See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
DELTA DENTAL OF KANSAS INC
% MICHAEL ELLIS
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1619 N WATERFRONT PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
WICHITA, KS 67206

D Employer identification number
48-0793267

E Telephone number
(316) 264-1099

G Gross receipts $ 297,858,148

F Name and address of principal officer
MICHAEL ELLIS
1619 N WATERFRONT PARKWAY
WICHITA, KS 67206

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) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DELTADENTALKS COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1972

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MAKE POSSIBLE AND FACILITATE A WIDER AND MORE TIMELY AVAILABILITY OF DENTAL CARE, THEREBY ADVANCING PUBLIC HEALTH AND DENTISTRY IN KANSAS, BY OPERATING A (SEE SCHEDULE O)

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	139
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	282,481,582	286,645,532
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,270,714	1,044,619
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,370	8,197
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	284,766,666	287,698,348

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	175,871	1,391,096
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,832,596	10,212,201
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	269,435,599	272,944,734
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	279,444,066	284,548,031
19	Revenue less expenses Subtract line 18 from line 12	5,322,600	3,150,317

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	66,777,769	67,657,881
21	Total liabilities (Part X, line 26)	13,133,101	11,634,989
22	Net assets or fund balances Subtract line 21 from line 20	53,644,668	56,022,892

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

****** 2016-08-15
Signature of officer Date

MICHAEL ELLIS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN L WEBB	STEVEN L WEBB			P00235405

Firm's name ▶ BKD LLP | Firm's EIN ▶

Firm's address ▶ 1551 N WATERFRONT PKWY STE 300
WICHITA, KS 672066601

Phone no (316) 265-2811

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

SEE SCHEDULE O

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 $ 259,842,570 including grants of $ 0) (Revenue $ 275,179,711)

DENTAL BENEFITS (COVERED CHARGES) PROVIDED TO SUBSCRIBERS DELTA DENTAL SERVED APPROXIMATELY 925,563 PEOPLE THIS YEAR

4b (Code) (Expenses $ 8,676,817 including grants of $ 0) (Revenue $ 11,465,821)

THE PROCESSING OF DENTAL BENEFIT CLAIMS

4c (Code) (Expenses $ 1,391,096 including grants of $ 1,391,096) (Revenue $ 0)

GRANTS PAID OUT TO 501(C)(3) ORGANIZATIONS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 269,910,483

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	29,230		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ MICHAEL ELLIS 1619 N WATERFRONT PARKWAY WICHITA, KS 67206 (316) 264-1099

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR LUCYNDA JANE RABEN DIRECTOR	0 97 0 1	X						18,624	0	468
(2) NANCY GWEN ZOGLEMAN DIRECTOR/CHAIRPERSON	1 04 0 2	X						17,670	0	468
(3) DR ALAN D MARCOTTE DIRECTOR/VICE CHAIRPERSON	1 01 0 1	X						14,831	0	1,359
(4) DR PATRICK MORIARTY DIRECTOR	0 77	X						11,777	0	906
(5) DR BRICK RANDALL SCHEER DIRECTOR	0 48	X						13,631	0	203
(6) BRUCE WITT DIRECTOR	0 88	X						13,313	0	1,359
(7) GARY YAGER DIRECTOR	0 7	X						12,340	0	1,359
(8) ANGIE MCCLURE DIRECTOR	0 83	X						13,284	0	1,359
(9) MARK PHILIPS DIRECTOR	0 83	X						12,514	0	1,359
(10) RUTH TEICHMAN DIRECTOR	0 72 0 1	X						11,577	0	1,359
(11) MICHAEL HERBERT PRESIDENT & CEO	33 8 6 2			X				385,196	0	63,765
(12) MICHAEL ELLIS EXECUTIVE VP/CFO/TREASURER	37 7 2 3			X				235,928	0	38,235
(13) NANCY UMHOLTZ SECRETARY	39 1 0 9			X				104,908	0	20,107
(14) DEAN NEWTON MANAGING DIRECTOR & EXEC VP	36 5 3 5				X			292,303	0	61,743

