets/fund balances			104,155,000	34	115,132,995

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	445,357,454
2	Total expenses (must equal Part IX, column (A), line 25)	2	437,630,471
3	Revenue less expenses Subtract line 2 from line 1	3	7,726,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,276,183
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-264,097
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	70,739,069

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 ☒ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 ☒ Consolidated basis ☐ Both consolidated and separated 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 43-0908349
Name: DELTA DENTAL OF MISSOURI

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization DELTA DENTAL OF MISSOURI	Employer identification number 43-0908349
--	--

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 may 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 pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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
1c	
1d	
1e	
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	Investment earnings or 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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,350,000		1,350,000
b Buildings		5,549,143	1,955,346	3,593,797
c Leasehold improvements		1,685,889	913,361	772,528
d Equipment		1,457,407	1,443,782	13,625
e Other		2,532,012	2,417,584	114,428
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,844,378

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
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 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

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, 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.

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X, TEXT OF FIN 48 FOOTNOTE	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE ORGANIZATION AND ITS SUBSIDIARIES ARE CURRENTLY OPEN TO EXAMINATION UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE AND STATES IN WHICH IT FILES FOR THE YEARS ENDED DECEMBER 31, 2008 THROUGH 2010.

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number
43-0908349

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) RONALD MCDONALD HOUSE949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)(3)	10,000				DONATION
(2) ST LOUIS UNIVERSITY 3437 CAROLINE MALL ST LOUIS,MO 63104	43-0654872	501(C)(3)	10,000				DONATION
(3) CYSTIC FIBROSIS FOUNDATION10801 PEAR TREE LANE ST ANN,MO 63074	13-1930701	501(C)(3)	11,000				DONATION
(4) CENTRAL CATHOLIC SCHOOL1106 N JEFFERSON AVE ST LOUIS,MO 63106	43-1530670	501(C)(3)	20,000				DONATION
(5) SUNNYHILL INC11140 S TOWNE SQUARE ST LOUIS,MO 63123	43-1150250	501(C)(3)	25,000				DONATION
(6) MAKE A WISH FOUNDATION8251 MARYLAND AVENUE ST LOUIS,MO 63105	43-1550697	501(C)(3)	6,000				DONATION
(7) MISSOURI DENTAL ASSOCIATION3340 AMERICAN AVE JEFFERSON CITY,MO 65109	44-0535233	501(C)(3)	50,000				DONATION
(8) AMERICA'S DENTIST CARE9110 E 35TH ST N WICHITA,KS 67226	26-2275291	501(C)(3)	36,000				DONATION
(9) USC EDUCATION1600 HAMPTON ST COLUMBIA,SC 29208	57-6017985	501(C)(3)	107,500				DONATION
(10) BETTER BUSINESS BUREAU211 N BROADWAY ST LOUIS,MO 63102	43-0181430	501(C)(3)	6,000				DONATION

2

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

10

3

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

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.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) DENTAL SCHOLARSHIPS	4	362,638			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2	DELTA DENTAL MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF ASSISTANCE THAT IT PROVIDES TO THE COMMUNITY ORGANIZATIONS DELTA DENTAL WORKS WITH THE INDIVIDUAL ORGANIZATIONS TO UNDERSTAND THEIR MISSIONS AND TO DETERMINE THE BENEFITS OF DELTA'S PARTICIPATION

Software ID:
Software Version:
EIN: 43-0908349
Name: DELTA DENTAL OF MISSOURI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RONALD MCDONALD HOUSE 949 E PRIMROSE ST SPRINGFIELD,MO 65807	43-1371143	501(C)(3)	10,000				DONATION
ST LOUIS UNIVERSITY3437 CAROLINE MALL ST LOUIS,MO 63104	43-0654872	501(C)(3)	10,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CYSTIC FIBROSIS FOUNDATION 10801 PEAR TREE LANE ST ANN,MO 63074	13-1930701	501(C)(3)	11,000				DONATION
CENTRAL CATHOLIC SCHOOL1106 N JEFFERSON AVE ST LOUIS,MO 63106	43-1530670	501(C)(3)	20,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SUNNYHILL INC 11140 S TOWNE SQUARE ST LOUIS, MO 63123	43-1150250	501(C)(3)	25,000				DONATION
MAKE A WISH FOUNDATION8251 MARYLAND AVENUE ST LOUIS, MO 63105	43-1550697	501(C)(3)	6,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MISSOURI DENTAL ASSOCIATION3340 AMERICAN AVE JEFFERSON CITY, MO 65109	44- 0535233	501(C)(3)	50,000				DONATION
AMERICA'S DENTIST CARE9110 E 35TH ST N WICHITA,KS 67226	26- 2275291	501(C)(3)	36,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
USC EDUCATION 1600 HAMPTON ST COLUMBIA, SC 29208	57- 6017985	501(C)(3)	107,500				DONATION
BETTER BUSINESS BUREAU211 N BROADWAY ST LOUIS, MO 63102	43- 0181430	501(C)(3)	6,000				DONATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number

