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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 2012 Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization DELTA DENTAL OF IOWA FOUNDATION		D Employer identification number 26-0762771
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 9000 NORTH PARK DRIVE	Room/suite	E Telephone number (515) 261-5500
	City or town, state or country, and ZIP + 4 JOHNSTON, IA 50131		G Gross receipts \$ 3,857,456
	F Name and address of principal officer JEFFREY RUSSELL 9000 NORTH PARK DRIVE JOHNSTON, IA 50131		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 ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.DELTADENTALIA.COM			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CORPORATION IS ORGANIZED 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 GRANT PROGRAM THAT ALIGN WITH THE PROJECTS OF ACCESS TO CARE, RESEARCH, EDUCATION AND PREVENTION		
	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	11
	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 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,505,467	3,844,755
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,497	5,652
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200	7,049
		1,511,164	3,857,456
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	773,148	1,014,461
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,400	5,600
	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)	178,344	464,673
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	953,892	1,484,734
	19 Revenue less expenses Subtract line 18 from line 12	557,272	2,372,722
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,347,084	4,639,266
	21 Total liabilities (Part X, line 26)	410,259	178,687
	22 Net assets or fund balances Subtract line 21 from line 20	1,936,825	4,460,579

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			2013-11-12 Date	
	SHERRY PERKINS SECRETARY-TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BRENT L ALEXANDER		Preparer's signature		Date
	Check ☐ if self-employed			PTIN P00075113	
	Firm's name ▶ BROOKS LODDEN PC			Firm's EIN ▶ 42-1229486	
	Firm's address ▶ 1441 29TH STREET STE 305 WEST DES MOINES, IA 502661357			Phone no (515) 223-7300	

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

☐ ☒

1

Briefly describe the organization's mission

THE CORPORATION IS ORGANIZED TO SUPPORT AND IMPROVE THE ORAL HEALTH OF IOWANS THE FOUNDATION WILL PROVIDE FUNDS TO OTHER 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 GRANT PROGRAM THAT ALIGN WITH THE PROJECTS OF ACCESS TO CARE, RESEARCH, EDUCATION AND PREVENTION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 251,502 including grants of \$ 155,372) (Revenue \$)

PREVENTIVE PROJECT - ACTIVITIES THAT ARE AIMED TO DECREASE THE INCIDENCE, PREVALENCE, AND SEVERITY OF DENTAL DISEASE

4b

(Code) (Expenses \$ 480,574 including grants of \$ 326,086) (Revenue \$)

EDUCATIONAL PROJECT - ACTIVITIES TO ENHANCE THE AWARENESS OF GOOD ORAL HEALTH WITH A FOCUS ON CHILDREN, THE ELDERLY, THE INDIGENT, AND AT-RISK POPULATIONS

4c

(Code) (Expenses \$ 72,810 including grants of \$ 56,040) (Revenue \$)

CLINICAL RESEARCH PROJECT - RESEARCH EFFORTS TO IMPROVE DENTAL HEALTH, SPECIFICALLY THOSE THAT ENHANCE THE ART AND SCIENCE OF DENTISTRY AND/OR ADDRESS A PREVALENT DENTAL DISEASE OR ISSUE OF SIGNIFICANT IMPACT TO IOWANS

(Code) (Expenses \$ 534,394 including grants of \$ 476,963) (Revenue \$)

ACCESS/UNDERSERVED PROJECT - ACTIVITIES THAT PROVIDE ASSISTANCE TO UNDERSERVED AREAS AND POPULATIONS OF IOWA

4d

Other program services (Describe in Schedule O)

(Expenses \$ 534,394 including grants of \$ 476,963) (Revenue \$)

4e

Total program service expenses

1,339,280

Form 990 (2012)

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4	No
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	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
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	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? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		No
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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	No
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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 ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHERRY PERKINS 9000 NORTHPARK DRIVE JOHNSTON, IA (515) 261-5500

