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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 private foundations)

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
DELTA DENTAL OF IOWA FOUNDATION

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
JOHNSTON, IA 50131

F Name and address of principal officer:
JEFFREY S RUSSELL
9000 NORTH PARK DRIVE
JOHNSTON, IA 50131

D Employer identification number
26-0762771

E Telephone number
(515) 261-5500

G Gross receipts \$ 5,268,822

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DELTADENTALIA.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2007

M State of legal domicile: IA

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (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 39	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,009,354	4,710,796
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	640,674	536,241
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,650,028	5,247,037

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,200,812	1,551,994
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)	400	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)	654,801	864,856
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,856,013	2,417,450
19 Revenue less expenses. Subtract line 18 from line 12	2,794,015	2,829,587

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,145,967	25,351,147
21 Total liabilities (Part X, line 26)	324,008	41,689
22 Net assets or fund balances. Subtract line 21 from line 20	19,821,959	25,309,458

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

2020-11-11
Date

SHERRY PERKINS SECRETARY-TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2020-11-11	Check <input type="checkbox"/> if self-employed	PTIN P00075113
Firm's name ▶ BERGANKDV LTD	Firm's EIN ▶ 41-1431613			
Firm's address ▶ 12100 MEREDITH DR SUITE 200 URBANDALE, IA 50323	Phone no. (515) 727-5700			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 \$ 1,089,122 including grants of \$ 773,985) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 691,625 including grants of \$ 460,788) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 305,610 including grants of \$ 237,364) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 93,312 including grants of \$ 79,857) (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.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 93,312 including grants of \$ 79,857) (Revenue \$)

4e Total program service expenses 2,179,669

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	No
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 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 SHERRY PERKINS 9000 NORTH PARK DRIVE JOHNSTON, IA 50131 (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 or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) 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) JEFFREY S RUSSELL PRESIDENT	0.39 40.00	X		X				0	889,513	38,382
(2) JEFF CHAFFIN DDS DIRECTOR	1.17 40.00	X						0	397,433	14,083
(3) SHERRY PERKINS SECRETARY-TREASURER	0.67 40.00			X				0	300,847	14,335
(4) SUZANNE HECKENLAIBLE EXECUTIVE DIRECTOR	10.00 30.00			X				0	271,476	43,569
(5) ROWENA CROSBIE DIRECTOR, VICE CHAIR	1.00 1.60	X		X				600	1,200	19,000
(6) MATT MENDENHALL DIRECTOR, CHAIR	1.00	X		X				0	0	0
(7) NOLDEN GENTRY DIRECTOR, THROUGH JUNE	0.50	X						0	0	0
(8) KEN JONES DIRECTOR	0.50	X						0	0	0
(9) JAN REINICKE DIRECTOR	0.50	X						0	0	0
(10) LYNN CURRY DDS DIRECTOR	0.50	X						0	0	0
(11) JOEL WULF DIRECTOR	0.50	X						0	0	0
(12) HOWARD COWEN DDS DIRECTOR	0.50	X						0	0	0
(13) DAN CAPLAN DDS DIRECTOR	0.50	X						0	0	0
(14) TRACY RODGERS DIRECTOR	0.50	X						0	0	0
(15) JENNIFER VERMEER DIRECTOR	0.50	X						0	0	0
(16) SCOTT RAECKER DIRECTOR	0.50	X						0	0	0

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

(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								600	1,860,469	129,369

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Form 990 (2019)										Page 9									
Part VIII Statement of Revenue																			
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>									
										(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns		1a															
		b Membership dues		1b															
		c Fundraising events		1c															
		d Related organizations		1d		4,703,950													
		e Government grants (contributions)		1e															
		f All other contributions, gifts, grants, and similar amounts not included above		1f		6,846													
		g Noncash contributions included in lines 1a - 1f:\$		1g															
		h Total. Add lines 1a-1f ▶												4,710,796					
Program Service Revenue				Business Code															
		2a																	
		b																	
		c																	
		d																	
Other Revenue		e																	
		f All other program service revenue.																	
		g Total. Add lines 2a-2f. ▶																	
		3 Investment income (including dividends, interest, and other similar amounts) ▶				535,026												535,026	
		4 Income from investment of tax-exempt bond proceeds ▶																	
		5 Royalties ▶																	
		(i) Real		(ii) Personal															
6a Gross rents		6a																	
b Less: rental expenses		6b																	
c Rental income or (loss)		6c																	
d Net rental income or (loss) ▶																			
		(i) Securities		(ii) Other															
7a Gross amount from sales of assets other than inventory		7a		23,000															
b Less: cost or other basis and sales expenses		7b		21,785															
c Gain or (loss)		7c		1,215															
d Net gain or (loss) ▶												1,215		1,215					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a																	
b Less: direct expenses		8b																	
c Net income or (loss) from fundraising events ▶																			
9a Gross income from gaming activities. See Part IV, line 19		9a																	
b Less: direct expenses		9b																	
c Net income or (loss) from gaming activities ▶																			
10a Gross sales of inventory, less returns and allowances		10a																	
b Less: cost of goods sold		10b																	
c Net income or (loss) from sales of inventory ▶																			
Miscellaneous Revenue		Business Code																	
11a																			
b																			
c																			
d All other revenue																			
e Total. Add lines 11a-11d ▶																			
12 Total revenue. See instructions ▶												5,247,037		0		536,241			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,551,994	1,551,994		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	600		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	352,940	228,744	124,196	
b Legal	405		405	
c Accounting	9,900		9,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,160		32,160	
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	7,280	5,327	1,953	
13 Office expenses	251,047	244,717	6,330	
14 Information technology	5,666	538	5,128	
15 Royalties				
16 Occupancy				
17 Travel	37,574	23,073	14,501	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,352	10,670	5,682	
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	85,955	54,469	31,486	
b OUTSIDE SERVICES	43,049	43,049		
c OUTREACH AND EDUCATION	12,873	12,873		
d MEMBERSHIP FEES	5,350	4,215	1,135	
e All other expenses	4,305		4,305	
25 Total functional expenses. Add lines 1 through 24e	2,417,450	2,179,669	237,781	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	163,815	1	95,287
	2 Savings and temporary cash investments	1,693,833	2	2,536,674
	3 Pledges and grants receivable, net	5,001,088	3	4,703,950
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,053	9	5,449
	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	13,275,520	11	18,008,810
	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	1,658	15	977
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,145,967	16	25,351,147	
Liabilities	17 Accounts payable and accrued expenses	30,638	17	12,223
	18 Grants payable	260,000	18	1,139
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	33,370	25	28,327
	26 Total liabilities. Add lines 17 through 25	324,008	26	41,689
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,548,090	27	2,574,630
	28 Net assets with donor restrictions	18,273,869	28	22,734,828
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,821,959	32	25,309,458
33 Total liabilities and net assets/fund balances	20,145,967	33	25,351,147	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,247,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,417,450
3	Revenue less expenses. Subtract line 2 from line 1	3	2,829,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,821,959
5	Net unrealized gains (losses) on investments	5	2,656,577
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	1,335
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,309,458

