

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

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

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

**C** Name of organization: DELTA DENTAL FUND  
 D/B/A DELTA DENTAL FOUNDATION  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO BOX 30416  
 City or town, state or province, country, and ZIP or foreign postal code: LANSING, MI 489097916

**D** Employer identification number: 38-2337000  
**E** Telephone number: (517) 349-6000  
**G** Gross receipts \$ 88,223,546

**F** Name and address of principal officer:  
 JOHN A BREZA  
 PO BOX 30416  
 LANSING, MI 489097916

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.DELTADENTALMI.COM/DDF

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1980 **M** State of legal domicile: MI

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 SEE SCHEDULE O DELTA DENTAL FUND'S MISSION IS TO IMPROVE THE ORAL HEALTH OF THE PUBLIC AND TO ADVANCE DENTAL SCIENCE AND THE DENTAL PROFESSION THROUGH RESEARCH AND EDUCATION.

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

|  |    |    |
|--|----|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 3  | 14 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 10 |
| <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | 5  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  | 0  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11       | 7b | 0  |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 15,404,000 | 10,106,242   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0          | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 13,046,044 | 10,777,227   |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0          | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 28,450,044 | 20,883,469   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 3,529,266  | 4,058,341    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 20,000     | 23,000       |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 1,181,373  | 1,337,697    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 4,730,639  | 5,419,038    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 23,719,405 | 15,464,431   |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 112,707,493               | 137,389,492 |
| <b>21</b> Total liabilities (Part X, line 26)                        | 1,798,278                 | 1,623,539   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 110,909,215               | 135,765,953 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2022-11-07

Preparer: AMY BASEL CHIEF FINANCIAL OFFICER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2022-11-07  
 Check  if self-employed PTIN: P00378651

Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951  
 Firm's address ▶ 1111 MICHIGAN AVE STE 100 Phone no. (517) 332-6200  
 EAST LANSING, MI 48823

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

DELTA DENTAL FUND'S MISSION IS TO IMPROVE THE ORAL HEALTH OF THE PUBLIC AND TO ADVANCE DENTAL SCIENCE AND THE DENTAL PROFESSION THROUGH RESEARCH AND EDUCATION.

**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 \$ 4,975,104 including grants of \$ 4,058,341 ) (Revenue \$ )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 4,975,104

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.  | Yes |    |
| <b>3</b>   | 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  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> 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   |     | No |
| <b>5</b>   | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  |     | No |
| <b>6</b>   | 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  |     | No |
| <b>7</b>   | 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  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | No |
| <b>9</b>   | 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             |     | No |
| <b>10</b>  | 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  |     | No |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| <b>11a</b> | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  |     | No |
| <b>11b</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   |     | No |
| <b>11c</b> | Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | No |
| <b>11d</b> | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | No |
| <b>11e</b> | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Yes |    |
| <b>11f</b> | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | Yes |    |
| <b>12b</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   | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>14b</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 |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | No |
| <b>19</b>  | 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  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>20b</b> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | Yes |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question ID, Question Text, Answer Field, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: AMY BASEL CHIEF FINANCIAL OFFICER 4100 OKEMOS ROAD OKEMOS, MI 48864 (517) 349-6000

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) GORAN JURKOVIC CPA<br>PRESIDENT & BOARD TRUSTEE | 1.00<br>49.00  | X   |                       | X       |              |                              |        | 0<br>6,436,475  | 2,150,877  |   |
| (2) AMY BASEL CPA<br>CHIEF FINANCIAL OFFICER        | 1.00<br>49.00  |   |                       | X       |              |                              |        | 0<br>1,522,877  | 446,465  |   |
| (3) HOLLI SEABURY<br>EXECUTIVE DIRECTOR             | 10.00<br>40.00   |   |                       | X       |              |                              |        | 0<br>236,237  | 51,183   |   |
| (4) ERIN DULING CPA<br>TREASURER                    | 1.00<br>49.00  |   |                       | X       |              |                              |        | 0<br>179,053  | 42,426   |   |
| (5) JORDAN LEAMING<br>SECRETARY                     | 1.00<br>49.00  |   |                       | X       |              |                              |        | 0<br>168,220  | 7,130  |   |
| (6) ELAINE LOYACK<br>TRUSTEE                        | 1.00<br>49.00  | X   |                       |         |              |                              |        | 0<br>113,588  | 33,710   |   |
| (7) JOSEPH C HARRIS DDS<br>TRUSTEE                  | 1.00<br>10.00  | X   |                       |         |              |                              |        | 2,000<br>114,531  | 0  |   |
| (8) STEPHEN A EKLUND DDS MSHA PHD<br>TRUSTEE        | 1.00<br>10.00  | X   |                       |         |              |                              |        | 2,000<br>84,996   | 0  |   |
| (9) KELLY J SCHEIDERER<br>VICE CHAIRPERSON          | 1.00<br>10.00  | X   |                       | X       |              |                              |        | 2,000<br>82,500   | 0  |   |
| (10) ANN FLERMOEN DDS<br>TRUSTEE                    | 1.00<br>15.00  | X   |                       |         |              |                              |        | 2,000<br>80,750   | 0  |   |
| (11) CAROLE SIMONETTI WATKINS<br>TRUSTEE            | 1.00<br>10.00  | X   |                       |         |              |                              |        | 2,000<br>66,996   | 0  |   |
| (12) RAYMOND F GIST<br>TRUSTEE                      | 1.00<br>5.00   | X   |                       |         |              |                              |        | 2,000<br>60,000   | 0  |   |
| (13) BRUCE R SMITH<br>TRUSTEE                       | 1.00<br>5.00   | X   |                       |         |              |                              |        | 2,000<br>19,165   | 0  |   |
| (14) JOHN A BREZA DDS<br>CHAIRPERSON                | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 2,000<br>0  | 0  |   |
| (15) LAWRENCE D CRAWFORD DDS<br>TRUSTEE             | 1.00<br>0.00   | X   |                       |         |              |                              |        | 2,000<br>0  | 0  |   |
| (16) JAMES P HALLAN<br>TRUSTEE                      | 1.00<br>0.00   | X   |                       |         |              |                              |        | 2,000<br>0  | 0  |   |
| (17) TASHA BLACKMON<br>TRUSTEE                      | 1.00<br>0.00   | X   |                       |         |              |                              |        | 1,500<br>0  | 0  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) FRAIYAZ N SYED MD MPH<br>.....<br>TRUSTEE                           | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 1,500   | 0  | 0   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 23,000  | 9,165,388  | 2,731,791   |

**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 |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> 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 |    |
| <b>5</b> 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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**



Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 3,513,831             | 3,513,831                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 544,510               | 544,510                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 23,000                | 14,950                          | 8,050                                  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 882,681               | 814,891                         | 67,790                                 |                             |
| <b>b</b> Legal . . . . .   |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .  | 27,068                |                                 | 27,068                                 |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 253,226               |                                 | 253,226                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .  | 64,708                | 64,708                          |  |                             |
| <b>13</b> Office expenses . . . . .  | 19,230                | 2,714                           | 16,516                                 |                             |
| <b>14</b> Information technology . . . . .   | 36,511                |                                 | 36,511                                 |                             |
| <b>15</b> Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  |                       |                                 |  |                             |
| <b>17</b> Travel . . . . .   | 241                   |                                 | 241                                    |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| <b>23</b> Insurance . . . . .  | 34,317                |                                 | 34,317                                 |                             |
| <b>24</b> 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.)  |                       |                                 |  |                             |
| <b>a</b> DENTAL ED SEMINARS  | 19,500                | 19,500                          |  |                             |
| <b>b</b> REGULATORY FEES   | 215                   |                                 | 215                                    |                             |
| <b>c</b>   |                       |                                 |  |                             |
| <b>d</b>   |                       |                                 |  |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 5,419,038             | 4,975,104                       | 443,934                                | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 1,601,272                | <b>1</b>    | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 446,649                  | <b>2</b>    | 1,223,354          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 993,973                  | <b>3</b>    | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>    |                    |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 12,000                   | <b>9</b>    | 0                  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |             |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>               |             | <b>10c</b>         |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 109,499,878              | <b>11</b>   | 136,041,226        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 153,721                  | <b>13</b>   | 124,912            |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 112,707,493  | <b>16</b>                | 137,389,492 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 1,618,084                | <b>17</b>   | 1,468,293          |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>   |                    |
|   | <b>22</b> 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 . . . . . |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   |                    |
|   | <b>25</b> 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  | 180,194                  | <b>25</b>   | 155,246            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,798,278                | <b>26</b>   | 1,623,539          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 108,534,697              | <b>27</b>   | 129,858,518        |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 2,374,518                | <b>28</b>   | 5,907,435          |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 110,909,215  | <b>32</b>                | 135,765,953 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 112,707,493  | <b>33</b>                | 137,389,492 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 20,883,469  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,419,038   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 15,464,431  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 110,909,215 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 9,392,307   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 135,765,953 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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?
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

**Software ID:****Software Version:****EIN:** 38-2337000**Name:** DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

Form 990 (2021)

**Form 990, Part III, Line 4a:**

THE DELTA DENTAL FUND'S (FUND) MISSION IS TO DEVELOP AND ENHANCE PARTNERSHIPS AND PROGRAMS TO IMPROVE ORAL AND OVERALL HEALTH. THE FUND HAS BEEN COMMITTED TO THIS PURPOSE FOR OVER FOUR DECADES. OVER THAT TIME, THOUSANDS HAVE BENEFITED FROM GRANTS AND SCHOLARSHIPS PROVIDED BY THE FUND. SINCE IT WAS ESTABLISHED IN 1980, THE FUND HAS CONTINUALLY INCREASED ITS EFFORTS TO ACHIEVE THESE GOALS IN MICHIGAN, OHIO, INDIANA AND NORTH CAROLINA. SEE SCHEDULE O FOR CONTINUATIONS SINCE 1980, THE INAUGURAL YEAR FOR THE FUND, OVER 1000 DENTAL STUDENTS HAVE BEEN SUPPORTED THROUGH THE SCHOLARSHIP PROGRAM AND STUDENT LEADERSHIP AWARDS. IN 2021, 27 DENTAL, DENTAL HYGIENE, AND DENTAL ASSISTANT STUDENTS FROM DENTAL AND DENTAL HYGIENE SCHOOLS IN MICHIGAN, OHIO AND INDIANA, RECEIVED FINANCIAL GRANTS THROUGH THE FUND TO APPLY TOWARD THE COST OF EDUCATION. THE FUND HAS PROVIDED NEARLY \$2 MILLION IN SCHOLARSHIPS SINCE ITS INCEPTION. FURTHER, COMMUNITY COMMITMENT AWARDS OF \$25,000 EACH WERE AWARDED TO FIVE GRADUATING DENTAL STUDENTS WHO COMMITTED TO PRACTICING FOR ONE YEAR IN AN IDENTIFIED HIGH-NEEDS COMMUNITY IN MICHIGAN, OHIO AND INDIANA. WITH THE GOAL OF MAKING DENTAL EDUCATION MORE ACCESSIBLE, HELPING TO DIVERSIFY THE DENTAL PROFESSION, AND IMPROVING ORAL HEALTH EQUITY, THE DDF LAUNCHED A NEW, \$25,000 DIVERSITY DENTAL SCHOLARSHIP IN 2021. GIVEN ANNUALLY, THIS SCHOLARSHIP WILL BE AWARDED TO A STUDENT FROM A SYSTEMICALLY DISADVANTAGED RACIAL AND ETHNIC BACKGROUND ENTERING DENTAL SCHOOL. THE SCHOLARSHIPS ARE GIVEN TO ONE STUDENT FROM EACH DENTAL SCHOOL IN MICHIGAN, OHIO AND INDIANA. EDUCATION DOES NOT STOP WITH GRADUATION. CONTINUING EDUCATION IS NECESSARY TO STAY CURRENT WITH ADVANCEMENTS IN TREATMENT AND POLICIES AND IS MANDATORY TO MAINTAINING A LICENSE IN SOME STATES. THE FUND ASSISTED PRACTICING DENTISTS BY SPONSORING AND CO-SPONSORING SEMINARS IN DENTAL SCIENCE AND RELATED TOPICS. IN 2021, THE FUND PARTNERED WITH THE UNIVERSITY OF MICHIGAN SCHOOL OF DENTISTRY TO SUPPORT TWO CONTINUING EDUCATION SEMINARS, THAT WERE ATTENDED BY OVER 150 DENTAL PROFESSIONALS. IN 2021, THE COMMUNITY MINI-GRANT PROGRAM CONTINUED IN MICHIGAN, OHIO AND INDIANA. THROUGH THE PROGRAM, 66 ORGANIZATIONS WERE AWARDED A TOTAL OF OVER \$213,000 IN SMALL GRANTS OF \$5,000 OR LESS TO IMPROVE ORAL HEALTH IN THE COMMUNITIES IN WHICH THE FUND SERVES. NINETEEN NON-PROFIT ORGANIZATIONS WERE AWARDED FUNDING THROUGH THE SMILES FOR KIDS GRANT PROGRAM, WHICH FOCUSES EXCLUSIVELY ON CHILDREN'S ORAL HEALTH. 2021 MARKED THE ELEVENTH YEAR THAT THESE GRANTS HAVE BEEN OFFERED IN NORTH CAROLINA. IN 2021, THE FUND CONTINUED TO RESPOND TO THE COVID-19 PANDEMIC. THE FUND AWARDED \$440,000 TO SAFETY-NET DENTAL CLINICS IN MICHIGAN, OHIO AND INDIANA THROUGH THE COVID-19 DENTAL EQUIPMENT FUND. QUALIFIED APPLICANTS INCLUDED FEDERALLY QUALIFIED HEALTH CENTERS, COMMUNITY HEALTH DEPARTMENTS, SCHOOL-BASED DENTAL CENTERS, VOLUNTEER CLINICS, AND OTHER SAFETY-NET DENTAL CLINICS. IN 2021, THE FUND SUPPORTED PROGRAMS FOCUSED ON ACCESS TO ORAL HEALTH CARE FOR PEOPLE WITH DISABILITIES INCLUDING: THE MEDICAID MEDICARE CHIP SERVICES DENTAL ASSOCIATION FOR EXPLORATION OF A MEDICAID CARVE-OUT TO PROTECT DENTAL BENEFITS FOR THOSE WITH DISABILITIES, PROVIDER TRAINING BY FUNDING AN ENDURING SERIES OF FREE, ONLINE COURSES OFFERED THROUGH PENN DENTAL MEDICINE AND THE NATIONAL ALL SMILES SHINE CAMPAIGN AND ASSOCIATED APP, DESIGNED TO HELP CHILDREN WITH AUTISM HAVE BETTER DENTAL VISITS. THE FUND ALSO COMMITTED MORE THAN \$500,000 TO DEVELOP CENTERS FOR INCLUSIVE DENTISTRY, A PROJECT TO PROVIDE RESOURCES AND IMMERSIVE TRAINING TO DELIVER HIGH-QUALITY DENTAL TREATMENT TO PEOPLE WITH DISABILITIES AT DESIGNATED FEDERALLY QUALIFIED HEALTH CENTERS. IN ADDITION, TWO LARGE PROJECTS CAME TO FRUITION: THE UNIVERSITY OF MICHIGAN SCHOOL OF DENTISTRY'S DELTA DENTAL INTEGRATED SPECIAL CARE CLINIC AND THE OHIO STATE UNIVERSITY COLLEGE OF DENTISTRY'S DELTA DENTAL FOUNDATION AMBULATORY SURGICAL CENTER. BOTH OF THESE CLINICS WERE DESIGNED TO CARE FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND OPENED THEIR DOORS IN 2021. TO FURTHER THE FUND'S COMMITMENT TOWARD EDUCATING AND TRAINING THE NEXT GENERATION OF PROVIDERS TO BETTER SERVE PEOPLE WITH DISABILITIES (AND PROMOTE MEDICAL-DENTAL INTEGRATION), THE DDF ALSO GRANTED NEARLY \$150,000 TO THE OHIO STATE UNIVERSITY NISONGER CENTER. THE NISONGER CENTER AIMS TO EXPAND THEIR ABILITY TO TRAIN ORAL HEALTH PROFESSIONALS WHO CAN BEST CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. THE FUND ALSO RENEWED FUNDING FOR THE IMPRESSION 5 SCIENCE CENTER STEM KIT PROGRAM. EVERY OTHER MONTH, IMPRESSION 5 SCIENCE CENTER DISTRIBUTES EDUCATION KITS TO HEAD START CHILDREN THREE TO FIVE YEARS OLD IN THE LANSING, MICHIGAN, AREA. EACH KIT HAS A DIFFERENT THEME, INCLUDING SCIENCE AND ORAL HEALTH, WITH CONCEPTS THAT INCORPORATE SOCIAL-EMOTIONAL DEVELOPMENT, LITERACY AND MATH. THE FUND HAS HELPED FUND VICTORS FOR VETERANS SINCE 2017 AND HAS COMMITTED AN ADDITIONAL \$270,000 OVER THE NEXT THREE YEARS. THE PROGRAM IS PART OF A FOUR-YEAR "IMMERSION PATHWAY" AT THE UNIVERSITY OF MICHIGAN SCHOOL OF DENTISTRY, WHEREIN STUDENTS DIRECT THEIR OWN LEARNING THROUGH AN IMMERSIVE CAPSTONE PROJECT. THE FUND CONTINUED ITS PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE SEAL MICHIGAN SCHOOL-BASED SEALANT AND COMMUNITY WATER FLUORIDATION PROGRAMS, AS WELL AS THE OHIO DEPARTMENT OF HEALTH FOR THEIR FLUORIDATION ASSISTANCE PROGRAM. THE FUND HAS HEARD, TIME AND TIME AGAIN, THAT WHILE MANY OPTIONS FOR AFFORDABLE DENTAL CARE EXIST, FEW PEOPLE ACTUALLY KNOW ABOUT OR TAKE ADVANTAGE OF THEM, TO HELP MAKE MORE OF THOSE CONNECTIONS, THE FUND LAUNCHED SMILE HELP NOW, A WEB-BASED DIRECTORY THAT HELPS USERS FIND A PROVIDER IN MICHIGAN, OHIO OR INDIANA WHO PROVIDES NO- OR LOW-COST CARE, CHARGES ON A SLIDING-FEE SCALE OR ACCEPTS MEDICAID. THE FUND CONTINUED ITS PARTNERSHIP WITH MCMILLEN HEALTH BY PROVIDING FUNDING FOR THE BRUSH PRE-SCHOOL ORAL HEALTH PROGRAM AND "I NEED MY TEETH," AN ORAL HEALTH MUSICAL PRODUCTION. MCMILLEN CONTINUED PROVIDING THE ASSEMBLY IN A LIVE VIRTUAL FORMAT AND CONTINUE TO OFFER IT TO SCHOOLS IN MICHIGAN, OHIO AND INDIANA. FORTY PERFORMANCES WERE PRESENTED TO SCHOOLS, WHICH REACHED 3782 STUDENTS. 175 TEACHERS AND MORE THAN 300 PARENTS. THE FUND'S TOTAL GRANTS HAVE NOW EXCEEDED \$47 MILLION SINCE ITS INCEPTION. THIS FUNDING HAS IMPROVED ORAL AND OVERALL HEALTH AND HEALTH EQUITY, AND HELPED STUDENTS ACHIEVE THEIR GOALS AND IMPROVED THE WELL-BEING OF THOUSANDS OF CHILDREN AND ADULTS IN THE TRISTATES AND NORTH CAROLINA.