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, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATT MENDENHALL DIRECTOR	50	X						0	0	0
(2) STEVEN HEDLUND DDS DIRECTOR	50	X						0	0	0
(3) DAVID C JOHNSEN DDS MS DIRECTOR	50	X						0	0	0
(4) JOHN KEARNS DDS DIRECTOR, CHAIR	1 00 2 20	X		X				600	500	12,400
(5) JENNIFER LIGHTBODY DIRECTOR	50	X						0	0	0
(6) ROBERT RUSSELL DDS MPH DIRECTOR	1 00	X						0	0	0
(7) NOLDEN GENTRY DIRECTOR	1 00	X						600	0	0
(8) RHYS JONES DIRECTOR	50	X						200	0	0
(9) JAN REINICKE DIRECTOR	50	X						0	0	0
(10) ED SCHOOLEY DDS DIRECTOR, VICE CHAIR	1 00 20 00	X		X				0	144,327	11,557
(11) RENIE NEUBERGER DIRECTOR	50 2 20	X						400	12,600	0
(12) DONN HUTCHINS PRESIDENT	1 00 40 00	X		X				0	620,455	156,659
(13) CHERYL HARDING SECRETARY-TREASURER	1 00 40 00			X				0	368,092	84,416
(14) SUZANNE HECKENLAIBLE EXECUTIVE DIRECTOR	20 00 20 00			X				0	140,956	36,175
(15) SHERRY PERKINS SECRETARY-TREASURER	1 00 40 00			X				0	159,556	37,841

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,800	1,446,486	339,048

\$100,000 of reportable compensation from the organization

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

\$100,000 of compensation from the organization 100

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	3,843,955		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	800		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		3,844,755		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,652		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
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		GRANT FUNDS RETURNED	900099	7,049	7,049	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		7,049			
12	Total revenue. See Instructions		3,857,456	7,049	0	5,652

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response 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	1,014,461	1,014,461		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,600		5,600	
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	226,086	142,545	83,541	
b	Legal	5,944	1,699	4,245	
c	Accounting	9,961		9,961	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	134,618	112,545	22,073	
13	Office expenses	18,862	16,969	1,893	
14	Information technology	1,667		1,667	
15	Royalties				
16	Occupancy				
17	Travel	21,833	18,241	3,592	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,450	17,865	3,585	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONSULTING	17,397	9,285	8,112	
b	MEMBERSHIP FEES	4,345	4,345		
c	TRAINING AND EDUCATION	1,453	1,325	128	
d	MISCELLANEOUS EXPENSE	1,057		1,057	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,484,734	1,339,280	145,454	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,347,065	1	981,835
	2	Savings and temporary cash investments		1,000,000	2	500,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other 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). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	6,333
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.			12	
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		19	15	3,151,098
	16	Total assets. Add lines 1 through 15 (must equal line 34).		2,347,084	16	4,639,266
Liabilities	17	Accounts payable and accrued expenses		639	17	5,777
	18	Grants payable		92,909	18	0
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		316,711	25	172,910
	26	Total liabilities. Add lines 17 through 25.		410,259	26	178,687
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,936,825	27	1,309,547
	28	Temporarily restricted net assets		0	28	3,151,032
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances.		1,936,825	33	4,460,579
	34	Total liabilities and net assets/fund balances.		2,347,084	34	4,639,266

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	3,857,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,484,734
3	Revenue less expenses Subtract line 2 from line 1	3	2,372,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,936,825
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	151,032
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,460,579

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

Employer identification number
26-0762771

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) DELTA DENTAL OF IOWA	420959302	501(C)(4)	Yes						0
Total									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART I, LINE 11I, COLUMN VII DELTA DENTAL'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 DELTA DENTAL AFTER THE AUDITED FINANCIALS ARE COMPLETE, THE AMOUNT IS PAID TO THE FOUNDATION THE 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 ITS MISSION AND FOUNDING DOCUMENTS THE MISSION OF THE 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 THROUGH THEIR GRANTS PROGRAM THAT ALIGN WITH THE PROJECTS OF ACCESS TO CARE, RESEARCH, EDUCATION, AND PREVENTION THE AMOUNT CONTRIBUTED TO THE FOUNDATION IN 2012 WAS \$3,843,955

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

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, 8, 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 IOWA FOUNDATION

Employer identification number
26-0762771

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

b

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

(i) 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	0			
b	Contributions	3,000,000			
c	Net investment earnings, gains, and losses	161,410			
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	10,378			
g	End of year balance	3,151,032			

2

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

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐ 100.000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

Describe in Part XIII 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	3,708,488
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 XIII)	2d	151,032		
e	Add lines 2a through 2d			2e	151,032
3	Subtract line 2e from line 1			3	3,557,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	300,000		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,857,456
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	1,184,734
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1,184,734
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	300,000		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,484,734