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT EBENKAMP	39 2					X		206,923	0	33,018
VP INFORMATION TECHNOLOGY	0 8									
(16) JUNETTA EVERETT	37 3					X		202,313	0	41,916
VP PROFESSIONAL RELATIONS	2 7									
(17) DR JON TILTON	40 0					X		221,714	0	43,353
VP PROF REVIEW/DENTAL DIRECTOR										
(18) JEANNE HUGHES	31 3					X		185,012	0	40,769
VP CLIENT SERVICE	8 7									
(19) KEITH ASPLUND	33 2					X		191,703	0	30,192
VP PRODUCT MANAGEMENT	6 8									

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	2,165,561	0	383,297

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 ▶ 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GAGE CENTER DENTAL GROUP PA, 1271 SW WOODHULL ST TOPEKA, KS 66604	DENTAL SERVICES	1,750,008
JENKINS LEBLANC PA, 8226 MISSION RD PRAIRIE VILLAGE, KS 66208	DENTAL SERVICES	1,605,852
WICHITA FAMILY DENTAL PARTNERSHIP, 9339 E 21ST ST N WICHITA, KS 67206	DENTAL SERVICES	1,135,941
MARTIN AND FRANKENBERY DDS PA, 3101 N CYPRESS ST WICHITA, KS 67226	DENTAL SERVICES	1,330,416
PALMER DENTAL GROUP, 1425 GRAND AVE STE 101 HAYSVILLE, KS 67060	DENTAL SERVICES	1,032,945

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 ▶ 514

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	DENTAL SERVICES 524298	286,645,532	286,645,532		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	286,645,532			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	633,016			633,016
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss) 0 / 0				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 10,571,403				
	b	Less cost or other basis and sales expenses 10,159,800				
	c	Gain or (loss) 411,603				
	d	Net gain or (loss) . . . . . ▶	411,603			411,603
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900099	8,197			8,197
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	8,197			
	12	**Total revenue.** See Instructions . . . . . ▶	287,698,348	286,645,532		1,052,816

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,391,096	1,391,096		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,351,945	274,163	1,077,782	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	6,693,640	2,629,790	4,063,850	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	795,132	346,041	449,091	
9 Other employee benefits	835,434	381,956	453,478	
10 Payroll taxes	536,050	224,111	311,939	
11 Fees for services (non-employees)				
a Management	0		0	
b Legal	75,031		75,031	
c Accounting	135,000		135,000	
d Lobbying	56,983		56,983	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	233,630		233,630	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,229,139	621,617	4,607,522	
12 Advertising and promotion	1,060,156		1,060,156	
13 Office expenses	1,620,817	1,537,582	83,235	
14 Information technology	59,914	43,756	16,158	
15 Royalties	0			
16 Occupancy	242,084		242,084	
17 Travel	403,913	12,966	390,947	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	74,743	6,488	68,255	
20 Interest	304,562	153,499	151,063	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	476,146	240,038	236,108	
23 Insurance	108,742		108,742	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CLAIMS	259,842,570	259,842,570		
b STATE PREMIUM TAXES	935,991	935,991		
c EQUIPMENT RENTAL & MAINT	265,260	223,241	42,019	
d CLEARING HOUSE EXPENSE	373,454	357,802	15,652	
e All other expenses	1,446,599	687,776	758,823	
25 **Total functional expenses.** Add lines 1 through 24e	284,548,031	269,910,483	14,637,548	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		782,636	1	257,756
	2	Savings and temporary cash investments		4,703,508	2	5,020,061
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		5,486,909	4	6,180,038
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		351,807	9	475,342
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,104,765			
	b	Less accumulated depreciation	10b 4,166,519	7,819,854	10c	7,938,246
	11	Investments—publicly traded securities		39,800,246	11	39,910,707
	12	Investments—other securities See Part IV, line 11		7,418,987	12	7,363,135
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		413,822	15	512,596
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		66,777,769	16	67,657,881
Liabilities	17	Accounts payable and accrued expenses		7,686,380	17	6,749,046
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,446,721	25	4,885,943
	26	**Total liabilities.** Add lines 17 through 25		13,133,101	26	11,634,989
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		53,644,668	27	56,022,892
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		53,644,668	33	56,022,892
	34	Total liabilities and net assets/fund balances		66,777,769	34	67,657,881