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 26-0762771

Name: DELTA DENTAL OF IOWA FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

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.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☒

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☒

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☒

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations

1
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) DELTA DENTAL OF IOWA	420959302	10	Yes		0	0
Total	1				0	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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.). . .						
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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . .						
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 section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a	Yes	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b	Yes	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c	Yes	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	Yes
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	No

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	3b		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART 1, LINE 12G, COLUMN V:	DELTA DENTAL OF IOWA'S MISSION IS TO IMPROVE THE HEALTH AND SMILES OF THE PEOPLE 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 2019 WAS \$4,703,950.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART VI, SECTION A, LINE 3B:	DELTA DENTAL OF IOWA HAS PROVIDED A COPY OF THEIR 501(C)(4) IRS DETERMINATION LETTER AND HAS COMPLETED THE PROFORMA PUBLIC SUPPORT CALCULATIONS ON SCHEDULE A, PART III FOR THE APPLICABLE YEARS. DURING THE CURRENT YEAR, DELTA DENTAL OF IOWA MET THE PUBLIC SUPPORT TEST REQUIREMENTS. DELTA DENTAL OF IOWA FOUNDATION HAS A FORMAL POLICY APPROVED BY THE BOARD TO ANNUALLY CONFIRM THAT DELTA DENTAL OF IOWA HAS MAINTAINED ITS SUPPORTED ORGANIZATION STATUS AS A 501(C)(4) AND HAS SATISFIED THE PUBLIC SUPPORT TESTS UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART VI, SECTION A, LINE 3C:	ALL GRANTEES THAT RECEIVE FUNDS FROM THE DELTA DENTAL OF IOWA FOUNDATION ARE REQUIRED TO COMPLETE AN OUTCOMES REPORT WITHIN 30 DAYS OF COMPLETION OF THE PROJECT. FOR GRANTEES UNDER \$25,000, THIS INCLUDES INFORMATION SUCH AS THE NUMBER OF INDIVIDUALS SERVICED, CHALLENGES, OPPORTUNITIES AND LESSONS LEARNED. FOR GRANTEES THAT RECEIVE OVER \$25,000, AN EVALUATION PLAN IS DEVELOPED IN COORDINATION WITH THE GRANTEE AND THE FOUNDATION SPECIFIC TO THE PROJECT AND TO ALIGN WITH A CORE SET OF INDICATORS OF SUCCESS. IN ADDITION, GRANTEES OVER \$50,000 PRESENT TO THE DELTA DENTAL OF IOWA FOUNDATION BOARD AT THE COMPLETION OF THE PROJECT. GRANTEES MAY REQUEST A ONE-TIME EXTENSION TO SPEND DOWN ANY UNUSED FUNDS, BUT IT MUST BE FOR THE SAME PROJECT, OTHERWISE THE FUNDS ARE REQUIRED TO BE RETURNED. ANY CHANGE FROM THE INITIAL REQUEST FOR FUNDS REQUIRES A WRITTEN REQUEST AND APPROVAL.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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Cat. No. 52283D Schedule D (Form 990) 2019

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes ☐ No

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,922,781	14,214,533	11,650,509	8,219,425	7,404,796
b Contributions	2,000,000	1,650,000	1,000,000	3,000,000	1,000,000
c Net investment earnings, gains, and losses	3,138,857	-914,801	1,590,116	469,972	-142,177
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	30,760	26,951	26,092	38,888	43,194
g End of year balance	20,030,878	14,922,781	14,214,533	11,650,509	8,219,425

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 on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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 VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	28,327

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,879,589
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,656,577
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	6,735
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,663,312
3	Subtract line 2e from line 1	3	5,216,277
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	30,760
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,760
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,247,037

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,392,090
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	5,400
e	Add lines 2a through 2d	2e	5,400
3	Subtract line 2e from line 1	3	2,386,690
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	30,760
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,760
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,417,450

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	AS OF DECEMBER 31, 2019 AND 2018, THE COMPANY'S UNRECOGNIZED TAX BENEFITS WERE NOT SIGNIFI CANT. THERE WERE NO SIGNIFICANT PENALTIES OR INTEREST RECOGNIZED OR ACCRUED DURING 2019 AN D 2018.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	BOARD MEMBER FEES WAIVED 5,400.