43-0908349

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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
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 Yes	
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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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	No
b	Any related organization?	5b	No
	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	No
b	Any related organization?	6b	No
	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	No
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
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 Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) DAVID HAYNES	(i) (ii)	440,342 0	165,200 0	73,311 0	119,629 0	25,849 0	824,331 0	
(2) BARBARA BENTRUP	(i) (ii)	210,025 0	56,000 0	7,813 0	61,022 0	10,586 0	345,446 0	
(3) EB ROB GOREN	(i) (ii)	181,351 0	68,088 0	15,095 0	60,440 0	24,789 0	349,763 0	
(4) RICHARD KLASSEN	(i) (ii)	239,671 0	80,509 0	28,711 0	72,766 0	18,655 0	440,312 0	
(5) PAMELA MARTIN	(i) (ii)	182,380 0	62,030 0	12,839 0	74,287 0	17,695 0	349,231 0	
(6) ALCIDES MARTINEZ	(i) (ii)	142,622 0	48,945 0	14,266 0	29,363 0	17,191 0	252,387 0	
(7) KARL MUDRA	(i) (ii)	208,009 0	73,394 0	25,808 0	58,694 0	25,537 0	391,442 0	
(8) NANCY SPENCER	(i) (ii)	171,039 0	194,619 0	5,430 0	36,750 0	10,316 0	418,154 0	
(9) LYNN PYLE	(i) (ii)	71,634 0	137,520 0	1,342 0	31,570 0	18,059 0	260,125 0	
(10) JEANNE AUBUCHON	(i) (ii)	81,713 0	114,016 0	10,020 0	30,171 0	25,843 0	261,763 0	
(11) ROBERT WOZNIAK	(i) (ii)	70,318 0	93,968 0	2,035 0	24,961 0	24,715 0	215,997 0	
(12) PAMELA SUMMERS	(i) (ii)	122,489 0	35,809 0	1,460 0	23,813 0	9,061 0	192,632 0	

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.

Identifier	Return Reference	Explanation
INFORMATION REGARDING BENEFITS PROVIDED	PART I, QUESTION 1A	DELTA DENTAL OF MISSOURI REIMBURSES OFFICERS AND BOARD MEMBERS FOR TRAVEL EXPENSES INCURRED BY THEIR SPOUSES. TRAVEL FOR COMPANIONS WAS PROVIDED TO THE FOLLOWING LISTED BOARD MEMBERS: BLOOM, FISHER, HAFFNER AND TAIT. HEALTH CLUB DUES WERE PAID FOR THE FOLLOWING EMPLOYEES: HAYNES, GOREN, KLASSEN, MUDRA. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION.
NAMES, AMOUNTS, AND DETAILS OF ARRANGEMENTS	PART 1, QUESTION 4	THE ORGANIZATION HAS A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE BENEFIT OF CERTAIN EMPLOYEES TO RECEIVE CONTRIBUTIONS IN EXCESS OF THE LIMITATIONS IMPOSED BY THE INTERNAL REVENUE CODE ON STANDARD EMPLOYEE PENSION PLANS. AMOUNTS PAID DURING 2011 FOR THE FOLLOWING INDIVIDUALS WERE: - DAVID HAYNES \$57,025 - RICHARD KLASSEN \$12,700 - KARL MUDRA \$ 4,963 ----- TOTAL \$74,688. THE ORGANIZATION HAS AN UNFUNDED NONQUALIFIED, DEFINED BENEFIT DEFERRED COMPENSATION PLAN FOR ITS CORPORATE OFFICERS, WITH VESTING OVER 15 YEARS OF SERVICE AS AN OFFICER TO THE ORGANIZATION. THE ACTUARIALLY DETERMINED LIABILITY IS BASED UPON ASSUMPTIONS FOR REMAINING YEARS OF SERVICE UNTIL RETIREMENT, PROJECTED SALARIES FOR THE FINAL THREE YEARS OF SERVICE, AND A PREDETERMINED BENEFIT PERCENTAGE BASED UPON TOTAL YEARS OF SERVICE. INDIVIDUALS WHO PARTICIPATE IN THIS PLAN DURING 2011 WERE THE FOLLOWING: DAVID HAYNES, BARBARA BENTRUP, E. B. ROB GOREN, RICHARD KLASSEN, JANICE LEES, PAMELA MARTIN, ALCIDES MARTINEZ AND KARL MUDRA.