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	287,698,348
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,548,031
3	Revenue less expenses Subtract line 2 from line 1	3	3,150,317
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,644,668
5	Net unrealized gains (losses) on investments	5	-377,249
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-394,844
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,022,892

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KANSAS INC

Employer identification number
48-0793267

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Temporarily restricted 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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		1,401,415		1,401,415
b Buildings		7,332,320	1,730,924	5,601,396
c Leasehold improvements				
d Equipment		3,371,030	2,435,595	935,435
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				7,938,246

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INV IN SURENCY LIFE & HEALTH	7,363,135	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	7,363,135	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
CITY OF WICHITA - IRB(TAXABLE)	4,398,051
UNEARNED PREMIUMS	412,919
UNEARNED RENT	73,492
SUSPENSE ACCOUNT	1,481
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,885,943

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.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KANSAS INC

Employer identification number
48-0793267

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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 33

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

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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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
SCHEDULE I, PART I, LINE 2	DELTA DENTAL OF KANSAS PROVIDED GRANTS TO PUBLIC CHARITIES AND GOVERNMENTAL ORGANIZATIONS TO FURTHER THE PURPOSE OF THE ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 48-0793267
Name: DELTA DENTAL OF KANSAS INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF KANSAS CITY 1709 WALNUT ST KANSAS CITY,MO 64108	43-6068464	501(C)(3)	12,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF GREATER KANSAS CITY LEGACY CENTER 4001 BLUE PARKWAY STE KANSAS CITY,MO 64130	43-6072065	501(C)(3)	25,000				GENERAL SUPPORT
CENTRAL PLAINS HEALTH CARE PARTNERSHIP 1102 S HILLSIDE WICHITA,KS 67211	48-1200868	501(C)(3)	6,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS 3011 N MICHIGAN PITTSBURG,KS 66549	75-3002264	501(C)(3)		9,521	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
COMMUNITY HEALTH MINISTRY 407 ASH ST WAMEGO,KS 66547	75-2974854	501(C)(3)	15,258	8,700	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
DENTAL LIFELINE NETWORK PO BOX 4266 TOPEKA,KS 66604	48-1188581	501(C)(3)	7,900				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOUGLAS COUNTY DENTAL CLINIC 2210 YALE ROAD LAWRENCE,KS 66049	48-1216770	501(C)(3)	17,106				GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 330 N BROADWAY WICHITA,KS 67202	48-1159633	501(C)(3)		14,200	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