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

DELTA DENTAL OF IOWA FOUNDATION

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBIA COMMUNITY SCHOOL DISTRICT 520 SOUTH CLINTON STREET ALBIA, IA 52531	42-6038218	STATE OF IOWA	3,500				FUNDING FOR FOOD SUPPLIES FOR A "GRANT'S BEST CHEF CONTEST" FOR 2ND GRADE STUDENTS TO LEARN THE PROS AND CONS OF NATURAL SUGAR VS. PROCESSED SUGAR AND HOW IT AFFECTS TEETH AND BODY.
ALBIA COMMUNITY SCHOOL DISTRICT 520 SOUTH CLINTON STREET ALBIA, IA 52531	42-6038218	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR GRANT ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANKENY COMMUNITY SCHOOL DISTRICT 306 SW SCHOOL STREET ANKENY, IA 50023	42-6021919	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ANKENY HIGH SCHOOL.
ANKENY COMMUNITY SCHOOL DISTRICT 306 SW SCHOOL STREET ANKENY, IA 50023	42-6021919	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR CROCKER ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANKENY COMMUNITY SCHOOL DISTRICT 306 SW SCHOOL STREET ANKENY, IA 50023	42-6021919	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NORTHEAST ELEMENTARY SCHOOL.
BETTENDORF COMMUNITY SCHOOL DISTRICT 3311 18TH STREET BETTENDORF, IA 52722	42-6000825	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR HERBERT HOOVER ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTENDORF COMMUNITY SCHOOL DISTRICT 3311 18TH STREET BETTENDORF, IA 52722	42-6000825	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NEIL ARMSTRONG ELEMENTARY SCHOOL.
BETTENDORF COMMUNITY SCHOOL DISTRICT 3311 18TH STREET BETTENDORF, IA 52722	42-6000825	STATE OF IOWA		527	AMOUNT PAID	PROVIDED 864 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 864 TOOTHBRUSHES, PASTE, AND FLOSS TO BETTENDORF COMMUNITY SCHOOLS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601	42-6037437	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR BLACK HAWK ELEMENTARY SCHOOL.
BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601	42-6037437	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ALDO LEOPOLD MIDDLE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601	42-6037437	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SUNNYSIDE ELEMENTARY SCHOOL.
BURLINGTON COMMUNITY SCHOOL DISTRICT 1429 WEST AVENUE BURLINGTON, IA 52601	42-6037437	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO BURLINGTON COMMUNITY SCHOOL DISTRICT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMANCHE COMMUNITY SCHOOL DISTRICT 702 13TH AVENUE CAMANCHE, IA 52730	42-6016657	STATE OF IOWA		4,443	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR CAMANCHE HIGH SCHOOL.
CAMANCHE COMMUNITY SCHOOL DISTRICT 702 13TH AVENUE CAMANCHE, IA 52730	42-6016657	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR CAMANCHE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLISLE COMMUNITY SCHOOL DISTRICT 430 SCHOOL STREET CARLISLE, IA 50047	42-0898003	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR HARTFORD UPPER ELEMENTARY SCHOOL.
CARLISLE COMMUNITY SCHOOL DISTRICT 430 SCHOOL STREET CARLISLE, IA 50047	42-0898003	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR CARLISLE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARLISLE COMMUNITY SCHOOL DISTRICT 430 SCHOOL STREET CARLISLE, IA 50047	42-0898003	STATE OF IOWA		1,916	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR CARLISLE MIDDLE SCHOOL.
CITY OF CUMMING 694 N 44TH STREET CUMMING, IA 50061	42-1124870	CITY OF CUMMING		4,387	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILING STATION FOR THE CITY OF CUMMING.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CUMMING 694 N 44TH STREET CUMMING, IA 50061	42-1124870	CITY OF CUMMING	3,300				FUNDS USED TO INSTALL WATER LINE TO MAIN WATER SYSTEM IN TOWN FOR WATER BOTTLE FILLING STATION.
CITY OF INDEPENDENCE 331 FIRST STREET EAST INDEPENDENCE, IA 50644	42-6004793	CITY OF INDEPENDENCE	25,000				FUNDING PROVIDES FLUORIDATION EQUIPMENT INSTALLATION FOR THE COMMUNITY OF INDEPENDENCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARINDA COMMUNITY SCHOOL DISTRICT 423 E NODAWAY STREET CLARINDA, IA 51632	42-6001136	STATE OF IOWA		3,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR CLARINDA MIDDLE SCHOOL.
CLARINDA COMMUNITY SCHOOL DISTRICT 423 E NODAWAY STREET CLARINDA, IA 51632	42-6001136	STATE OF IOWA		3,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR GARFIELD ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARINDA COMMUNITY SCHOOL DISTRICT 423 E NODAWAY STREET CLARINDA, IA 51632	42-6001136	STATE OF IOWA		790	AMOUNT PAID	PROVIDED 720 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 720 TOOTHBRUSHES, PASTE, AND FLOSS TO CLARINDA SCHOOLS.
CLINTON COMMUNITY SCHOOL DISTRICT 1401 12TH AVE N CLINTON, IA 52732	42-6049083	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR EAGLE HEIGHTS ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINTON COMMUNITY SCHOOL DISTRICT 1401 12TH AVE N CLINTON, IA 52732	42-6049083	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WHITTIER ELEMENTARY SCHOOL.
COLLEGE COMMUNITY SCHOOL DISTRICT 401 76TH AVE SW CEDAR RAPIDS, IA 52404	42-6020063	STATE OF IOWA		11,451	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR PRAIRIE EDGE HIGH SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)3	44,197				FUNDING WILL PURCHASE NECESSARY EQUIPMENT AND TOOLS NEEDED TO PROVIDE PEDIATRIC DENTAL CARE TO UNDERSERVED CHILDREN IN THE COMMUNITY.
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)3	3,159				FUNDING WILL BE FOR THE PURCHASE AND DISTRIBUTION OF FINGER COTS AND SILICONE FINGER BRUSHES TO DISTRIBUTE TO CLIENTS AS PART OF THEIR ORAL HEALTH EDUCATION SESSIONS FOR MOTHERS OF INFANTS ENROLLED IN THE SCOTT COUNTY WIC PROGRAM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)3		1,844	AMOUNT PAID	PROVIDED 3,024 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 3,024 TOOTHBRUSHES, PASTE, AND FLOSS TO COMMUNITY HEALTH CARE, INC.