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUND IS TO PROVIDE A FUTURE STREAM OF INCOME FOR THE FOUNDATION TO BE USED TO FUND THE MISSION OF THE FOUNDATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION IS EXEMPT UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE OF 1986. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE VARIOUS JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. THE ORGANIZATION FILES A FORM 990 TAX RETURN IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL, STATE AND LOCAL OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009. MANAGEMENT OF THE ORGANIZATION BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND 151,032
PART XI, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS INCOME - OFFSET WITH GRANT EXPENSE FOR GAAP AUDITED FINANCIALS 300,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANTS EXPENSE - OFFSET WITH CONTRIBUTION INCOME FOR GAAP AUDITED FINANCIALS 300,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

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

2012

Open to Public
Inspection

Employer identification number
26-0762771

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. Part II can be duplicated 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
See Additional Data Table							

2

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

19

3

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

3

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, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE DELTA DENTAL OF IOWA FOUNDATION HAS ACCESS TO GUIDESTAR COM TO REVIEW ANY ORGANIZATION'S FORM 990 ONCE AWARDED FUNDS, DELTA DENTAL OF IOWA FOUNDATION NOTIFIES GRANTEEES OF AN OUTCOMES REPORTING FORM THAT MUST BE COMPLETED WITHIN A YEAR OF THE GRANT PERIOD END DATE BASED ON THE ALLOCATED FUNDS PROVIDED UNLESS ANOTHER DATE HAS BEEN AGREED UPON

Software ID:

Software Version:

EIN: 26-0762771

Name: DELTA DENTAL OF IOWA FOUNDATION

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
BETHANY FOR CHILDREN AND FAMILIES1830 6TH AVENUE MOLINE,IL 61265	36-2166973	501(C)3	51,750				FUNDING TO HELP PROVIDE EQUIPMENT AND A MOBILE DENTAL UNIT FOR THE IOWA QUAD CITIES SCHOOL DISTRICTS TO PROVIDE COMPREHENSIVE DENTAL EXAMS AND SEALANT PROGRAM TO SCHOOL CHILDREN
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	9,939				FUNDING WILL BE USED TO DESIGN, PUBLISH, AND PRINT AN AGE APPROPRIATE BOOK TO EDUCATE CHILDREN, PARENTS, GRANDPARENTS, AND CARE GIVERS ABOUT AGE 1 DENTAL VISITS
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	9,993				FUNDING TO SUPPORT AN ORAL HEALTH CONTINUING EDUCATION SEMINAR FOR DENTAL PROFESSIONALS
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	9,999				FUNDING TO SUPPORT AN ORAL HEALTH LENDING LIBRARY THAT WILL PROVIDE OUTREACH AND EDUCATION MATERIALS TO THE CEDAR VALLEY ORAL HEALTH COALITION
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	9,982				FUNDING TO SUPPORT CONSULTATIONS WITH DENTAL AND NON-DENTAL PROVIDERS AND "DENTIST BY 1" TOOLKITS
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	9,861				FUNDING TO SUPPORT AN ORAL HEALTH CONTINUING EDUCATION SEMINAR FOR NON-DENTAL PROFESSIONALS
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3	8,228				FUNDING TO SUPPORT OUTREACH TO CHILD CARE FACILITIES IN BLACK HAWK COUNTY TO MARKET THE "DENTIST BY 1" MESSAGE AND HAWK-I PROGRAM
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3		1,119	AMOUNT PAID	PROVIDED 7,056 TOOTHBRUSHES	PROVIDED 7,056 TOOTHBRUSHES TO BLACK HAWK COUNTY
BLACK HAWK COUNTY HEALTH DEPARTMENT1407 INDEPENDENCE AVENUE 5TH FLOOR WATERLOO,IA 50703	42-6005328	501(C)3		145	AMOUNT PAID	PROVIDED 1 SMART SMILES KIT	PROVIDED 1 SMART SMILE KIT TO THE BLACK HAWK COUNTY I-SMILE COORDINATOR
CITY OF MAQUOKETA201 E PLEASANT STREET MAQUOKETA,IA 52060	42-6004922		6,000				FUNDING WILL PURCHASE FLUORIDE CHEMICALS SO THE FLUORIDATION PROGRAM CAN CONTINUE

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
CITY OF MONONA104 EAST CENTER STREET BOX 298 MONONA,IA 52159	42-6004974		6,000				COMMUNTIY FLUORIDATION AWARD TO UPGRADE THE WATER FLUORIDATION SYSTEM FOR THE CITY OF MONONA
COMMUNITY HEALTH CARE INC500 WEST RIVER DRIVE DAVENPORT,IA 52801	42-1060724	501(C)3	48,160				FUNDING WILL PROVIDE DESKTOP COMPUTERS, MOUNTING ARMS, ELECTRONIC BLOOD PRESSURE CUFFS, AND X-RAY HEADS TO SUPPORT THE IMPLEMENTATION OF EDR AT THEIR DAVENPORT DENTAL CLINIC
FAMILY INC3501 HARRY LANGDON BLVD COUNCIL BLUFFS,IA 51503	51-0657063	501(C)3	8,397				FUNDING WILL BE USED TO PURCHASE EQUIPMENT AND SUPPLIES FOR USE IN PROVIDING DENTAL HEALTH PREVENTATIVE SERVICES IN MILLS AND POTTAWATTAMIE COUNTIES
FAMILY INC3501 HARRY LANGDON BLVD COUNCIL BLUFFS,IA 51503	51-0657063	501(C)3		1,766	AMOUNT PAID	PROVIDED 7,200 TOOTHBRUSHES	PROVIDED 7,200 TOOTHBRUSHES TO THE FAMILY INC
FAMILY INC3501 HARRY LANGDON BLVD COUNCIL BLUFFS,IA 51503	51-0657063	501(C)3		290	AMOUNT PAID	PROVIDED 2 SMART SMILES KIT	PROVIDED 2 SMART SMILE KIT TO THE FAMILY INC I-SMILE COORDINATOR
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)3	3,100				FUNDING WILL PROVIDE PEDIATRIC ORAL HEALTH KITS TO HEAD START CHILDREN AS WELL AS A AGE APPROPRIATE BOOK DESCRIBING A VISIT TO THE DENTIST
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)3	1,800				FUNDING TO PURCHASE FLUORIDE VARNISH FOR USE DURING DENTAL SCREENINGS FOR CHILDREN AND PREGNANT WOMEN IN WIC AND MH CLINICS, CHILD CARE CENTERS, AND SCHOOLS
HAWKEYE AREA COMMUNITY ACTION PROGRAM1515 HAWKEYE DRIVE HIAWATHA,IA 52233	42-0898405	501(C)3		2,253	AMOUNT PAID	PROVIDED 11,664 TOOTHBRUSHES	PROVIDED 11,664 TOOTHBRUSHES TO HAWKEYE AREA COMMUNITY ACTION PROGRAM
IOWA CITY COMMUNITY SCHOOL DISTRICT1725 N DODGE STREET IOWA CITY,IA 52245	42-6023567		9,500				FUNDING FOR THE CLINIC COORDINATOR WHICH PROVIDES CARE COORDINATION TO ASSIST FAMILIES IN MAKING APPOINTMENTS WITH THE DENTAL COLLEGE, ARRANGES TRANSPORTATION TO THESE APPOINTMENTS, AND OFTEN ACCOMPANIES CHILDREN AND PARENTS TO THESE VISITS AND FACILITATES FOLLOW-UP
IOWA DENTAL ASSOCIATION5530 WEST PARKWAY STE 100 JOHNSTON,IA 50131	42-0335455	501(C)3	10,000				FUNDING WILL PROVIDE THE EDUCATIONAL SPEAKER FOR THE 2013 IDA CONVENTION

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
IOWA DENTAL FOUNDATION5530 WEST PARKWAY STE 100 JOHNSTON,IA 50131	42-1405188	501(C)3	25,000				FUNDS TO UNDERWRITE THE COST OF RENTING MOBILE DENTAL OPERATORIES FOR THE 2012 IOWA MISSION OF MERCY EVENT HELD IN DAVENPORT THIS IS A MATCHING GIFT FUNDING CONTRIBUTION
IOWA DEPT OF PUBLIC HEALTH-ORAL HEALTH BUREAU321 EAST 12TH STREET DES MOINES,IA 50319	42-6004523	501(C)3	1,400				FUNDING FOR A HEALTHY SMILES, HEALTHY CHILDREN BROCHURE THAT PROVIDES AN OVERVIEW OF COMMON DENTAL PROBLEMS THAT CHILDREN CAN DEVELOP AS WELL AS HELPFUL TIPS FOR PARENTS ON HOW TO PREVENT THESE BEFORE THEY START PRINTED IN BOTH ENGLISH AND SPANISH AS WELL AS INCLUDES INFORMATION ON THE HAWK-I PROGRAM FOR PARENTS THAT MAY NEED HEALTH INSURANCE FOR THEIR CHILD
IOWA DEPT OF PUBLIC HEALTH-ORAL HEALTH BUREAU321 EAST 12TH STREET DES MOINES,IA 50319	42-6004523	501(C)3	10,000				FUNDING FOR PRINTING AND POSTAGE FOR INFORMATION CARDS TARGETED FOR NEW PARENTS
IOWA HEALTH FOUNDATION1775 90TH STREET WEST DES MOINES,IA 50266	42-1326564	501(C)3	10,000				FUNDING FOR A COMPREHENSIVE EDUCATION PROGRAM DESIGNED TO IMPROVE THE ORAL HEALTH OF IOWA'S FRAIL AND ELDERLY LIVING IN LONG TERM CARE SETTINGS ACROSS THE STATE
IOWA PRIMARY CARE ASSOCIATION9943 HICKMAN ROAD URBANDALE,IA 50322	42-1311646	501(C)3	1,705				FUNDING TO OFFSET COSTS OF ATTENDING THE NATIONAL PRIMARY ORAL HEALTH CONFERENCE
IOWA PRIMARY CARE ASSOCIATION9943 HICKMAN ROAD URBANDALE,IA 50322	42-1311646	501(C)3	56,250				2ND OF 3 INSTALLMENTS TO FUND THE COSTS OF A NETWORK-WIDE ORAL HEALTH MANAGER WORKING WITH THE IA PRIMARY CARE ASSOC OFFICES
IOWA PUBLIC HEALTH ASSOCIATIONPO BOX 13181 DES MOINES,IA 50310	23-7327835	501(C)3	10,000				FUNDING TO ESTABLISH AN IOWA COMMUNITY WATER FLUORIDATION COALITION
MID-IOWA COMMUNITY ACTION INC1001 S 18TH AVENUE MARSHALLTOWN,IA 50158	42-0923311	501(C)3	4,420				FUNDING TO PURCHASE SPRY XYLITOL GUM TO PROVIDE TO PREGNANT WOMEN ENROLLED IN THE MH PROGRAM AND RAZBABY TEETHERS TO PROVIDE TO EACH CHILD AT THEIR FIRST WELL-BABY VISIT
MID-IOWA COMMUNITY ACTION INC1001 S 18TH AVENUE MARSHALLTOWN,IA 50158	42-0923311	501(C)3	9,951				FUNDING TO PURCHASE A NEW INSTRUMENT/DISHWASHING SYSTEM TO BE USED FOR THE INITIAL CLEANING OF INSTRUMENTS IN CASSETTES
MID-IOWA COMMUNITY ACTION INC1001 S 18TH AVENUE MARSHALLTOWN,IA 50158	42-0923311	501(C)3	9,993				FUNDING TO PURCHASE A NEW STERILIZER AND SUPPLIES AT THE DENTAL CLINIC