FLINT HILLS TECHNICAL COLLEGE FOUNDATION 3301 W 18TH AVE EMPORIA,KS 66801	48-1156696	501(C)(3)	150,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY 407 S CLAIRBORNE ROAD OLATHE,KS 66062	48-1115529	501(C)(3)	150,500	5,992	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
CATHOLIC CHARITIES OF NE KANSAS 1708 STEEL ROAD KANSAS CITY,KS 66106	48-1181305	501(C)(3)		17,237	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
HUNTER HEALTH CLINIC 2318 E CENTRAL WICHITA,KS 67214	48-0908355	501(C)(3)		7,387	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHNSON COUNTY CHRISTMAS BUREAU 15560 W 110TH STREET LENEXA,KS 66219	48-0884400	501(C)(3)		7,962	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF WICHITA PO BOX 780683 WICHITA,KS 67278	48-0731855	501(C)(3)	10,000				GENERAL SUPPORT
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT 1000 SW JACKSON STE 200 TOPEKA,KS 66612	48-6029925	GOVT	35,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KANSAS HEAD START 600 N KANSAS TOPEKA,KS 66608	48-1195593	501(C)(3)		17,155	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
MAKE A WISH 125 S WASHINGTON ST STE 100 WICHITA,KS 67202	48-0984820	501(C)(3)	10,000				GENERAL SUPPORT
MANHATTAN AREA TECHNICAL COLLEGE FOUNDATION 3136 DICKENS AVE MANHATTAN,KS 66502	34-2064656	501(C)(3)	150,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIAN CLINIC 1001 SW GARFIELD AVE TOPEKA,KS 66604	48-1046905	501(C)(3)	14,308				GENERAL SUPPORT
ROSE BROOKS CENTER PO BOX 320599 KANSAS CITY,MO 64132	51-0231573	501(C)(3)	10,000				GENERAL SUPPORT
SALINA HEALTH EDUCATION FOUNDATION 651 E PRESCOTT SALINA,KS 67401	48-0858197	501(C)(3)	13,106				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEDGWICK COUNTY ZOO 5555 ZOO BOULEVARD WICHITA,KS 67212	48-6120530	501(C)(3)	32,500				GENERAL SUPPORT
SEDGWICK COUNTY KS 1900 E 9TH STREET N WICHITA,KS 67214	48-6000798	GOVT		18,878	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT
SHELTERED LIVING 3401 SW HARRISON TOPEKA,KS 66611	48-0779679	501(C)(3)	7,158				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHWEST BOULEVARD FAMILY HEALTH CARE 300 SOUTHWEST BOULEVARD KANSAS CITY,KS 66103	48-1067752	501(C)(3)	8,527				GENERAL SUPPORT
TURNER HOUSE CHILDREN'S CLINIC 21 N 12TH ST STE 300 KANSAS CITY,KS 66102	48-1151382	501(C)(3)	15,835				GENERAL SUPPORT
UNITED METHODIST MEXICAN-AMERICAN MINISTRIES 310 E WALNSUT ST STE LL5 GARDEN CITY,KS 67846	48-1049519	501(C)(3)		16,006	FMV	TOOTHBRUSH KIT	GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED METHODIST OPEN DOOR PO BOX 2756 WICHITA,KS 67201	48-0731995	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY OF KANSAS CITY 801 W 47TH ST STE 500 KANSAS CITY,MO 64112	44-0545812	501(C)(3)	28,500				GENERAL SUPPORT
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA,KS 67202	48-0547688	501(C)(3)	8,765				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF KANSAS 1651 NAISMITH DR LAWRENCE,KS 66045	48-1124839	GOVT	25,000				GENERAL SUPPORT
WICHITA CHILDREN'S HOME 7271 E 37TH ST N WICHITA,KS 67226	48-0547706	501(C)(3)	15,000				GENERAL SUPPORT
WICHITA CHILDREN'S THEATRE 201 LULU WICHITA,KS 67211	48-0979857	501(C)(3)	10,000				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KANSAS INC