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>DELTA DENTAL FUND<br>D/B/A DELTA DENTAL FOUNDATION | <b>Employer identification number</b><br>38-2337000 |
|---|---|

**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).)
- 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 on 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 PLAN OF MICHIGAN INC | 381791480 | 10   | Yes   |    | 0   | 0   |
| <b>Total</b>                          | <b>1</b>  |  |   |    | <b>0</b>  | <b>0</b>  |

**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<br>(or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . .  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .   |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .   |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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<br>(or fiscal year beginning in) ► |  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b>   | 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 |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**14 First 5 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.** . . . . .

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2021.** 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—2020.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     | No |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   | Yes |    |
| <b>b</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>   | Yes |    |
| <b>c</b> 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>  | Yes |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     | No |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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> |     | No |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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>  |     | No |
| <b>7</b> 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).</i>   |     | No |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     | No |
| <b>9a</b> 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>   |     | No |
| <b>b</b> Did one or more disqualified persons (as defined on 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>  |     | No |
| <b>c</b> Did a disqualified person (as defined on 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>   |     | No |
| <b>10a</b> 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>  |     | No |
| <b>b</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>   |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|          |   | Yes      | No         |
|----------|---|----------|------------|
| <b>1</b> | Did the officers, 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 <b>Part VI</b> 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> |          |            |
|          |   | <b>1</b> | <b>Yes</b> |
| <b>2</b> | 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |          |            |
|          |   | <b>2</b> | <b>No</b>  |

**Section C. Type II Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |          |    |
|          |  | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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? |          |    |
|          |  | <b>1</b> |    |
| <b>2</b> | 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |          |    |
|          |  | <b>2</b> |    |
| <b>3</b> | By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>  |          |    |
|          |  | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |   |           |  |
|----------|---|-----------|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):  |           |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |           |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |           |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)  |           |  |
| <b>2</b> | Activities Test. <b>Answer lines 2a and 2b below.</b>   |           |  |
| <b>a</b> | 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 <b>Part VI</b> 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> |           |  |
|          |   | <b>2a</b> |  |
| <b>b</b> | Did the activities described on line 2a, above 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 <b>Part VI</b> 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>   |           |  |
|          |   | <b>2b</b> |  |
| <b>3</b> | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>   |           |  |
| <b>a</b> | 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>If "Yes" or "No," provide details in <b>Part VI</b>.</i>  |           |  |
|          |   | <b>3a</b> |  |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.</i>  |           |  |
|          |   | <b>3b</b> |  |

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

- 1**  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.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <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)

| <b>Section D - Distributions</b>  |           | <b>Current Year</b> |
|---|-----------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>  |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  | <b>4</b>  |                     |
| <b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )  | <b>5</b>  |                     |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions   | <b>6</b>  |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions | <b>8</b>  |                     |
| <b>9</b> Distributable amount for 2021 from Section C, line 6   | <b>9</b>  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  | <b>10</b> |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2021:  |                                     |   |  |
| <b>a</b> From 2016. . . . .  |                                     |   |  |
| <b>b</b> From 2017. . . . .  |                                     |   |  |
| <b>c</b> From 2018. . . . .  |                                     |   |  |
| <b>d</b> From 2019. . . . .  |                                     |   |  |
| <b>e</b> From 2020. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7:  |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2018. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2019. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2020. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2021. . . . .   |                                     |   |  |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

**990 Schedule A, Supplemental Information**

| Return Reference                         | Explanation  |
|--|--|
| SCHEDULE A, PART IV, SECTION A, LINE 3B: | SUPPORTED ORGANIZATIONS ARE PART OF OUR ENTERPRISE STRUCTURE, AND THE TAX DEPARTMENT KEEPS RECORDS OF THE TAX STATUS OF ALL ENTITIES. THE ENTITIES CONFIRM ANNUALLY THEY WOULD MEET THE SECTION 509(A)(2) PUBLIC SUPPORT TEST. |

## 990 Schedule A, Supplemental Information

| Return Reference                         | Explanation   |
|--|---|
| SCHEDULE A, PART IV, SECTION A, LINE 3C: | AN ANNUAL REPORTING FORM IS DUE TO DELTA DENTAL FUND WITHIN 12 MONTHS OF WHEN THE ORGANIZATION RECEIVES THE GRANT OR PRIOR TO THE ORGANIZATION REQUESTING ADDITIONAL FUNDS. THIS ANNUAL REPORTING FORM DETAILS HOW THE ORGANIZATION PLANS TO SPEND THE GRANT MONEY. |

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

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

**Name of the organization**  
DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

**Employer identification number**  
38-2337000

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> 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 |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
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
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| <b>Total.</b> (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)  |                |
| (10)   |                |
| <b>Total.</b> (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) DEFERRED COMPENSATION FOR DIRECTORS                                  | 22,110         |
| (3) RELATED PARTY PAYABLE  | 133,136        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 155,246        |

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

**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.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 20,626,278 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |            |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 0          |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 20,626,278 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 250,948    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 6,242      |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 257,190    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 20,883,468 |

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

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 5,161,847 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | -6,242    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -6,242    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 5,168,089 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 250,948   |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 250,948   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 5,419,037 |

**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:** 38-2337000

**Name:** DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

## Supplemental Information

| Return Reference                      | Explanation                                   |
|---------------------------------------|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | CONTRIBUTIONS RE-CLASSIFIED TO REVENUE 6,242. |

## Supplemental Information

| Return Reference                       | Explanation                                    |
|--|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | CONTRIBUTIONS RE-CLASSIFIED TO REVENUE -6,242. |

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**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

Employer identification number  
38-2337000

**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 . . . . . ▶ 70

**3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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) SCHOLARSHIPS                   | 10                       | 146,500                  |                                  | CASH  | SUPPORT FOR DENTAL, DENTAL HYGIENE AND DENTAL ASSISTANT STUDENTS     |
| (2) COMMUNITY COMMITMENT AWARD     | 10                       | 112,500                  |                                  | CASH  | AWARD TO GRADUATING SENIOR WHO IS PRACTICING IN AN AREA OF HIGH NEED |
| (3) ORAL HEALTH MATERIALS/SUPPLIES |                          |                          | 285,510                          | FMV   | ORAL HEALTH RELATED GIVEAWAYS  |
| (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 FUND (DDF) IS DEDICATED TO DEVELOPING AND ENHANCING PARTNERSHIPS AND PROGRAMS TO IMPROVE ORAL AND OVERALL HEALTH AND HEALTH EQUITY, AND FOCUSES ITS SUPPORT IN THESE CATEGORIES: -INCREASING DENTAL ACCESS TO UNDERSERVED AND HIGH-RISK POPULATIONS -PROVIDING EDUCATIONAL PROGRAMMING ON THE IMPORTANCE OF ORAL HEALTH AND HOW IT RELATES TO OVERALL HEALTH -IDENTIFYING AND REDUCING HEALTH DISPARITIES RELATED TO ORAL AND OVERALL HEALTH -PROVIDING SCHOLARSHIPS AND AWARDS TO DENTAL STUDENTS -CONTINUING EDUCATION PROGRAMS FOR THE DENTAL PROFESSION THE DDF AWARDS GRANTS TO NONPROFIT ORGANIZATIONS AND INSTITUTIONS WHO CONDUCT DENTAL RESEARCH, AND EDUCATE AND/OR PROVIDE DENTAL SERVICES TO UNDERSERVED AND AT-RISK POPULATIONS. THE GRANT PERIOD IS 12 MONTHS, UNLESS OTHERWISE INDICATED IN THE GRANT AGREEMENT. UPON COMPLETION OF THE GRANT PERIOD, ALL GRANTEEES ARE REQUIRED TO SUBMIT A COMPLETED GRANT REPORTING FORM TO THE DDF OUTLINING HOW GRANT FUNDS WERE USED, METRICS AND OUTCOMES OF THE PROJECT, AND ROADBLOCKS THAT WERE ENCOUNTERED. THE DDF ALSO SUPPORTS CONTINUING EDUCATION PROGRAMS FOR DENTAL PROFESSIONALS, AS WELL AS SCHOLARSHIPS AND AWARDS TO DENTAL AND DENTAL HYGIENE STUDENTS WHO OBTAIN THEIR DEGREES FROM ACCREDITED SCHOOLS IN MICHIGAN, OHIO AND INDIANA. STUDENTS MUST MEET THE CRITERIA OUTLINED IN THE AGREEMENT BETWEEN THE SCHOOL AND THE DDF. |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2337000  
**Name:** DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 311 YOUTH HOUSING<br>623 NAYLOR ST SW<br>GRAND RAPIDS, MI 49503        | 46-2391112     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| ACCESS DENTAL CARE<br>2275 VANSTORY ST STE 102<br>GREENSBORO, NC 27403 | 56-2152124     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |



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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARE ALLIANCE HEALTH CENTER<br>1530 ST CLAIR AVE NE<br>CLEVELAND, OH 44144      | 34-1748776     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| CHERRY STREET HEALTH SERVICES INC<br>100 CHERRY ST SE<br>GRAND RAPIDS, MI 49503 | 38-2853534     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CINCINNATI HEALTH DEPARTMENT<br>3101 BURNET AVE<br>CINCINNATI, OH 45229            | 31-6000064     | GOVT                                 | 20,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| COLUMBUS NEIGHBORHOOD HEALTH CENTER INC<br>1800 WATERMARK DR<br>COLUMBUS, OH 43215 | 31-1533908     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY ACTION COMMITTEE OF PIKE CNTY<br>621 BORADWAY ST<br>PORTSMOUTH, OH 45662   | 31-0718042     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| COMMUNITY CARE CLINIC OF ROWAN COUNTY<br>315-G MOCKSVILLE AVE<br>SALISBURY, NC 28144 | 56-1964773     | 501(C)(3)                            | 7,500                           | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COVENANT COMMUNITY CARE INC<br>559 W GRAND BLVD<br>DETROIT, MI 48216    | 38-3533998     | 501(C)(3)                            | 15,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| DENTAL CENTER OF NORTHWEST OHIO<br>2138 MADISON AVE<br>TOLEDO, OH 43604 | 34-4441883     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DENTAL CLINICS NORTH<br>3434 M 119<br>HARBOR SPRINGS, MI 49740               | 82-4269744     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| DENTAL LIFELINE NETWORK -<br>NORTH CAROLINA<br>PO BOX 3643<br>CARY, NC 27519 | 27-1755412     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DENTAL LIFELINE NETWORK - INDIANA<br>1319 E STOP 10 RD<br>INDIANAPOLIS, IN 46227 | 93-1025274     | 501(C)(3)                            | 20,000                          | 0  |  |   | GENERAL GRANT                             |
| DR GARY BURNSTEIN<br>COMMUNITY HEALTH<br>45580 WOODWARD AVE<br>PONTIAC, MI 48341 | 32-0015321     | 501(C)(3)                            | 59,650                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ECHO COMMUNITY HEALTHCARE INC<br>315 MULBERRY ST<br>EVANSVILLE, IN 47713                | 35-1791786     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| ECU MEDICAL & HEALTH SCIENCES FOUNDATION<br>2200 S CHARLES BLVD<br>GREENVILLE, NC 27858 | 23-7138921     | 501(C)(3)                            | 20,803                          | 0  |  |   | GENERAL GRANT                             |

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| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EXALTA HEALTH<br>2016 DIVISION AVE S<br>GRAND RAPIDS, MI 49507                    | 38-3273825     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| FIVE RIVERS HEALTH CENTERS<br>2261 PHILADELPHIA DR STE<br>200<br>DAYTON, OH 45406 | 45-0914398     | 501(C)(3)                            | 56,600                          | 0  |  |   | GENERAL GRANT                             |



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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLINT INSTITUTE OF SCIENCE AND HISTORY<br>1221 E KEARSLEY ST<br>FLINT, MI 48503 | 82-2978635     | 501(C)(3)                            | 75,000                          | 0  |  |   | GENERAL GRANT                             |
| FREEPORT FAMILY HEALTH CENTER<br>101 E MAIN ST<br>BARNESVILLE, OH 43713         | 34-1192599     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREAT LAKES BAY<br>501 LAPEER AVE<br>SAGINAW, MI 48607                                | 38-1908238     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| HEALTH DEPARTMENT OF NORTHWEST MICHIGAN<br>220 W GARFIELD AVE<br>CHARLEVOIX, MI 49720 | 30-0168590     | GOVT                                 | 20,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEALTHLINC INC<br>2401 VALLY DR<br>VALPARAISO, IN 46383      | 35-2147791     | 501(C)(3)                            | 20,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| HEALTHNET INC<br>3401 E RAYMONT ST<br>INDIANAPOLIS, IN 46203 | 35-1579827     | 501(C)(3)                            | 20,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEALTHSOURCE OF OHIO<br>5400 DUPONT CIRCLE SUITE A<br>MILFORD, OH 45150    | 31-0884250     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| HNC LIVING FOUNDATION<br>8100 NEWTON ST STE 100<br>OVERLAND PARK, KS 66204 | 46-4214254     | 501(C)(3)                            | 50,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOPEWELL HEALTH CENTERS<br>INC<br>PO BOX 188<br>CHILLICOTHE, OH 45601 | 31-1155352     | 501(C)(3)                            | 6,000                           | 0  |  |   | COVID DENTAL<br>EQUIPMENT GRANT           |
| IMPRESSSION 5 SCIENCE<br>CENTER<br>200 MUSEUM DR<br>LANSING, MI 48933 | 23-7200548     | 501(C)(3)                            | 19,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INDIANA HEALTH CENTERS<br>INC<br>8003 CASTLEWAY DR<br>INDIANAPOLIS, IN 46250 | 31-1003977     | 501(C)(3)                            | 20,000                          | 0  |  |   | COVID DENTAL<br>EQUIPMENT GRANT           |
| INGHAM COUNTY<br>121 E MAPLE ST<br>MASON, MI 48854                           | 38-6005629     | GOVT                                 | 10,000                          | 0  |  |   | COVID DENTAL<br>EQUIPMENT GRANT           |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance    |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| INTERCARE COMM HEALTH NETWORK<br>50 INDUSTRIAL PARK RD<br>BANGOR, MI 49013  | 38-2009364     | 501(C)(3)                            | 20,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT                 |
| IRONTON LAWRENCE CO AREA COMMUNITY<br>305 NORTH 5TH ST<br>IRONTON, OH 45638 | 31-0714190     | 501(C)(3)                            | 47,618                          | 0  |  |   | GENERAL GRANT & COVID DENTAL EQUIPMENT GRANT |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JANE PAULEY COMMUNITY HEALTH CENTER INC<br>1503 N MITTHOEFFER RD<br>INDIANAPOLIS, IN 46229 | 01-0945309     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| LANSING BOARD OF WATER & LIGHT<br>PO BOX 13007<br>LANSING, MI 48901                        | 38-6005774     | GOVT                                 | 89,465                          | 0  |  |   | GENERAL GRANT                             |



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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOCAL START DENTAL<br>370 JACKSON ST<br>DURHAM, NC 27701                    | 83-3397388     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| LORAIN COUNTY HEALTH & DENTISTRY<br>1800 LIVINGSTON AVE<br>LORAIN, OH 44052 | 34-1957404     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MCLAREN GREATER LANSING HEALTHCARE<br>401 W GREENLAWN AVE<br>LANSING, MI 48910      | 38-2463637     | 501(C)(3)                            | 27,581                          | 0  |  |   | GENERAL GRANT                             |
| MCMILLEN CENTER FOR HEALTH EDUCATION<br>600 JIM KELLEY BLVD<br>FORT WAYNE, IN 46816 | 35-1186994     | 501(C)(3)                            | 303,694                         | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEDICAID MEDICARE CHIP SERVICES<br>2 GROVE ST<br>SANDWICH, MA 02563 | 20-1957993     | 501(C)(3)                            | 39,000                          | 0  |  |   | GENERAL GRANT                             |
| MEDWORKS<br>1950 RICHMOND RD<br>LYNDHURST, OH 44124                 | 26-3858369     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MICHIGAN PRIMARY CARE ASSOCIATION<br>7215 WESTSHIRE DR<br>LANSING, MI 48917 | 38-2294018     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| MUSKINGUM VALLEY HEALTH CENTERS<br>716 ADAIR AVE<br>ZANESVILLE, OH 43701    | 20-8814374     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MY COMMUNITY DENTAL CENTERS INC<br>3890 CHARLEVOIX AVE SUITE 300<br>PETOSKEY, MI 49770 | 30-0393232     | 501(C)(3)                            | 20,000                          | 0  |  |   | GENERAL GRANT                             |
| NATIONAL NETWORK FOR ORAL HEALTH ACCESS<br>181 E 56TH AVE<br>DENVER, CO 80216          | 84-1186592     | 501(C)(3)                            | 15,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NC DENTAL SOCIETY FOUNDATION<br>1600 EVANS RD<br>CARY, NC 27513              | 82-0880561     | 501(C)(3)                            | 59,950                          | 0  |  |   | GENERAL GRANT                             |
| NEIGHBORHOOD HEALTH CLINICS INC<br>1717 S CALHOUN ST<br>FORT WAYNE, IN 46802 | 35-1922483     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHWEST MICHIGAN HEALTH SERVICES INC<br>10767 E TRAVERSE SWY<br>TRAVERSE CITY, MI 49684 | 38-1958790     | 501(C)(3)                            | 15,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| OAKLAND INTEGRATED HEALTHARE NETWORK<br>461 W HURON ST<br>PONTIAC, MI 48341               | 38-3844634     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                   |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OHIO STATE UNIVERSITY<br>305 W 12TH AVE<br>COLUMBUS, OH 43210 | 31-6025986     | 501(C)(3)                            | 153,880                         | 0  |  |   | GENERAL GRANT &<br>GRANT FOR DENTAL<br>CARE FOR PEOPLE WITH<br>DISABILITIES |
| ORANGE COUNTY<br>PO BOX 8181<br>HILLSBOROUGH, NC 27278        | 56-6000327     | GOVT                                 | 5,330                           | 0  |  |   | GENERAL GRANT   |