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
MID-IOWA COMMUNITY ACTION INC1001 S 18TH AVENUE MARSHALLTOWN,IA 50158	42-0923311	501(C)3		1,088	AMOUNT PAID	PROVIDED 5,760 TOOTHBRUSHES	PROVIDED 5,760 TOOTHBRUSHES TO MID-IOWA COMMUNITY ACTION, INC
MID-IOWA COMMUNITY ACTION INC1001 S 18TH AVENUE MARSHALLTOWN,IA 50158	42-0923311	501(C)3		145	AMOUNT PAID	PROVIDED 1 SMART SMILES KIT	PROVIDED 1 SMART SMILE KIT TO THE MID-IOWA COMMUNITY ACTION, INC I-SMILE COORDINATOR
OPERATION THRESHOLD INC1535 LAFAYETTE STREET PO BOX 4120 WATERLOO,IA 50704	42-0982549	501(C)3	10,000				FUNDING TO SUPPORT PROJECT FOCUSED ON WIC PARTICIPANTS FROM BIRTH TO ONE AND PROVIDE ORAL HEALTH MESSAGES AND INCENTIVES AT WIC VISITS
OPERATION THRESHOLD INC1535 LAFAYETTE STREET PO BOX 4120 WATERLOO,IA 50704	42-0982549	501(C)3	2,000				FUNDING TO SUPPORT LUNCH AND LEARN TRAINING FOR WIC STAFF TO COORDINATE "DENTIST BY 1" EDUCATIONAL MESSAGING TO FAMILIES
PEOPLES COMMUNITY HEALTH CENTER905 FRANKLIN STREET WATERLOO,IA 50703	42-1058629	501(C)3	10,000				FUNDING TO SUPPORT A COMMUNITY PROJECT TO PURCHASE PROMOTIONAL ITEMS TO REINFORCE THE PROGRAM MESSAGE AND TO COORDINATE EDUCATION AND AWARENESS ACTIVITIES WITH THE CEDAR VALLEY ORAL HEALTH COALITION
PEOPLES COMMUNITY HEALTH CENTER905 FRANKLIN STREET WATERLOO,IA 50703	42-1058629	501(C)3	10,000				FUNDING TO SUPPORT THE "IN REACH" PROJECT TO EDUCATE PARENTS ABOUT THE IMPORTANCE OF BABY TEETH AND HOW TO PREVENT FUTURE PAIN BY ACCESSING EARLY DENTAL CARE
RIVER HILLS COMMUNITY HEALTH CENTER201 SOUTH MARKET STREET DES MOINES,IA 52501	42-1489471	501(C)3	92,003				FUNDING WILL PROVIDE NEW DENTAL EQUIPMENT FOR THE RENOVATED OTTUMWA DENTAL CLINIC
RIVER HILLS COMMUNITY HEALTH CENTER201 SOUTH MARKET STREET DES MOINES,IA 52501	42-1489471	501(C)3	1,500				FUNDING WILL BE USED FOR ORAL HEALTH SUPPLIES, VARNISH, AND SEALANTS TO BE USED IN TREATMENT OF CHILDREN IN 5 DIFFERENT ELEMENTARY SCHOOLS IN THE OTTUMWA COMMUNITY SCHOOL DISTRICT
TRI-COUNTY CHILD AND FAMILY DEVELOPMENTPO BOX 1050 WATERLOO,IA 50704	42-1020922	501(C)3	9,998				FUNDING TO SUPPORT IMPLEMENTING A "WHAT TO DO FOR HEALTHY TEETH" CURRICULUM WITH PARENTS BOTH IN THE CLASSROOM AND HOME VISITS IN EARLY HEAD START
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	4,500				FUNDING FOR THE COST OF THE FLUORIDATION CONTRIBUTOR - UNIVERSITY OF IOWA COLLEGE OF DENTISTRY REGIONAL DENTAL PUBLIC HEALTH CONFERENCE COMMUNITY WATER FLUORIDATION SUCCESSES, CHALLENGES, AND SOLUTIONS

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
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	10,000				FUNDING TO DEVELOP 10 EDUCATIONAL MODULES FOR ELDERLY AND SPECIAL NEEDS PATIENTS IN ORAL HEALTH CARE TRAINING AND EDUCATION
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	5,400				FUNDING FOR INDIVIDUAL PACKETS OF ORAL HEALTH INFORMATION TO BE DISTRIBUTED TO PREGNANT WOMEN AT WIC CLINICS AND AREA PRENATAL HEALTH CARE FACILITIES
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	6,040				FUNDING TO COVER THE COST OF SURVEYING GENERAL DENTISTS IN THE STATE OF IOWA TO ASSESS THEIR ATTITUDES, KNOWLEDGE, AND BEHAVIOR TOWARD THE AGE ONE DENTAL VISIT
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	42,925				FUNDING FOR THE DEVELOPMENT OF VIDEOTAPED ORAL HEALTH MESSAGES FOR ECC PREVENTION AMONG LOW INCOME HIGH RISK INFANTS AND TODDLERS
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	30,000				FUNDING FOR THE RESTRICTED PURPOSE OF RECRUITMENT/RETENTION OF A JUNIOR FACULTY MEMBER AT THE COLLEGE OF DENTISTRY IN THE AREAS OF GERIATRIC AND SPECIAL NEEDS ORAL HEALTH AND PEDIATRIC ORAL HEALTH IN ORDER TO MEET THE NEEDS OF THE UNDERSERVED POPULATIONS
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY,IA 52242	42-6004813	501(C)3	50,000				FUNDING FOR SALARY SUPPORT OF POST-DOCTORAL INDIVIDUAL THAT IS RESPONSIBLE FOR THE CONDUCT OF PROPOSED STUDIES
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 52242	42-0796760	501(C)3	3,000				SUPPORTS THE DELTA DENTAL OF IOWA FOUNDATION TREATMENT PLANNING AND DOCUMENTATION AWARD
UNIVERSITY OF IOWA FOUNDATIONPO BOX 4550 IOWA CITY,IA 52242	42-0796760	501(C)3	300,000				4TH OF 5 PAYMENTS FOR THE U OF I COLLEGE OF DENTISTRY CLINIC EXPANSION
WARREN COUNTY HEALTH SERVICES301 N BUXTON STE 203 INDIANOLA,IA 50125	42-6004798	501(C)3	10,000				FUNDING WILL PURCHASE MOBILE DENTAL HEALTH EQUIPMENT TO BE USED IN WARREN, CLARKE, AND MADISON COUNTIES
WARREN COUNTY HEALTH SERVICES301 N BUXTON STE 203 INDIANOLA,IA 50125	42-6004798	501(C)3		1,089	AMOUNT PAID	PROVIDED 6,912 TOOTHBRUSHES	PROVIDED 6,912 TOOTHBRUSHES TO WARREN COUNTY HEALTH SERVICES

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
WARREN COUNTY HEALTH SERVICES301 N BUXTON STE 203 INDIANOLA,IA 50125	42-6004798	501(C)3		145	AMOUNT PAID	PROVIDED 1 SMART SMILES KIT	PROVIDED 1 SMART SMILE KIT TO THE WARREN COUNTY HEALTH SERVICES I-SMILE COORDINATOR

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

Employer identification number
26-0762771

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
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 of the expenses described above? If "No," complete Part III to explain	1b	
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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 Regulations 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 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ED SCHOOLEY DDS DIRECTOR, VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	111,610	31,027	1,690	11,557	0	155,884	0
(2)DONN HUTCHINS PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	425,186	179,303	15,966	144,253	12,406	777,114	0
(3)CHERYL HARDING SECRETARY-TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	272,756	90,607	4,729	66,323	18,093	452,508	0
(4)SUZANNE HECKENLAIBLE EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	114,888	24,485	1,583	18,160	18,015	177,131	0
(5)SHERRY PERKINS SECRETARY-TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	131,726	26,047	1,783	19,826	18,015	197,397	0

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4B	THE OFFICERS OF DELTA DENTAL OF IOWA, A RELATED ORGANIZATION, PARTICIPATE IN A SEC 457(F) PLAN. DELTA DENTAL OF IOWA 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 OF DELTA DENTAL OF IOWA. THE OFFICERS CANNOT ACCESS THE FUNDS UNTIL RETIREMENT, LEAVING THE COMPANY, OR DEATH. THE OFFICERS AND DIRECTORS OF THE FOUNDATION WHO RECEIVED DEPOSITS IN 2012 FROM DELTA DENTAL OF IOWA AND THE AMOUNTS ARE: DONN HUTCHINS \$124,253; CHERYL HARDING \$ 46,323; SHERRY PERKINS \$ 6,850; SUZANNE HECKENLAIBLE \$ 6,183.
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 3: THE EXECUTIVE DIRECTOR AND OFFICERS EXCLUDING THE CHAIR OF THE BOARD OF THE FOUNDATION ARE EMPLOYEES OF DELTA DENTAL OF IOWA. DELTA DENTAL OF IOWA CHARGES THE FOUNDATION A MANAGEMENT FEE FOR THE TIME SPENT BY THE PRESIDENT, SECRETARY AND TREASURER, AND EXECUTIVE DIRECTOR.

2012

Open to Public Inspection

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.

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

Employer identification number

26-0762771

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE FOUNDATION SHALL HAVE ONE MEMBER, WHICH SHALL BE DELTA DENTAL OF IOWA ("DELTA DENTAL"), A SECTION 501(C)(4) ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 7A	EACH DIRECTOR SHALL BE ELECTED BY THE MEMBER IN ELECTING DIRECTORS, THE MEMBER MAY SEEK RECOMMENDATIONS FROM THE FOUNDATION'S BOARD OR A COMMITTEE OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 AND ALL RELATED SCHEDULES WERE REVIEWED BY BOTH THE MANAGEMENT OF THE FOUNDATION AND THE BOARD OF DIRECTORS PRIOR TO FILING THE FORM 990 WAS REVIEWED BY MANAGEMENT OF THE FOUNDATION PRIOR TO PRESENTATION TO THE BOARD OF DIRECTORS THE MEMBERS OF THE MANAGEMENT TEAM WHO REVIEWED THE FORM 990 WERE THE PRESIDENT, SECRETARY/TREASURER AND EXECUTIVE DIRECTOR A COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING THE FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	CONSISTENT WITH ITS CONFLICT OF INTEREST POLICY, ANNUALLY THE FOUNDATION CONDUCTS A CONFLICT OF INTEREST REVIEW FOR COMPLIANCE WITH FEDERAL AND STATE LAW AND COMPANY POLICY THE REVIEW INCLUDES ALL OFFICERS AND DIRECTORS COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES AND DISCLOSURES ARE COMPARED TO THE GROUP FOR POTENTIALLY CONFLICTING TRANSACTIONS, BUSINESS AND FAMILY RELATIONSHIPS AND AFFILIATIONS A WRITTEN REPORT OF THE FINDINGS IS GIVEN TO THE BOARD OF DIRECTORS AND OFFICERS THE CONFLICT OF INTEREST POLICY PROVIDES GUIDANCE ON ACTIONS AND SPECIFIC SOLUTIONS TO ADDRESS CONFLICTS WHEN THEY OCCUR THE SOLUTIONS PROVIDED BY THE GUIDANCE ARE DISCUSSED AND DOCUMENTED IN THE BOARD OF DIRECTOR'S MEETING MINUTES
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR AND OFFICERS EXCLUDING THE CHAIR OF THE BOARD ARE EMPLOYEES OF DELTA DENTAL DELTA DENTAL CHARGES THE FOUNDATION A MANAGEMENT FEE FOR THE TIME SPENT BY THE PRESIDENT, SECRETARY AND TREASURER, AND EXECUTIVE DIRECTOR
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION'S ARTICLES OF INCORPORATION 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 AS PART OF THE FORM 990 WITH THE IRS THE CONFLICT OF INTEREST POLICY IS NOT FILED WITH ANY AGENCY, HOWEVER, IT WOULD BE MADE AVAILABLE UPON REQUEST ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WOULD BE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND 151,032
	FORM 990, PART VI, SECTION B, LINE 13	THE FOUNDATION DOES NOT HAVE A WHISTLEBLOWER POLICY AS IT HAS NO EMPLOYEES THE FOUNDATION PURCHASES MANAGEMENT SERVICES FROM DELTA DENTAL DELTA DENTAL HAS A WRITTEN WHISTLEBLOWER POLICY THAT ALL EMPLOYEES ARE SUBJECT TO

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

2012

Open to Public Inspection

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

Employer identification number

26-0762771

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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	No
(1) DELTA DENTAL OF IOWA 9000 NORTHPARK DRIVE JOHNSTON, IA 50131 42-0959302	NON-PROFIT ORGANIZATION TO IMPROVE THE ORAL HEALTH OF THE PEOPLE IT SERVES	IA	501(C)(4)				No

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?		(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" 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA DENTAL OF IOWA	C	3,843,955	SEE PART VII - SUPPLMENTAL INFO
(2) DELTA DENTAL OF IOWA	O	226,086	HOURS WORKED
(3) DELTA DENTAL OF IOWA	P	29,232	SEE PART VII - SUPPLMENTAL INFO

Schedule R (Form 990) 2012

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
METHOD OF DETERMINING AMOUNT INVOLVED -	FORM 990, SCHEDULE R, PART V, LINE 2(1), COLUMN D	CASH RECEIVED BASED ON A PERCENTAGE OF DELTA DENTAL OF IOWA'S REVENUE APPROVED BY THEIR BOARD
	FORM 990, SCHEDULE R, PART V, LINE 2(2), COLUMN B	MANAGEMENT FEES OF \$226,086 WERE PAID TO DELTA DENTAL OF IOWA WHICH COULD ALSO BE CLASSIFIED UNDER CODE M
METHOD OF DETERMINING AMOUNT INVOLVED -	FORM 990, SCHEDULE R, PART V, LINE 2(3), COLUMN D	ACTUAL COSTS OF INVOICES PAID BY DENTAL DENTAL OF IOWA

Software ID:
Software Version:
EIN: 26-0762771
Name: DELTA DENTAL OF IOWA FOUNDATION