Employer identification number
48-0793267

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 and/or 1099-MISC compensation			(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 MICHAEL HERBERT PRESIDENT & CEO	(i)	251,179	116,778	17,239	47,166	16,599	448,961	0
	(ii)	0			0	0	0	0
2 MICHAEL ELLIS EXECUTIVE VP/CFO/TREASURER	(i)	197,965	37,286	677	26,640	11,595	274,163	0
	(ii)	0			0	0	0	0
3 DEAN NEWTON MANAGING DIRECTOR & EXEC VP	(i)	203,896	78,587	9,820	47,654	14,089	354,046	0
	(ii)	0			0	0	0	0
4 ROBERT EBENKAMP VP INFORMATION TECHNOLOGY	(i)	167,054	38,446	1,423	26,351	6,667	239,941	0
	(ii)	0			0	0	0	0
5 JUNETTA EVERETT VP PROFESSIONAL RELATIONS	(i)	161,440	38,700	2,173	26,679	15,237	244,229	0
	(ii)	0			0	0	0	0
6 DR JON TILTON VP PROF REVIEW/DENTAL DIRECTOR	(i)	175,973	41,285	4,456	29,506	13,847	265,067	0
	(ii)	0			0	0	0	0
7 JEANNE HUGHES VP CLIENT SERVICE	(i)	172,751	8,872	3,389	30,232	10,537	225,781	0
	(ii)	0			0	0	0	0
8 KEITH ASPLUND VP PRODUCT MANAGEMENT	(i)	161,824	29,364	515	25,345	4,847	221,895	0
	(ii)	0			0	0	0	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
SCHEDULE J, PART I, LINE 1A	DELTA DENTAL OF KANSAS DID PAY FOR THE COMPANION TRAVEL FOR BOARD OF DIRECTORS AND LEADERSHIP TEAM MEMBERS WHEN THEY ATTENDED OUT OF TOWN BUSINESS MEETINGS THE COMPANION TRAVEL AMOUNT WAS TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN THE BOARD OF DIRECTORS' 1099-MISC AND THE LEADERSHIP TEAM MEMBERS' W-2
SCHEDULE J, PART I, LINE 1A	THE CHIEF EXECUTIVE OFFICER IS PAID A MONTHLY ALLOWANCE FOR MEMBERSHIP TO A COUNTRY CLUB THE MONTHLY ALLOWANCE FOR MEMBERSHIP TO THE COUNTRY CLUB IS TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN THE CHIEF EXECUTIVE OFFICER'S FORM W-2

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KANSAS INC

Employer identification number
48-0793267

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DR LUCYNDA JANE RABEN	DIRECTOR	141,835	PAYMENT OF DENTAL SERVICES		No
(2) DR ALAN D MARCOTTE	DIRECTOR	130,905	PAYMENT OF DENTAL SERVICES		No
(3) DR PATRICK MORIARTY	DIRECTOR	181,429	PAYMENT OF DENTAL SERVICES		No
(4) DR BRICK RANDALL SCHEER	DIRECTOR	134,504	PAYMENT OF DENTAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	THE DIRECTORS LISTED IN PART IV ARE ALSO PARTICIPATING DENTISTS WITH DELTA DENTAL OF KANSAS AS A PARTICIPATING DENTIST, DELTA DENTAL OF KANSAS PAYS THE DIRECTORS LISTED IN PART IV FOR THE DENTAL SERVICES THEY PROVIDE TO OUR SUBSCRIBERS IN THE NORMAL COURSE OF THEIR BUSINESS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
DELTA DENTAL OF KANSAS INC	48-0793267