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

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RALEIGH-WAKE COUNTY<br>DENTAL SOCIETY<br>4901 LEIGH DR<br>RALEIGH, NC 27616      | 56-2258278     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| REGENTS OF UNIVERSITY OF<br>MICHIGAN<br>1011 N UNIVERSITY<br>ANN ARBOR, MI 48109 | 38-6006309     | 501(C)(3)                            | 270,000                         | 0  |  |   | VETERNS PROGRAM<br>SUPPORT                |

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

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHAWNEE STATE UNIVERSITY<br>940 SECOND ST<br>PORTSMOUTH, OH 45662 | 31-1115810     | 501(C)(3)                            | 50,000                          | 0  |  |   | GENERAL GRANT                             |
| SIGNATURE HEALTH INC<br>7232 JUSTIN WAY<br>MENTOR, OH 44060       | 34-1751703     | 501(C)(3)                            | 25,000                          | 0  |  |   | GENERAL GRANT                             |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SMILES ON WHEELS<br>122 HIGHLAND DRIVE<br>JACKSON, MI 49201 | 20-5964788     | 501(C)(3)                            | 42,513                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT                           |
| STATE OF MICHIGAN<br>320 S WALNUT<br>LANSING, MI 48933      | 38-6000134     | GOVT                                 | 225,000                         | 0  |  |   | CANCER SCREENING PROGRAM, AND FLOURIDE/SEALANT PROGRAM |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STATE OF OHIO<br>150 E GRAY ST<br>COLUMBUS, OH 43215      | 31-1334820     | GOVT                                 | 75,000                          | 0  |  |   | FLOURIDE GRANT                            |
| TEAM MAUREEN<br>PO BOX 422<br>NORTH FALMOUTH, MA 02556    | 45-2473500     | 501(C)(3)                            | 26,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE HEALTH & HOSPITAL CORPORATION OF MARION COUNTY<br>3838N RURAL ST<br>INDIANAPOLIS, IN 46205 | 35-6005697     | GOVT                                 | 20,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| THE NATIONAL AFRICAN AMERICAN MALE<br>3780 AIRPORT DR STE 333<br>COLUMBUS, OH 43219            | 45-4831268     | 501(C)(3)                            | 7,500                           | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance          |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE VISCARDI CENTER<br>201 I U WILLETS RD<br>ALBERTSON, NY 11507 | 11-1814883     | 501(C)(3)                            | 132,500                         | 0  |  |   | GENERAL GRANT                                      |
| THE WELLNESS PLAN<br>7700 SECOND AVE<br>DETROIT, MI 48202        | 38-2008890     | 501(C)(3)                            | 245,600                         | 0  |  |   | GENERAL GRANT &<br>COVID DENTAL<br>EQUIPMENT GRANT |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THIRD STREET FAMILY HEALTH SERVICES<br>600 W 3RD ST<br>MANSFIELD, OH 44906  | 34-1753919     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |
| THUNDER BAY COMMUNITY HEALTH SERVICE<br>15774 STATE ST<br>HILLMAN, MI 49746 | 38-2290337     | 501(C)(3)                            | 10,000                          | 0  |  |   | COVID DENTAL EQUIPMENT GRANT              |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRIANGLE RESIDENTIAL OPTIONS FOR<br>1820 JAMES ST<br>DURHAM, NC 27707          | 56-1861158     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |
| TRUSTEES UNIVERSITY OF PENNSYLVANIA<br>240 S 40TH ST<br>PHILADELPHIA, PA 19104 | 23-1352685     | 501(C)(3)                            | 50,000                          | 0  |  |   | GENERAL GRANT                             |



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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY HOSPITALS<br>CLEVELAND MEDICAL<br>1100 EUCLID AVE<br>CLEVELAND, OH 44106       | 34-1567805     | 501(C)(3)                            | 100,000                         | 0  |  |   | GENERAL GRANT                             |
| UNIVERSITY OF DETROIT<br>MERCY<br>2700 MARTIN LUTHER KING JR<br>BLVD<br>DETROIT, MI 48208 | 38-1360586     | 501(C)(3)                            | 25,000                          | 0  |  |   | GENERAL GRANT                             |

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

| <b>(a)</b> Name and address of organization or government                                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF MICHIGAN -<br>SCHOOL OF DENTISTRY<br>1011 N UNIVERSITY<br>ANN ARBOR, MI 48109 | 38-6006309     | 501(C)(3)                            | 400,000                         | 0  |  |   | SPECIAL NEEDS CLINIC                      |
| WAKE FOREST UNIV HEALTH<br>SRVS<br>MEDICAL CENTER BLVD<br>WINSTON SALEM, NC 27157           | 22-3849199     | 501(C)(3)                            | 10,000                          | 0  |  |   | GENERAL GRANT                             |

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

Name of the organization  
DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

**Employer identification number**  
38-2337000

**Part I Questions Regarding Compensation**

|   |  | Yes  | No |  |  |
|---|--|--|----|--|--|
| <p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel<br/> <input type="checkbox"/> Travel for companions<br/> <input type="checkbox"/> Tax idemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |    |  |  |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |    |  |  |
| <p><b>b</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</p>  | <b>1b</b>  |  |    |  |  |
| <p><b>2</b> 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? . . . . .</p>  | <b>2</b>   |  |    |  |  |
| <p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract<br/> <input type="checkbox"/> Compensation survey or study<br/> <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>  | <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |    |  |  |
| <input type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations   | <input type="checkbox"/> Written employment contract<br><input type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |  |    |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>  |  | No |  |  |
|   | <b>4b</b>  | Yes  |    |  |  |
|   | <b>4c</b>  |  | No |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>  | <b>5a</b>  |  | No |  |  |
|   | <b>5b</b>  |  | No |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6a</b>  |  | No |  |  |
|   | <b>6b</b>  |  | No |  |  |
| <p><b>7</b> 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 . . . . .</p>   | <b>7</b>   |  | No |  |  |
| <p><b>8</b> 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 . . . . .</p>   | <b>8</b>   |  | No |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>  | <b>9</b>   |  |    |  |  |

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

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

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

| (A) Name and Title                                |      | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 GORAN JURKOVIC CPA<br>PRESIDENT & BOARD TRUSTEE | (i)  | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 1,397,055   | 2,818,930                           | 2,220,490                           | 2,126,139                                      | 24,738                  | 8,587,352                       | 2,179,428   |
| 2 AMY BASEL CPA<br>CHIEF FINANCIAL OFFICER        | (i)  | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 484,754   | 525,138                             | 512,985                             | 421,727  | 24,738                  | 1,969,342                       | 483,018   |
| 3 HOLLI SEABURY<br>EXECUTIVE DIRECTOR             | (i)  | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 231,615   | 0                                   | 4,622                               | 26,445   | 24,738                  | 287,420                         | 0   |
| 4 ERIN DULING CPA<br>TREASURER                    | (i)  | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 131,621   | 47,196                              | 236                                 | 17,688   | 24,738                  | 221,479                         | 0   |
| 5 JORDAN LEAMING<br>SECRETARY                     | (i)  | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 128,908   | 37,532                              | 1,780                               | 7,102  | 28                      | 175,350                         | 0   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |
|   |      |   |                                     |                                     |  |                         |                                 |   |

**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 3   | THE CEO AND EXECUTIVE DIRECTOR ARE W-2 EMPLOYEES OF A RELATED ORGANIZATION, DELTA DENTAL PLAN OF MICHIGAN, INC. COMPENSATION IS DETERMINED BY THAT ENTITY. THE DELTA DENTAL PLAN OF MICHIGAN, INC. COMPENSATION COMMITTEE REVIEWS PERFORMANCE AND SETS TOTAL COMPENSATION. EVERY TWO YEARS, A STUDY IS PERFORMED BY TOWERS WATSON AND THE DATA IS USED IN COMPENSATION DECISIONS. THE INDEPENDENT CONSULTANT PROVIDES AN OPINION AS TO THE REASONABLENESS AND APPROPRIATENESS OF THE TOTAL COMPENSATION, INCLUDING BASE PAY, INCENTIVE, BENEFITS AND RETIREMENT BENEFITS.   |
| PART I, LINE 4B  | THE RELATED ORGANIZATION, DELTA DENTAL PLAN OF MICHIGAN, HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). IN ORDER TO BE ELIGIBLE FOR THE SERP, AN EMPLOYEE MUST BE A SENIOR VICE PRESIDENT OR HIGHER AND ADDED TO THE PLAN BY THE BOARD OF DIRECTORS. THE SERP BENEFITS ARE REVIEWED AS PART OF THE TOTAL COMPENSATION BY AN INDEPENDENT CONSULTANT; TOWERS WATSON. IN 2021, GORAN JURKOVIC AND AMY BASEL ACCRUED BENEFITS AS PARTICIPANTS IN THE SERP PLAN. GORAN JURKOVIC AND AMY BASEL BECAME VESTED IN A PORTION OF THEIR ACCRUED BENEFITS AND, AS REQUIRED BY THE IRS, THE VESTED PORTION WAS TREATED AS TAXABLE WAGES DURING 2021. THESE WAGES WERE ALSO REPORTED ON SCHEDULE J AS COMPENSATION THAT HAS BEEN REPORTED AS DEFERRED ON PRIOR FORM 990S. |

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

Employer identification number

38-2337000

**990 Schedule O, Supplemental Information**

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE MEMBERS OF THE ORGANIZATION ARE DULY APPOINTED BY THE BOARD OF DIRECTORS OF THE DELTA DENTAL PLAN OF MICHIGAN, INC. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE INFORMATION PRESENTED ON THE FORM 990 IS GATHERED BY THE SENIOR TAX ADMINISTRATOR FOR THE ORGANIZATION. THE CFO REVIEWS THE INFORMATION. ONCE APPROVED THE INFORMATION IS GIVEN TO OUTSIDE TAX PREPARERS WHO PREPARE AND REVIEW THE FORM 990. ONCE COMPLETE, AN ELECTRONIC COPY OF THE FORM 990 IS PLACED IN A SECURE PORTAL FOR THE BOARD TO REVIEW, PRIOR TO THE FORM 990 BEING FILED WITH THE IRS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>THE COMPANY'S SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER, AND CAO IS CHARGED WITH REVIEWING AND MONITORING ANY POTENTIAL CONFLICT OF INTEREST TRANSACTIONS. ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY. THIS POLICY REQUIRES THAT ANY CONFLICTS OF INTEREST BE DISCLOSED ON AN ANNUAL BASIS, OR AT ANY OTHER TIME THAT THE PERSON EXECUTING THE POLICY BECOMES AWARE OF A SITUATION OR TRANSACTION THAT ACTUALLY OR POTENTIALLY CREATES A CONFLICT OF INTEREST. ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE INITIALLY REVIEWED BY THE SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER, AND CAO. IF A PROHIBITED TRANSACTION IS IDENTIFIED, THE MATTER IS ESCALATED TO THE ADMINISTRATIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW AND APPROPRIATE ACTION. IN THE EVENT OF A CONFLICT OF INTEREST INVOLVING A MEMBER OF THE BOARD OF DIRECTORS, SUCH AS A VOTE, IN WHICH A MEMBER HAS AN INTEREST, THE MEMBER IS REQUIRED TO DISCLOSE THE POTENTIAL CONFLICT AND ABSTAIN FROM ANY VOTE ON THE MATTER. WHETHER FURTHER PRECAUTIONS ARE REQUIRED (E.G., PROHIBITING THE INTERESTED PARTY FROM ENGAGING IN DISCUSSIONS) WOULD DEPEND UPON THE SPECIFIC NATURE AND BACKGROUND OF THE CONFLICT.</p> |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION OF THE CEO AND OTHER EXECUTIVES IS DETERMINED BY A RELATED ORGANIZATION, DELTA DENTAL PLAN OF MICHIGAN, INC. OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA WHICH IS USED TO SET TOTAL COMPENSATION FOR OFFICERS AND KEY EMPLOYEES INCLUDING CEO AND CFO. THE RELATED ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS. COMPENSATION IS SET BASED ON THE DATA PROVIDED, BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. TOWERS WATSON ALSO PROVIDES AN OPINION AS TO THE REASONABLENESS OF THE TOTAL COMPENSATION PACKAGES, INCLUDING BASE PAY, INCENTIVE, BENEFITS AND RETIREMENT BENEFITS. THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2020. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                           |
|--|---------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | NO DOCUMENTS AVAILABLE TO THE PUBLIC. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| FORM 990,<br>PART VII:  | CERTAIN EMPLOYEES ARE OFFICERS OF MULTIPLE COMPANIES WITHIN THE LARGER ORGANIZATION. THE AVERAGE HOURS WORKED REFLECTS APPROXIMATE TIME SPENT IN EACH OF THOSE INDIVIDUAL COMPANIES. WHILE THE HOURS ARE ALLOCATED TO INDIVIDUAL COMPANIES, MUCH OF THE OFFICERS' TIME IS SPENT WORKING ON ISSUES THAT IMPACT THE ENTIRE ORGANIZATION, NOT JUST ONE COMPANY. COMPENSATION IS REPORTED IN FULL TO AGREE TO THE EMPLOYEE'S W-2 AS REQUIRED BY IRS INSTRUCTIONS. ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R. |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