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)3		86	AMOUNT PAID	PROVIDED 288 TOOTHBRUSHES	PROVIDED 288 TOOTHBRUSHES TO COMMUNITY HEALTH CARE, INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		3,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR CARTER LAKE ELEMENTARY SCHOOL.
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		2,488	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR BLOOMER ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ROOSEVELT ELEMENTARY SCHOOL.
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR EDISON ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR RUE ELEMENTARY SCHOOL.
COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT 300 W BROADWAY STE 1600 COUNCIL BLUFFS, IA 51503	42-6001281	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO RUE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		6,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR BLUE GRASS ELEMENTARY SCHOOL.
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		3,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR JEFFERSON ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR BUCHANAN ELEMENTARY SCHOOL.
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR GARFIELD ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR HARRISON ELEMENTARY SCHOOL.
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		220	AMOUNT PAID	PROVIDED 648 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 648 TOOTHBRUSHES, PASTE, AND FLOSS TO DAVENPORT COMMUNITY SCHOOL DISTRICT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO FRANK L SMART INTERMEDIATE SCHOOL.
DAVENPORT COMMUNITY SCHOOL DISTRICT 1702 N MAIN STREET DAVENPORT, IA 52803	42-6001350	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO WILLIAMS INTERMEDIATE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAL CONNECTIONS 1111 9TH STREET STE 190 DES MOINES, IA 50314	42-0680421	501(C)3	8,193				FUNDING WILL PROVIDE TRANSPORTATION AND CARE COORDINATION TO ELIMINATE BARRIERS TO DENTAL CARE FOR CHILDREN.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		2,301	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR RIVER WOODS ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		1,325	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR STOWE ELEMENTARY SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		1,325	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR HANAWALT ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		1,325	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR MERRILL MIDDLE SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		1,078	AMOUNT PAID	PROVIDED 4,608 TOOTHBRUSHES	PROVIDED 4,608 TOOTHBRUSHES TO DES MOINES PUBLIC SCHOOLS HEADSTART.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		439	AMOUNT PAID	PROVIDED 720 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 720 TOOTHBRUSHES, PASTE, AND FLOSS TO CAPITOL VIEW ELEMENTARY SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		307	AMOUNT PAID	PROVIDED 504 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 504 TOOTHBRUSHES, PASTE, AND FLOSS TO OAK PARK ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		263	AMOUNT PAID	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS TO CATTELL ELEMENTARY SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		263	AMOUNT PAID	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS TO HILLIS ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		263	AMOUNT PAID	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 432 TOOTHBRUSHES, PASTE, AND FLOSS TO DES MOINES PUBLIC SCHOOLS.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		220	AMOUNT PAID	PROVIDED 360 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 360 TOOTHBRUSHES, PASTE, AND FLOSS TO GREENWOOD ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO RIVER WOODS ELEMENTARY SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO HIATT MIDDLE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO WILLARD ELEMENTARY SCHOOL.
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO MCCOMBS MIDDLE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO WALNUT STREET SCHOOL.
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)3	11,178				FUNDING TO SUPPORT A CONFERENCE TO FURTHER DEVELOP THE PATH TOWARDS MEDICAL-DENTAL INTEGRATION USING INFORMATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRAKE UNIVERSITY 2507 UNIVERSITY AVENUE DES MOINES, IA 50311	42-0680460	501(C)3		950	AMOUNT PAID	PROVIDED 3,984 TOOTHBRUSHES	PROVIDED 3,984 TOOTHBRUSHES TO DRAKE UNIVERSITY HEAD START.
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	STATE OF IOWA		3,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR AUDUBON ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ALTERNATIVE LEARNING CENTER.
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	STATE OF IOWA		1,916	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ELEANOR ROOSEVELT MIDDLE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE COMMUNITY SCHOOL DISTRICT 2300 CHANEY ROAD DUBUQUE, IA 52001	42-6001531	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	POVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO MARSHALL ELEMENTARY SCHOOL.
EDDYVILLE BLAKESBURG FREMONT COMMUNITY SCHOOL DISTRICT 702 VANCE STREET EDDYVILLE, IA 52553	42-1415763	STATE OF IOWA		5,943	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR EDDYVILLE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDDYVILLE BLAKESBURG FREMONT COMMUNITY SCHOOL DISTRICT 702 VANCE STREET EDDYVILLE, IA 52553	42-1415763	STATE OF IOWA		176	AMOUNT PAID	PROVIDED 288 TOOTHBRUSHES, PASTE, FLOSS	PROVIDED 288 TOOTHBRUSHES, PASTE, AND FLOSS TO EDDYVILLE BLAKESBURG FREMONT SCHOOLS.
FAMILY INC 3501 HARRY LANGDON BLVD STE 150 COUNCIL BLUFFS, IA 51503	51-0657063	501(C)3	25,000				FUNDING TO CONTINUE COLLABORATION FOR CHILDREN'S ORAL HEALTH MOVING TOWARDS SCOPE EXPANSION AS THE "CHILDREN'S ORAL HEALTH COALITION OF SOUTHWEST IOWA" FOCUSING ON REDUCING SUGAR SWEETENED BEVERAGE (SSB) INTAKE AMONG CHILDREN.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY INC 3501 HARRY LANGDON BLVD STE 150 COUNCIL BLUFFS, IA 51503	51-0657063	501(C)3	3,500				FUNDING TO PURCHASE AND/OR DISTRIBUTE PRODUCTS, SUPPLIES, OR EDUCATION MATERIALS FOR THE ANNUAL GIVE KIDS A SMILE DAY, WHICH REACHES OUT TO FAMILIES WITH BARRIERS TO ACCESSING DENTAL CARE AND RURAL UNDERSERVED CHILDREN.
FAMILY INC 3501 HARRY LANGDON BLVD STE 150 COUNCIL BLUFFS, IA 51503	51-0657063	501(C)3		3,111	AMOUNT PAID	PROVIDED 12,096 TOOTHBRUSHES	PROVIDED 12,096 TOOTHBRUSHES TO FAMILY, INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT DODGE COMMUNITY SCHOOL DISTRICT 104 SOUTH 17TH STREET FORT DODGE, IA 50501	42-6001767	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR FORT DODGE MIDDLE SCHOOL.
FORT DODGE COMMUNITY SCHOOL DISTRICT 104 SOUTH 17TH STREET FORT DODGE, IA 50501	42-6001767	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR FEELHAVER ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS MEDICAL CENTER 1351 W CENTRAL PARK DAVENPORT, IA 52742	42-1418847	501(C)3	227,573				FUNDING TO SUPPORT IMPLEMENTATION OF AN EVIDENCE-BASED PRACTICE PREVENTION PROGRAM TO IMPROVE ORAL CARE OF THE NONVENTILATED PATIENT POPULATION IN TWO IOWA GENESIS HOSPITALS.
GLENWOOD COMMUNITY SCHOOL DISTRICT 103 CENTRAL GLENWOOD, IA 51534	42-0864701	STATE OF IOWA		5,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NORTHEAST ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENWOOD COMMUNITY SCHOOL DISTRICT 103 CENTRAL GLENWOOD, IA 51534	42-0864701	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR GLENWOOD MIDDLE SCHOOL.
GRINNELL-NEWBURG COMMUNITY SCHOOL DISTRICT 1333 SUNSET STREET GRINNELL, IA 50112	42-6036570	STATE OF IOWA		3,988	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR BAILEY PARK ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRINNELL-NEWBURG COMMUNITY SCHOOL DISTRICT 1333 SUNSET STREET GRINNELL, IA 50112	42-6036570	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR FAIRVIEW ELEMENTARY SCHOOL.
HAWKEYE AREA COMMUNITY ACTION PROGRAM 1328 2ND AVE SE CEDAR RAPIDS, IA 52403	42-0898405	501(C)3		5,118	AMOUNT PAID	PROVIDED 21,024 TOOTHBRUSHES	PROVIDED 21,024 TOOTHBRUSHES TO HAWKEYE AREA COMMUNITY ACTION I-SMILE PROGRAM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWKEYE AREA COMMUNITY ACTION PROGRAM 1328 2ND AVE SE CEDAR RAPIDS, IA 52403	42-0898405	501(C)3		875	AMOUNT PAID	PROVIDED 3,024 TOOTHBRUSHES	PROVIDED 3,024 TOOTHBRUSHES TO HAWKEYE AREA COMMUNITY ACTION HEAD START.
HIS HANDS MINISTRIES 400 12TH STREET SE CEDAR RAPIDS, IA 52403	39-1878606	501(C)3	5,000				FUNDING WILL BE FOR CARE COORDINATION TO SERVE MORE INDIVIDUALS WHO ARE WITHOUT DENTAL INSURANCE AND DO NOT QUALIFY FOR AID FOR DENTAL CARE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CAREGIVERS 939 OFFICE PARK ROAD 332 WEST DES MOINES, IA 50265	42-1457592	501(C)3	20,000				FUNDING SUPPORTS MOUTHCARE MATTERS, PHASE 2 FOR ORAL HEALTH EDUCATION AND ACCESS TO CARE FOR UNDERSERVED POPULATIONS.
IOWA DENTAL ASSOCIATION 8797 NW 54TH AVE STE 100 JOHNSTON, IA 50131	42-0355455	501(C)3	15,000				FUNDING FOR AN EDUCATIONAL SESSION PRESENTED BY DR. GREG PSALTIS REGARDING PEDIATRIC DENTISTRY.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DENTAL FOUNDATION 8797 NW 54TH AVE STE 100 JOHNSTON, IA 50131	42-1405188	501(C)3	25,000				FUNDING TO PROVIDE EQUIPMENT AND SUPPLIES IN ORDER TO PERFORM SERVICES FOR ORAL HEALTH CARE TO UNDERSERVED CHILDREN AND OLDER ADULTS, MEALS TO OVER 1,000 VOLUNTEERS THROUGHOUT THE DAYS OF THE IOWA MISSION OF MERCY EVENT, MARKETING EFFORTS, AND STAFF TRAVEL/SALARY COSTS.
IOWA DENTAL HYGIENTISTS' ASSOCIATION 136 WILLISTON AVE WATERLOO, IA 50702	42-6095419	501(C)6	5,350				FUNDING PROVIDES CONTINUING EDUCATION CLASS PRESENTED TO DENTISTS, DENTAL HYGIENISTS, AND DENTAL ASSISTANTS ON FLUORIDE IN OTC'S, IN-OFFICE VARNISHES, AND SILVER DIAMINE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DEPT OF PUBLIC HEALTH-IOWA BOARD OF PHARMACY 400 SW 8TH STREET STE E DES MOINES, IA 50309	42-6004523	STATE OF IOWA	167,450				FUNDING CONTINUES TO SUPPORT THE PROGRESS OF THE I-SMILE SILVER PROJECT AND EXPAND THE REACH OF I-SMILE SILVER TO ALL AT-RISK IOWA ADULTS, PARTICULARLY ADULTS ENROLLED IN MEDICAID TO ACCESS ORAL HEALTH SERVICES AND MAINTAIN OVERALL AND ORAL HEALTH.
IOWA DEPT OF PUBLIC HEALTH-ORAL HEALTH BUREAU 321 EAST 12TH STREET DES MOINES, IA 50319	42-6004523	STATE OF IOWA	200,000				FUNDING CONTINUES TO SUPPORT I-SMILE@SCHOOL, A STATE WIDE SCHOOL-BASED SEALANT PROGRAM FOR UNDERSERVED CHILDREN.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DEPT OF PUBLIC HEALTH-ORAL HEALTH BUREAU 321 EAST 12TH STREET DES MOINES, IA 50319	42-6004523	STATE OF IOWA	4,000				FUNDING TO ADD TWO ORAL HEALTH QUESTIONS TO THE 2020 IOWA BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM SURVEY ADDRESSING HEALTH BEHAVIORS AND OUTCOMES OF U.S. ADULTS.
IOWA DEPT OF PUBLIC HEALTH-ORAL HEALTH BUREAU 321 EAST 12TH STREET DES MOINES, IA 50319	42-6004523	STATE OF IOWA	1,500				FUNDING WILL BE USED BY THE CAVITY FREE IOWA COALITION TO SEND A LETTER TO ALL GENERAL AND PEDIATRIC DENTISTS IN IOWA TO EXPLAIN THE CAVITY FREE IOWA PROGRAM AND WHY TO SUPPORT USE OF FLUORIDE VARNISH.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEOKUK COMMUNITY SCHOOL DISTRICT 727 WASHINGTON STREET KEOKUK, IA 52632	42-6002226	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR KEOKUK HIGH SCHOOL.
KEOKUK COMMUNITY SCHOOL DISTRICT 727 WASHINGTON STREET KEOKUK, IA 52632	42-6002226	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR KEOKUK MIDDLE SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINN MAR COMMUNITY SCHOOL DISTRICT 31111 N 10TH STREET MARION, IA 52302	42-1495648	STATE OF IOWA		6,443	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NOVAK ELEMENTARY SCHOOL.
MARION COUNTY PUBLIC HEALTH 2003 LINCOLN STREET KNOXVILLE, IA 50138	42-6004844	501(C)3	12,500				FUNDING CONTRIBUTES TO THE I-SMILE "HEALTHY MOUTHS, HEALTHY MOMS ORAL HEALTH INITIATIVE THAT WILL FOCUS ON THE ORAL HEALTH OF PREGNANT WOMEN WITH A SPECIAL EMPHASIS ON EDUCATING THAT ORAL HEALTH IS AN IMPORTANT PART OF PRENATAL CARE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION COUNTY PUBLIC HEALTH 2003 LINCOLN STREET KNOXVILLE, IA 50138	42-6004844	501(C)3		1,972	AMOUNT PAID	PROVIDED 8,064 TOOTHBRUSHES	PROVIDED 8,064 TOOTHBRUSHES TO MARION COUNTY PUBLIC HEALTH.
MATURA ACTION CORPORATION 207 B NORTH ELM STREET CRESTON, IA 50801	42-0920388	501(C)3	6,000				FUNDING WILL PROVIDE OUTREACH AND COORDINATION FOR DENTAL SCREENINGS BY COLLABORATING WITH THE CHILD CARE NURSE CONSULTANT TO REACH THOSE CHILDREN WHO FALL BETWEEN THE GAPS OF DENTAL SERVICE, WITH A FOCUS ON THOSE AT IN-HOME CHILDCARE SETTINGS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATURA ACTION CORPORATION 207 B NORTH ELM STREET CRESTON, IA 50801	42-0920388	501(C)3		604	AMOUNT PAID	PROVIDED 2,304 TOOTHBRUSHES	PROVIDED 2,304 TOOTHBRUSHES TO MATURA SOUTH.
MATURA ACTION CORPORATION 207 B NORTH ELM STREET CRESTON, IA 50801	42-0920388	501(C)3		192	AMOUNT PAID	PROVIDED 864 TOOTHBRUSHES	PROVIDED 864 TOOTHBRUSHES TO MATURA HEAD START.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-IOWA COMMUNITY ACTION INC 1001 S 18TH AVE MARSHALLTOWN, IA 50158	42-0923311	501(C)3	6,060				FUNDING WILL ASSIST WITH STORY COUNTY DENTAL CLINIC EQUIPMENT REPLACEMENT TO CONTINUE TO PROVIDE LONG-TERM IMPACT FOR PATIENTS AND PRACTITIONERS, WHO WILL HAVE A HIGHER LEVEL OF DIAGNOSTIC AND THERAPEUTIC EFFECTIVENESS.
MID-IOWA COMMUNITY ACTION INC 1001 S 18TH AVE MARSHALLTOWN, IA 50158	42-0923311	501(C)3	3,500				FUNDING WILL PROVIDE A HEALTH CARE INSTITUTE FOR LIMITED-INCOME FAMILIES WITH CHILDREN AGES 0-5.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-IOWA COMMUNITY ACTION INC 1001 S 18TH AVE MARSHALLTOWN, IA 50158	42-0923311	501(C)3		2,434	AMOUNT PAID	PROVIDED 9,504 TOOTHBRUSHES	PROVIDED 9,504 TOOTHBRUSHES TO I-SMILE AND HEAD START PROGRAMS
NASHUA-PLAINFIELD COMMUNITY SCHOOL DISTRICT 621 PANAMA STREET NASHUA, IA 50658	42-6039480	STATE OF IOWA		4,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NASHUA-PLAINFIELD ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHUA-PLAINFIELD COMMUNITY SCHOOL DISTRICT 621 PANAMA STREET NASHUA, IA 50658	42-6039480	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR NASHUA-PLAINFIELD JUNIOR HIGH/HIGH SCHOOL.
SOUTH CENTRAL CALHOUN COMMUNITY SCHOOL DISTRICT 709 WEST MAIN LAKE CITY, IA 51449	46-4443300	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SOUTH CENTRAL CALHOUN HIGH SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL CALHOUN COMMUNITY SCHOOL DISTRICT 709 WEST MAIN LAKE CITY, IA 51449	46-4443300	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SOUTH CENTRAL CALHOUN ELEMENTARY SCHOOL.
SPECIAL OLYMPICS IOWA 551 SE DOVETAIL ROAD GRIMES, IA 50111	51-0176029	501(C)3	5,000				FUNDING FOR THE HEALTHY ATHLETES SPECIAL SMILES EDUCATION AND SCREENING PROGRAM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY CHILD AND FAMILY DEVELOPMENT 205 ADAMS STREET STE 2 WATERLOO, IA 50703	42-1020922	501(C)3	48,939				FUNDING FOR ORAL HEALTH CARE SERVICES PRIMARILY FOR THE EASTSIDE COMMUNITY OF WATERLOO FOR THE CHILDREN OF TRI-COUNTY HEAD START PROGRAM AND PARTICIPANTS OF GRUNDY AND BUCHANAN COUNTIES.
TRI-COUNTY CHILD AND FAMILY DEVELOPMENT 205 ADAMS STREET STE 2 WATERLOO, IA 50703	42-1020922	501(C)3		2,054	AMOUNT PAID	PROVIDED 8,352 TOOTHBRUSHES	PROVIDED 8,352 TOOTHBRUSHES TO TRI-COUNTY CHILD AND FAMILY DEVELOPMENT.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	24,890			.	FUNDING TO SUPPORT THE PROJECT TO FOCUS ON INCREASING THE KNOWLEDGE AND SKILL OF AFRICAN REFUGEES/IMMIGRANTS TO FULFILL THE HEALTHY BEHAVIORS REQUIREMENT OF THE DWP ENSURING MORE REFUGEES WILL QUALIFY FOR FULL DENTAL BENEFITS AND INCREASE UTILIZATION OF PREVENTIVE ORAL HEALTH SERVICES.
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	13,776			.	FUNDING FOR THE UNIVERSITY OF IOWA COLLEGE OF DENTISTRY'S 2019 STUDENTS ORAL HEALTH PROJECTS.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	12,700			.	FUNDING FOR THE MIDWEST DENTAL PUBLIC HEALTH CONFERENCE ANNUAL SESSION 2019.
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	12,500			.	FUNDING WILL CONTRIBUTE TO THE TOTS TO TEENS: MEETING THE CHALLENGE OF TODAY'S PEDIATRIC DENTAL PATIENT CONFERENCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA COLLEGE OF DENTISTRY 801 NEWTON STREET IOWA CITY, IA 52242	42-6004813	STATE OF IOWA	3,500			.	FUNDING FOR UNIVESITY OF IOWA COLLEGE OF DENTISTRY PEDIATRIC DENTAL RESIDENT OUTREACH PROJECT.
URBANDALE COMMUNITY SCHOOL DISTRICT 11152 AURORA AVENUE URBANDALE, IA 50322	42-6039212	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WEBSTER ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBANDALE COMMUNITY SCHOOL DISTRICT 11152 AURORA AVENUE URBANDALE, IA 50322	42-6039212	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ROLLING GREEN ELEMENTARY SCHOOL.
URBANDALE COMMUNITY SCHOOL DISTRICT 11152 AURORA AVENUE URBANDALE, IA 50322	42-6039212	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO KAREN ACRES ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE SERVICES 1111 9TH ST STE 320 DES MOINES, IA 50314	42-0680446	501(C)3	9,025				FUNDING TO EXPAND SERVICES AS PART OF THE CAVITY FREE IOWA PROJECT GAP TO IMPROVE THE OVERALL HEALTH OF IOWA'S CHILDREN.
VISITING NURSE SERVICES 1111 9TH ST STE 320 DES MOINES, IA 50314	42-0680446	501(C)3		2,687	AMOUNT PAID	PROVIDED 11,232 TOOTHBRUSHES	PROVIDED 11,232 TOOTHBRUSHES TO VISITING NURSE SERVICES CEDAR RAPIDS I-SMILE PROGRAM.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE SERVICES 1111 9TH ST STE 320 DES MOINES, IA 50314	42-0680446	501(C)3		710	AMOUNT PAID	PROVIDED 2,592 TOOTHBRUSHES	PROVIDED 2,592 TOOTHBRUSHES TO VISITING NURSE SERVICES DES MOINES I-SMILE PROGRAM.
WASHINGTON COUNTY PUBLIC HEALTH 110 N IOWA AVE WASHINGTON, IA 52353	42-6005319	STATE OF IOWA		4,387	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR CITY OF WASHINGTON.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY PUBLIC HEALTH 110 N IOWA AVE WASHINGTON, IA 52353	42-6005319	STATE OF IOWA		2,806	AMOUNT PAID	PROVIDED 10,944 TOOTHBRUSHES	PROVIDED 10,944 TOOTHBRUSHES TO WASHINGTON COUNTY PUBLIC HEALTH.
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		1,766	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR HIGHLAND ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		1,766	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR LOU HENRY ELEMENTARY SCHOOL.
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		1,766	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR ORANGE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		1,338	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR EXPO ALTERNATIVE LEARNING CENTER.
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		1,338	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR DR WALTER CUNNINGHAM SCHOOL FOR EXCELLENCE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERLOO COMMUNITY SCHOOL DISTRICT 1516 WASHINGTON STREET WATERLOO, IA 50702	42-6003910	STATE OF IOWA		88	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO LOWELL ELEMENTARY SCHOOL.
WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRICT 214 CHERRY STREET SHELL ROCK, IA 50670	42-6000882	STATE OF IOWA		6,488	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SOUTHEAST ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRICT 214 CHERRY STREET SHELL ROCK, IA 50670	42-6000882	STATE OF IOWA		3,988	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WEST CEDAR ELEMENTARY SCHOOL.
WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRICT 214 CHERRY STREET SHELL ROCK, IA 50670	42-6000882	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SHELL ROCK ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAVERLY-SHELL ROCK COMMUNITY SCHOOL DISTRICT 214 CHERRY STREET SHELL ROCK, IA 50670	42-6000882	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR MARGARETTA CAREY ELEMENTARY SCHOOL.
WEBSTER CITY COMMUNITY SCHOOL DISTRICT 820 DES MOINES STREET WEBSTER CITY, IA 50595	42-6021630	STATE OF IOWA		4,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WEBSTER CITY HIGH SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEBSTER CITY COMMUNITY SCHOOL DISTRICT 820 DES MOINES STREET WEBSTER CITY, IA 50595	42-6021630	STATE OF IOWA		3,908	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WEBSTER CITY MIDDLE SCHOOL.
WEBSTER CITY COMMUNITY SCHOOL DISTRICT 820 DES MOINES STREET WEBSTER CITY, IA 50595	42-6021630	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR SUNSET HEIGHTS ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CENTRAL VALLEY COMMUNITY SCHOOL DISTRICT 320 NE 3RD STREET STUART, IA 50250	42-1516482	STATE OF IOWA		4,210	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR STUART ELEMENTARY SCHOOL.
WEST CENTRAL VALLEY COMMUNITY SCHOOL DISTRICT 320 NE 3RD STREET STUART, IA 50250	42-1516482	STATE OF IOWA		4,210	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WEST CENTRAL VALLEY HIGH SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CENTRAL VALLEY COMMUNITY SCHOOL DISTRICT 320 NE 3RD STREET STUART, IA 50250	42-1516482	STATE OF IOWA		307	AMOUNT PAID	PROVIDED 504 TOOTHBRUSHES, PASTE, AND FLOSS	PROVIDED 504 TOOTHBRUSHES, PASTE, AND FLOSS TO WEST CENTRAL VALLEY COMMUNITY SCHOOLS.
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		4,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WESTRIDGE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		2,836	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR CROSSROADS PARK ELEMENTARY SCHOOL.
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR FAIRMEADOWS ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		2,408	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR STILWELL JUNIOR HIGH SCHOOL.
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO HILLSIDE ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO FAIRMEADOWS ELEMENTARY SCHOOL.
WEST DES MOINES COMMUNITY SCHOOLS 3550 MILLS CIVIC PARKWAY WEST DES MOINES, IA 50265	42-6004027	STATE OF IOWA		87	AMOUNT PAID	PROVIDED 144 TOOTHBRUSHES, PASTE AND FLOSS	PROVIDED 144 TOOTHBRUSHES, PASTE, AND FLOSS TO CRESTVIEW ELEMENTARY SCHOOL.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTERSET COMMUNITY SCHOOL DISTRICT 404 S 2ND STREET WINTERSET, IA 50273	42-6036418	STATE OF IOWA		5,943	AMOUNT PAID	WATER BOTTLE FILLING STATION	INSTALLED A WATER BOTTLE FILLING STATION FOR WINTERSET ELEMENTARY SCHOOL.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	EFFECTIVE JANUARY 1, 2016, 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 PORTION OF A PARTICIPANT'S ACCOUNT BALANCE ALLOCATED TO A PARTICULAR PLAN YEAR'S AWARD BECOMES VESTED ON JANUARY 1ST OF THE FOURTH YEAR FOLLOWING THE PLAN YEAR FOR WHICH THE AWARD IS GRANTED. THAT AMOUNT IS THEN PAID TO THE OFFICER. OTHER THAN THE VESTING CRITERIA, THE OFFICERS CANNOT ACCESS THE FUNDS UNTIL RETIREMENT, LEAVING THE COMPANY, OR DEATH. OFFICERS WHO RECEIVED DEPOSITS IN 2019 FROM DELTA DENTAL OF IOWA AND THE AMOUNTS ARE: JEFFREY S. RUSSELL \$ 54,727 SHERRY PERKINS \$ 8,162 SUZANNE HECKENLAIBLE \$ 6,792 JEFF CHAFFIN \$ 29,254 OFFICERS THAT RECEIVED PAYMENTS OF VESTED AMOUNTS IN 2019 AND THE AMOUNTS ARE: JEFFREY S. RUSSELL \$ 118,975 SHERRY PERKINS \$ 35,456 SUZANNE HECKENLAIBLE \$ 27,516 JEFF CHAFFIN \$ 75,295 THE OFFICERS OF DELTA DENTAL OF IOWA, A RELATED ORGANIZATION, PARTICIPATE IN A LONG-TERM INCENTIVE PLAN. THE PLAN IS INTENDED AND AT ALL TIMES SHALL BE AN UNFUNDED AND UNSECURED PLAN THAT IS LIMITED TO KEY MANAGEMENT EMPLOYEES OF THE ORGANIZATION DESIGNED TO ENHANCE THE BOARD'S EFFORT AT RETENTION OF ITS EXECUTIVE STAFF. NO PAYMENTS WERE MADE IN 2019.
SCHEDULE J, PART I, LINE 3	THE EXECUTIVE DIRECTOR AND OFFICERS EXCLUDING THE CHAIR AND VICE 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
DELTA DENTAL OF IOWA FOUNDATION**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

26-0762771

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	J. CHAFFIN HAD A PROVIDER-RELATED BUSINESS RELATIONSHIP WITH "DELTA DENTAL OF IOWA" BOARD MEMBER D. GRANT IN 2019. T. RODGERS HAD A BUSINESS RELATIONSHIP WITH L. CURRY AND H. COWEN IN 2019. D. CAPLAN HAD A BUSINESS RELATIONSHIP WITH H. COWEN, K. JONES, AND T. RODGERS IN 2019. R. CROSBIE HAD A BUSINESS RELATIONSHIP WITH "DELTA DENTAL OF IOWA" BOARD MEMBER E. BROWN IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE FOUNDATION BOARD APPROVED A NEW MISSION IN NOVEMBER AND THE MEMBER ("DELTA DENTAL OF IOWA") APPROVED IN DECEMBER 2019. ARTICLES OF AMENDMENT WAS FILED IN JANUARY 2020 WITH THEIR NEW MISSION "THE CORPORATION IS ORGANIZED TO STRENGTHEN AND TRANSFORM THE HEALTH AND SMILES OF ALL IOWANS. NOTWITHSTANDING THE FOREGOING, HOWEVER, THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW)".

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH DIRECTOR SHALL BE ELECTED BY THE MEMBER. IN ELECTING DIRECTORS, THE MEMBER MAY SEEK R ECOMMENDATIONS FROM THE FOUNDATION'S BOARD OR A COMMITTEE OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR AND OFFICERS EXCLUDING THE CHAIR AND VICE CHAIR OF THE BOARD ARE EMPLOYEES OF DELTA DENTAL. DELTA DENTAL OF IOWA CHARGES THE FOUNDATION A MANAGEMENT FEE FOR THE TIME SPENT BY THE PRESIDENT, SECRETARY AND TREASURER, AND EXECUTIVE DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RECOVERIES OF PRIOR YEAR GRANTS 6,735. BOARD MEMBER FEES WAIVED -5,400.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 13:	THE FOUNDATION DOES NOT HAVE A WHISTELEBLOWER POLICY AS IT HAS NO EMPLOYEES. THE FOUNDATION PURCHASES MANAGEMENT SERVICES FROM DELTA DENTAL. DELTA DENTAL OF IOWA HAS A WRITTEN WHISTELEBLOWER 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)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" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA DENTAL OF IOWA	C	4,703,950	SEE PART VII - SUPPLEMENTAL INFO.
(2) DELTA DENTAL OF IOWA	O	352,940	HOURS WORKED

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**

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

Return Reference	Explanation
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. THE AMOUNT REPORTED INCLUDES A CONTRIBUTION OF \$4,703,950 WHICH IS A PROMISE TO GIVE.

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2(2), COLUMN B:	MANAGEMENT FEES OF \$352,940 WERE PAID TO DELTA DENTAL OF IOWA WHICH COULD ALSO BE CLASSIFIED UNDER CODE M.