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	NON-PROFIT PREPAYMENT DENTAL SERVICE PLAN
FORM 990, PART III, LINE 1	TO MAKE POSSIBLE AND FACILITATE A WIDER AND MORE TIMELY AVAILABILITY OF DENTAL CARE, THERE BY ADVANCING THE PUBLIC HEALTH AND THE SCIENCE AND ART OF DENTISTRY IN THE STATE OF KANSAS , BY ESTABLISHING, MAINTAINING, AND OPERATING A NON-PROFIT PREPAYMENT DENTAL SERVICE PLAN OR PLANS IN THE STATE OF KANSAS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1B	BRICK SCHEER, LUCYNDA RABEN, PATRICK MORIARTY, AND ALAN MARCOTTE WERE ALL VOTING MEMBERS OF THE BOARD AS OF THE END OF THE ORGANIZATION'S TAX YEAR THESE INDIVIDUALS WERE ALL INVOLVED IN TRANSACTIONS WITH THE ORGANIZATION THAT ARE REQUIRED TO BE REPORTED ON SCHEDULE L CONSEQUENTLY, THESE MEMBERS HAVE NOT BEEN REPORTED AS INDEPENDENT
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL HERBERT, MICHAEL ELLIS, DEAN NEWTON, DR LUCYNDA RABEN, AND NANCY ZOGLEMAN HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER MICHAEL HERBERT, MICHAEL ELLIS, DEAN NEWTON, DR LU CYNDA RABEN, AND NANCY ZOGLEMAN SERVE AS EITHER OFFICERS OR DIRECTORS OF SURENCY LIFE & HE ALTH INSURANCE COMPANY, WHICH IS A RELATED FOR-PROFIT COMPANY THE OFFICERS AND DIRECTORS DO NOT HAVE STOCK OWNERSHIP INTEREST IN THE RELATED FOR-PROFIT COMPANY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS THE MEMBERSHIP OF DELTA DENTAL OF KANSAS IS COMPRISED OF THE DENTISTS WHO HAVE CURRENT PARTICIPATING AGREEMENTS WITH DELTA DENTAL OF KANSAS EACH MEMBER IS ENTITLED, AT EVERY MEETING OF THE MEMBERS, TO ONE VOTE PER PERSON, BUT NO MEMBER SHALL BE ENTITLED TO VOTE BY PROXY
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS ARE COMPRISED OF TEN (10) MEMBERS, FOUR (4) OF WHOM ARE ELECTED BY THE MEMBERSHIP AND ARE AMONG THE CORPORATION'S PARTICIPATING DENTISTS, TWO (2) ARE APPOINT ED BY THE GOVERNOR OF THE STATE OF KANSAS, AND FOUR (4) ARE APPOINTED BY THE COMMISSIONER OF INSURANCE OF THE STATE OF KANSAS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ANY PROPOSED CHANGES TO THE BY-LAWS ARE SUBJECT TO MEMBER APPROVAL. THE BOARD OF DIRECTORS ARE COMPRISED OF TEN (10) MEMBERS, FOUR (4) OF WHOM ARE ELECTED BY THE MEMBERSHIP AND ARE AMONG THE CORPORATION'S PARTICIPATING DENTISTS, TWO (2) ARE APPOINTED BY THE GOVERNOR OF THE STATE OF KANSAS, AND FOUR (4) ARE APPOINTED BY THE COMMISSIONER OF INSURANCE OF THE STATE OF KANSAS
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES THE FORM 990. THE 990 IS THEN REVIEWED BY THE ORGA NIZATION'S ACCOUNTING PERSONNEL. ANY QUESTIONS OR COMMENTS ARE ADDRESSED AND ANY NECESSARY CHANGES ARE MADE. THE FORM 990 WITH ALL RELATED SCHEDULES IS THEN PROVIDED TO THE ENTIRE GOVERNING BODY FOR REVIEW PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 12C	THE CHAIRPERSON OF THE BOARD AND THE GOVERNANCE COMMITTEE MONITOR AND ENFORCE OUR CONFLICT OF INTEREST POLICY EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE OF DELTA DENTAL OF KANSAS ANNUALLY FILES A STATEMENT REGARDING CONFLICTS OF INTEREST WHICH EXIST, OR WHICH MIGHT BE EXPECTED TO EXIST, WITHIN THE UPCOMING YEAR THE STATEMENT DISCLOSES AS FULLY AS POSSIBLE THE NATURE OF POTENTIAL CONFLICTS AND THE NATURE OF THE DIRECTOR'S, OFFICER'S, OR KEY EMPLOYEE'S INTEREST IN THE POTENTIAL TRANSACTION ALL STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CHAIRPERSON AND MAY BE CIRCULATED TO MEMBERS OF THE BOARD OF DIRECTORS EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE AGREE TO ANSWER ANY QUESTIONS ABOUT POTENTIAL CONFLICTS THEY MAY HAVE IF A CONFLICT IS IDENTIFIED, VOTING MAY BE RESTRICTED