**Employer identification number**

38-2337000

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| See Additional Data Table                             |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|  |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| <b>(1)</b> CHESME LLC<br>124 N BRIDGE ST<br>DEWITT, MI 48820<br>20-0061957   | CAPITAL MANAGEMENT      | MI   | N/A                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| <b>(2)</b> RED CEDAR INVESTMENT MANAGEMENT LLC<br>333 BRIDGE STREET NW SUITE 601<br>GRAND RAPIDS, MI 49546<br>46-2667997 | CAPITAL MANAGEMENT      | MI   | N/A                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| <b>(3)</b> DH LOGIX LLC<br>1000 SOUTH MIAMI TRAIL<br>SARASOTA, FL 34236<br>81-5265121                                    | CAPITAL MANAGEMENT      | MI   | N/A                              |   |                              |                                    |                                      | No |  |                                     | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| See Additional Data Table                             |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> 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)<br>Name of related organization   | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------|-------------------------------|------------------------|--|
| (1) DELTA DENTAL PLAN OF MICHIGAN INC | M                             | 954,549                | ACTUAL COST                                  |
| (2) DELTA DENTAL PLAN OF OHIO INC     | C                             | 3,000,000              | ACTUAL COST                                  |
| (3) DELTA DENTAL PLAN OF MICHIGAN INC | C                             | 4,000,000              | ACTUAL COST                                  |
| (4) DELTA DENTAL PLAN OF INDIANA INC  | C                             | 3,000,000              | ACTUAL COST                                  |
| (5) DELTA DENTAL OF NORTH CAROLINA    | C                             | 100,000                | ACTUAL COST                                  |
|                                       |                               |                        |  |



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-2337000  
**Name:** DELTA DENTAL FUND  
D/B/A DELTA DENTAL FOUNDATION

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization                   | (b)<br>Primary activity                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity       | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|--|--|----------------------------|---|--|---|----|
|   |  |  |                            |   |  | Yes   | No |
| PO BOX 30416<br>LANSING, MI 489097916<br>38-1675667                     | PROMOTING DENTAL CARE                  | MI   | 501(C)(4)                  | N/A   | N/A                                    |   | No |
| PO BOX 30416<br>LANSING, MI 489097916<br>31-0685339                     | PROVIDE DENTAL SERVICE PLANS           | OH   | 501(C)(4)                  | N/A   | DELTA DENTAL PLAN OF MICHIGAN INC      |   | No |
| 4100 OKEMOS ROAD<br>OKEMOS, MI 48864<br>38-1791480                      | PROVIDE DENTAL SERVICE PLANS           | MI   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| 240 VENTURE CIRCLE<br>NASHVILLE, TN 37228<br>62-0812197                 | PROVIDE DENTAL SERVICE PLANS           | TN   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| 2500 LOUISIANA BLVD NE<br>ALBUQUERQUE, NM 87110<br>85-0224562           | PROVIDE DENTAL SERVICE PLANS           | NM   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| 10100 LINN STATION ROAD NO 700<br>LOUISVILLE, KY 40223<br>61-0659432    | PROVIDE DENTAL SERVICE PLANS           | KY   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| PO BOX 30416<br>LANSING, MI 489097916<br>35-1545647                     | PROVIDE DENTAL SERVICE PLANS           | IN   | 501(C)(4)                  | N/A   | DELTA DENTAL PLAN OF MICHIGAN INC      |   | No |
| 4242 SIX FORKS ROAD<br>RALEIGH, NC 27609<br>56-1018068                  | PROVIDE DENTAL SERVICE PLANS           | NC   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| 1513 COUNTRY CLUB RD<br>SHERWOOD, AR 72120<br>71-0561140                | PROVIDE DENTAL SERVICE PLANS           | AR   | 501(C)(4)                  | N/A   | RENAISSANCE HEALTH SERVICE CORPORATION |   | No |
| 1513 COUNTRY CLUB RD<br>SHERWOOD, AR 72120<br>26-1569324                | EMPHASIZE DENTAL HEALTH IN COMMUNITIES | AR   | 501(C)(3)                  | PF  | DELTA DENTAL OF ARKANSAS               |   | No |
| 4100 OKEMOS ROAD<br>OKEMOS, MI 48864<br>46-1376165                      | EMPHASIZE DENTAL HEALTH IN COMMUNITIES | IN   | 501(C)(3)                  | PF  | RENAISSANCE HOLDING COMPANY            |   | No |
| 240 VENTURE CIRCLE<br>NASHVILLE, TN 37228<br>47-1654054                 | EMPHASIZE DENTAL HEALTH IN COMMUNITIES | TN   | 501(C)(3)                  | LINE 12A, I   | DELTA DENTAL OF TENNESSEE INC          |   | No |
| 10100 LINN STATION ROAD SUITE 700<br>LOUISVILLE, KY 40223<br>87-4045357 | EMPHASIZE DENTAL HEALTH IN COMMUNITIES | KY   | 501(C)(3)                  | PF  | DELTA DENTAL OF KENTUCKY               |   | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust     |   |   |                                     |  |                                 |   |                                |  |    |
|---|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity                                 | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |   |   |                                     |  |                                 |   |                                | Yes  | No |
| RENAISSANCE HOLDING COMPANY<br>PO BOX 30381<br>LANSING, MI 48909<br>41-2177193                                | HOLDING COMPANY   | MI  | N/A                                 | C  |                                 |   |                                |  | No |
| RENAISSANCE LIFE & HEALTH INSURANCE<br>COMPANY OF AMERICA<br>PO BOX 30381<br>LANSING, MI 48909<br>47-0397286  | INSURANCE   | IN  | N/A                                 | C  |                                 |   |                                |  | No |
| RENAISSANCE LIFE & HEALTH INSURANCE<br>COMPANY OF NEW YORK<br>PO BOX 30381<br>LANSING, MI 48909<br>13-4098096 | INSURANCE   | NY  | N/A                                 | C  |                                 |   |                                |  | No |
| FORE HOLDING CORPORATION<br>240 VENTURE CIRCLE<br>NASHVILLE, TN 37228<br>20-4116122                           | HOLDING COMPANY   | TN  | N/A                                 | C  |                                 |   |                                |  | No |
| DENTAL CHOICE INC<br>10100 LINN STATION RD 700<br>LOUISVILLE, KY 402233861<br>61-1105118                      | PROVIDES DENTAL<br>SERVICE PLANS                        | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| DENTAL CHOICE AGENCY INC<br>10100 LINN STATION RD 700<br>LOUISVILLE, KY 402233861<br>61-1336003               | PRIMARY GENERAL<br>AGENCY FOR DDKY AND<br>DENTAL CHOICE | KY  | N/A                                 | C  |                                 |   |                                |  | No |
| OMEGA ADMINISTRATORS INC<br>1513 COUNTRY CLUB ROAD<br>SHERWOOD, AR 72120<br>04-3740469                        | PROVIDES THIRD-PARTY<br>ADMINISTRATIVE<br>SERVICES      | AR  | N/A                                 | C  |                                 |   |                                |  | No |
| THE 4100 GROUP<br>4100 OKEMOS RD<br>OKEMOS, MI 48864<br>47-2557772  | INVESTMENT IN<br>SUBSIDIARIES                           | MI  | N/A                                 | C  |                                 |   |                                |  | No |
| DEWPOINT INC<br>300 S WASHINGTON SQUARE<br>LANSING, MI 48933<br>38-3300595                                    | IT CONSULTING   | MI  | N/A                                 | C  |                                 |   |                                |  | No |