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number

43-0908349

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	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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ 0										

Part III Grants or Assistance Benefitting 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 of grant or 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	No
(1) FINNANE-ROBISON DENTAL	BOARD MEMBER AS OWNER	213,868	DENTAL SERVICES PROVIDED		No
(2) FISHER DENTAL CENTER	BOARD MEMBER AS OWNER	110,132	DENTAL SERVICES PROVIDED		No

Part V

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS	PART IV, LINE 1	BOARD MEMBER EDWARD ROBISON DDS HAS A REPORTABLE INTEREST IN FINNANCE-ROBISON DENTAL WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION
BUSINESS TRANSACTIONS	PART IV, LINE 2	BOARD MEMBER OLLIE FISHER DMD HAS A REPORTABLE INTEREST IN FISHER DENTAL CENTER WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
DELTA DENTAL OF MISSOURI**Employer identification number**

43-0908349

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	PART III, LINE 4B	DELTA DENTAL HEALTH THEATRE CO-SPONSORS/COALITIONS INVOLVED ST LOUIS DENTAL SOCIETY AND VARIOUS CHARITABLE CORPORATE DONORS (E G , CARDINALS CARE, MISSOURI FOUNDATION FOR HEALTH, AND OTHERS) PROGRAM DESCRIPTION THE DELTA DENTAL HEALTH THEATRE (PREVIOUSLY NAMED DENTAL HEALTH THEATRE) HAS BEEN PROVIDING ORAL HEALTH EDUCATION AND ENTERTAINMENT TO YOUNG CHILDREN IN THE ST LOUIS METROPOLITAN AREA FOR MORE THAN 30 YEARS, SINCE ITS INCEPTION IN 1977 APPROXIMATELY 10,000 VISITORS, PRIMARILY FROM SCHOOL FIELD TRIPS, VISIT THE THEATRE EACH YEAR IN 2002 DELTA DENTAL OF MISSOURI BECAME THE PRIMARY, PERMANENT SPONSOR OF THE DELTA DENTAL HEALTH THEATRE, AND WE BEGAN WORKING WITH THE THEATRE'S BOARD OF DIRECTORS TO MAKE PROGRAM AND FACILITY IMPROVEMENTS A FEATURE PRESENTATION NOW INCLUDES A VIDEO OF DDMO'S AWARD-WINNING LAND OF SMILES PROGRAM AND A NEW PUPPET VIDEO A VISIT TO "HEALTHY HOLLOW" INTRODUCING A CAST OF FANTASY CHARACTERS WHO EACH TEACH SOMETHING ABOUT GOOD ORAL HEALTH AND A HEALTHY LIFESTYLE A MAJOR RECONSTRUCTION IN 2011 ENHANCED THE LEARNING EXPERIENCE BY OPENING UP SPACE, CREATING ATTRACTIVE MURALS AND ADDING INTERACTIVE EXHIBITS WE WILL CONTINUE TO EXPAND THE PROGRAMMING TO INTEGRATE EDUCATION ON OVERALL HEALTH AND WELLNESS, FITNESS AND NUTRITION ALONG WITH ORAL HEALTH INFORMATION TO RAISE AWARENESS FOR THE IMPORTANCE OF ORAL HEALTH AND OF THE LINK BETWEEN ORAL HEALTH AND OVERALL HEALTH THE THEATRE IS ALSO EXPANDING OUTREACH BY PARTICIPATING IN CIVIC EVENTS AND HEALTH FAIRS, SUCH AS WINTER ZOO AND BOO AT THE ZOO AT THE ST LOUIS ZOO, BABY KIDS EXPO, WHERE THE THEATRE PROVIDES EDUCATIONAL PROGRAMS, PAMPHLETS, AND DENTAL CARE SUPPLIES, AND THE DDHT CANDY EXCHANGE WHERE THE THEATRE ACCEPTS EXCESS HALLOWEEN CANDY IN EXCHANGE FOR A CARNIVAL FOR THE KIDS LONGEVITY THEATRE HAS BEEN OPERATING FOR THIRTY-FOUR YEARS DELTA DENTAL HAS BEEN A PRIMARY, PERMANENT SPONSOR FOR TEN YEARS, SINCE 2002

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	PART III, LINE 4C	LAND OF SMILES TOURING THEATRICAL EDUCATION PROGRAM DESCRIPTION LAND OF SMILES IS A TOURING, THEATRICAL PROGRAM THAT FEATURES THE TOOTH WIZARD, HIS FUN-LOVING SIDEKICK P A N D A AND THEIR ARCH ENEMY PLAQUEMAN THE SHOW TRAVELED TO 300 SCHOOLS (K-3RD GRADE CLASSROOMS) THROUGHOUT THE STATE OF MISSOURI IN 2011, TEACHING CHILDREN THE IMPORTANCE OF ORAL HEALTH AN ASSEMBLY-STYLE LIVE PERFORMANCE WITH AUDIENCE PARTICIPATION, THE PROGRAM CAPTURES EACH STUDENT'S ATTENTION THROUGH FUN, KID-FOCUSED ENTERTAINMENT THE THREE CHARACTERS EXPLAIN PROPER BRUSHING TECHNIQUES, HOW TO FLOSS, GOOD AND BAD FOODS FOR THE TEETH AND WHY IT IS IMPORTANT TO VISIT THE DENTIST TWICE A YEAR EACH CHILD IS GIVEN A TAKE-HOME "SMILE BAG" FILLED WITH A TOOTHBRUSH, TOOTHPASTE, FLOSS, A COLORING SHEET, AND CRAYONS STUDENTS WHO COMPLETE THE PROGRAM ALSO EARN HEALTHY SMILE "CERTOOTHICATES " TO REINFORCE THE MESSAGES OF THE PROGRAM AFTER THE PERFORMANCE, DDMO DISTRIBUTES A CURRICULUM KIT THAT INCLUDES A DVD, A LARGE MODEL OF A MOUTH, A LARGE TOOTHBRUSH, AND AUDIO VISUAL EDUCATIONAL TOOLS FOR USE IN THE CLASSROOM, AS WELL AS BOOKS FOR THE LIBRARY A KIDS' WEBSITE, WWW.LANDOFSMILEVIDEO.COM, PROVIDES ANOTHER SOURCE TO VIEW THE DVD ONLINE THIS PROGRAM REACHES OVER 70,000 CHILDREN EACH YEAR TEACHERS AND SCHOOL NURSES CONSISTENTLY RATE THE PROGRAM AS EXCELLENT, AND TYPICALLY FOLLOW UP EACH SHOW WITH A REQUEST TO BE ADDED TO THE LIST IN THE TWO-YEAR CYCLE IN ADDITION TO THE SCHOOL TOUR, THE LAND OF SMILES PROGRAM IS PERFORMED AT THE GIVE KIDS A SMILE CLINICS IN ST LOUIS AND AT MORE THAN 20 AREA HEALTH FAIRS, WITH NEARLY 50,000 KIDS AND FAMILIES ATTENDING THROUGH THE YEAR LONGEVITY TEN YEARS

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	PART III, LINE 4D	GIVE KIDS A SMILE IN ST LOUIS CO-SPONSORS/COALITIONS INVOLVED GREATER ST LOUIS DENTAL SOCIETY (GSLDS) PROGRAM DESCRIPTION ONE OF OUR MOST SUCCESSFUL OUTREACH INITIATIVES, GKAS WAS LAUNCHED IN ST LOUIS, MISSOURI, IN FEBRUARY OF 2002 IN PARTNERSHIP WITH GSLDS IN 2011, GKAS IN ST LOUIS PROVIDED 3,901 CHILDREN WITH MORE THAN \$1 MILLION WORTH OF FREE DENTAL CARE AND ORAL HEALTH EDUCATION AT ITS TWO CLINICS AND OTHER COMMUNITY PROGRAMS AT THE TWO-DAY CLINICS, SEVERAL HUNDRED LOCAL DENTISTS, HYGIENISTS AND ASSISTANTS, SUPPORTED BY LAY VOLUNTEERS AND SPONSORS, SUCH AS DELTA DENTAL, PROVIDE CHILDREN WITH FREE, COMPREHENSIVE DENTAL CARE, INCLUDING EXAMS, SEALANTS, X-RAYS, PROFESSIONAL CLEANINGS, FLUORIDE TREATMENTS, RESTORATIONS AND MORE ON-SITE ENTERTAINMENT SUCH AS FACE PAINTING, STORY TELLING, BALLOONISTS, DELTA DENTAL'S TOOTH WIZARD AND PANDA CHARACTERS, EDUCATIONAL VIDEOS, DENTAL CARE KITS, FREE TOYS AND BOOKS AND SACK LUNCHES ENSURE THAT THE CHILDRENS VISIT TO THE DENTIST IS ASSOCIATED WITH A FUN AND EDUCATIONAL EXPERIENCE FOR EACH CLINIC, DELTA DENTAL OF MISSOURI FUNDS ALL PUBLIC RELATIONS AND MARKETING ACTIVITIES, FACILITY LIABILITY COVERAGE, VOLUNTEER T-SHIRTS, EVENT SIGNAGE, DECORATIONS, GIVEAWAYS, AND ENTERTAINERS IN 2003, GIVE KIDS A SMILE WAS ADOPTED BY THE AMERICAN DENTAL ASSOCIATION AS A NATIONAL CAMPAIGN IN 2006, GIVE KIDS A SMILE WAS RECOGNIZED BY CONGRESS AS AN EXEMPLARY GRASSROOTS EFFORT LONGEVITY TEN YEARS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	PART VI, LINE 6	THE MEMBERS OF THE ORGANIZATION ARE COMPRISED OF LICENSED DENTISTS IN THE STATES OF MISSOURI AND SOUTH CAROLINA WHO HAVE SIGNED A PARTICIPATING DENTIST AGREEMENT WITH THE ORGANIZATION THE MEMBERS MEET ANNUALLY

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODY	PART VI, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO ELECT THE INDIVIDUALS TO SERVE ON THE ORGANIZATION'S BOARD OF DIRECTORS. THE MEMBERS OF THE ORGANIZATION ARE COMPRISED OF LICENSED DENTISTS IN THE STATES OF MISSOURI AND SOUTH CAROLINA WHO HAVE SIGNED A PARTICIPATING DENTIST AGREEMENT WITH THE ORGANIZATION. THE MEMBERS MEET ANNUALLY.

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	PART VI, LINE 7B	RECOMMENDED CHANGES TO THE CORPORATE BYLAWS BY THE BOARD ARE SUBJECT TO APPROVAL BY THE MEMBERS

Identifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	PART VI, QUESTION 11B	A COPY OF THE FORM 990 WAS REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE ELECTRONIC FILING OF THE FORM 990

Identifier	Return Reference	Explanation
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	PART VI, LINE 12C	DELTA DENTAL OF MISSOURI REGULARLY REQUIRES ITS OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST STATEMENT THE REVIEW OF THE STATEMENTS IS PART OF THE FINANCE AND AUDIT COMMITTEE'S RESPONSIBILITIES

Identifier	Return Reference	Explanation
POLICIES	PART VI, QUESTION 15A & 15B	DELTA DENTAL OF MISSOURI HAS ESTABLISHED A COMPENSATION COMMITTEE (A SUBSET OF THE BOARD OF DIRECTORS) COMPOSED ENTIRELY OF PERSONS WITH NO CONFLICT OF INTEREST THAT REVIEWS AND SETS OFFICER COMPENSATION IN ACCORDANCE WITH THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 FOR ESTABLISHING THE REBUTTABLE PRESUMPTION OF REASONABLENESS OF THE COMPENSATION OF THE CEO AND ALL OTHER OFFICERS. THIS PROCESS INCLUDES EMPLOYING INDEPENDENT COMPENSATION CONSULTANTS, UTILIZING RELEVANT COMPENSATION SURVEYS AND STUDIES, CONTEMPORANEOUSLY DOCUMENTING AND RECORDING THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT, AND SEEKING APPROVAL ON FINALIZED COMPENSATION PROPOSALS BY THE COMMITTEE AND BOARD OF DIRECTORS.

Identifier	Return Reference	Explanation
DISCLOSURE	PART VI, LINE 19	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY , GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	PART XI, LINE 6	UNREALIZED GAIN ON INVESTMENTS \$453,043 CUMULATIVE EFFECT OF W/O OF GOODWILL IN ACCORDANCE WITH ASU 2010-28 \$(717,140)

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

2011

Open to Public Inspection

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number
43-0908349

Part I

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ADVANTICA HOLDING COMPANY 12399 GRAVOIS ROAD ST LOUIS, MO 63127 26-1323283	HOLDING COMPANY	MO	NA	C-corp	92,345,119	29,441,100	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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) ADVANTICA HOLDING COMPANY	B	6,500,000	FMV
(2) ADVANTICA HOLDING COMPANY	K	507,833	ALLOCATIONS
(3) ADVANTICA HOLDING COMPANY	L	3,048,646	EXPENSE BASED
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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