FORM 990, PART VI, SECTION B, LINES 15A & 15B	THE DELTA DENTAL OF KANSAS PROCESS FOR DETERMINING COMPENSATION FOR THE CEO, OFFICERS, AND KEY EMPLOYEES DOES INCLUDE A REVIEW BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTE MPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION DELTA DENTAL OF KANSAS HAS CON TRACTED WITH A CONSULTING GROUP TO PROVIDE COMPENSATION STUDIES FOR OUR POSITIONS THE CON SULTANT USES PUBLISHED MARKET DATA SOURCES TO IDENTIFY THE RELEVANT MARKET FOR POSITIONS, WHICH ARE MATCHED BASED UPON THE DESCRIPTION OF DUTIES AND RESPONSIBILITIES PROVIDED MARK ET DATA IS USED AS APPROPRIATE FOR EACH POSITION, FROM LOCAL, REGIONAL, AND NATIONAL MARKE TS THEY PROVIDE A COMPLETE REPORT THAT DOCUMENTS THE FINDINGS OF THE MARKET REVIEW PROCES S FOR OUR POSITIONS AND THEIR RECOMMENDATION REGARDING THE GRADE LEVEL OF PLACEMENT OF THE POSITION DELTA DENTAL OF KANSAS ALSO HAS A COMPENSATION COMMITTEE, COMPRISED OF SELECTED BOARD MEMBERS ONE OF THE PURPOSES OF THE COMMITTEE IS TO REVIEW, REPORT, AND MAKE RECOMM ENDATIONS TO THE BOARD REGARDING COMPENSATION OF ALL OFFICERS AND EXECUTIVE TEAM EMPLOYEES THE COMMITTEE IS RESPONSIBLE TO MEET WITH THE PRESIDENT/CHIEF EXECUTIVE OFFICER ANNUALLY TO REVIEW HIS/HER PERFORMANCE AND EMPLOYMENT CONTRACT, MAKE RECOMMENDATIONS TO THE BOARD REGARDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER'S ANNUAL COMPENSATION AND BENEFITS PACKAGE AND TO REVIEW THE PRESIDENT/CHIEF EXECUTIVE OFFICER'S RECOMMENDATIONS AS TO SALARY ADJUST MENTS AND INCENTIVE PAYMENTS FOR OFFICERS, EXECUTIVES, AND SENIOR MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DELTA DENTAL OF KANSAS ANNUAL REPORT IS AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE, WWW DELTADENTALKS COM, OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VII, SECTION A	ALL OF THE ORGANIZATION'S BOARD MEMBERS RECEIVE COMPENSATION FROM THE ORGANIZATION FOR THEIR SERVICES AS DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	206,827 00 MARK-TO-MARKET ADJUSTMENT NOT INCLUDED ON RETURN (601,671 00) EARNINGS FROM SUBSIDIARY NOT ON RETURN - SURENCY ---------- (394,844 00)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307014326

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KANSAS INC

Employer identification number
48-0793267

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KSDD PROPERTIES LLC 1619 N WATERFRONT PARKWAY WICHITA, KS 67206 48-0793267	REAL ESTATE	KS	622,246	7,260,267	DELTA DENTAL

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SURENCY LIFE & HEALTH COMPANY 1619 N WATERFRONT PARKWAY WICHITA, KS 67206 26-1969006	INSURANCE	KS	DDKS	C CORPORATION	-601,671	9,110,671	100 000 %	Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)SURENCY LIFE & HEALTH INSURANCE COMPANY	B	545,820	COST
(2)SURENCY LIFE & HEALTH INSURANCE COMPANY	N	165,347	COST
(3)SURENCY LIFE & HEALTH INSURANCE COMPANY	O	920,233	COST
(4)SURENCY LIFE & HEALTH INSURANCE COMPANY	Q	56,039	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation