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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

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 TENNESSEE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
240 VENTURE CIRCLE

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 372281699

F Name and address of principal officer
JEFFREY A NEWTON
240 VENTURE CIRCLE
NASHVILLE, TN 372281699

D Employer identification number

62-0812197

E Telephone number

(615) 255-3175

G Gross receipts \$ 371,916,003

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.deltadentaltn.com

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1965 **M** State of legal domicile TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Our mission is to be the leader in our markets, to deliver unmatched quality and value in our programs and services, and to vigorously promote the importance of oral health as an essential part of overall health

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	81
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	304,789,169	351,216,935
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,578,759	1,745,033
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,886	15,712
	306,381,814	352,977,680

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,146,929	4,546,126
14 Benefits paid to or for members (Part IX, column (A), line 4)	270,377,072	313,637,357
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,684,304	8,786,193
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)	19,219,197	21,394,566
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	314,427,502	348,364,242
19 Revenue less expenses Subtract line 18 from line 12	-8,045,688	4,613,438

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	78,536,916	76,730,987
21 Total liabilities (Part X, line 26)	28,412,156	22,903,225
22 Net assets or fund balances Subtract line 21 from line 20	50,124,760	53,827,762

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

JEFFREY A NEWTON CONTROLLER
Type or print name and title

2016-11-11
Date

Paid Preparer Use Only

Print/Type preparer's name
DAVID LOWENTHAL CPA

Preparer's signature
DAVID LOWENTHAL CPA

Date

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
East Lansing, MI 48823

Phone no (517) 332-6200

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990(2015)

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

Our mission is to be the leader in our markets, to deliver unmatched quality and value in our programs and services, and to vigorously promote the importance of oral health as an essential part of overall health

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 \$ 340,613,122 including grants of \$ 4,546,126) (Revenue \$ 351,232,647)

THE PRIMARY PURPOSE OF DELTA DENTAL OF TENNESSEE AND SUBSIDIARIES IS TO PROVIDE PROFESSIONAL DENTAL SERVICES UNDER WRITTEN CONTRACTS WHICH ENTITLE THE SUBSCRIBERS TO REIMBURSEMENT FOR COVERED SERVICES PROVIDED BY LICENSED DENTISTS, PRIMARILY IN THE STATE OF TENNESSEE BOTH LOCAL AND NATIONAL CONTRACTS ARE ADMINISTERED, WHICH HAVE THE KEY FEATURE OF GIVING SUBSCRIBERS ACCESS TO THE LOCAL PROVIDER NETWORKS MAINTAINED BY DELTA DENTAL OF TENNESSEE, AS WELL AS THE NATIONAL PROVIDER NETWORKS OF THE DELTA DENTAL SYSTEM SEE SCHEDULE O FOR CONTINUATIONTHE COMPANY MAKES UNCONDITIONAL PROMISES TO GIVE, TO BOTH ITS FOUNDATION AND VARIOUS OTHER ORGANIZATIONS, WHICH SUPPORT EDUCATIONAL AND RESEARCH PROGRAMS FOR THE ADVANCEMENT OF DENTAL SCIENCE AND TO PROMOTE THE ORAL HEALTH OF THE PUBLIC THROUGH EDUCATIONAL AND SERVICE ACTIVITIES DELTA DENTAL OF TENNESSEE ASSISTED CLINICS THAT PRIMARILY SERVE THE WORKING POOR AND FUNDED AMBULATORY SURGERY CENTERS TO ALLOW INPATIENT ORAL HEALTH CARE AT THE EDUCATION LEVEL, THE COMPANY ASSISTED DENTAL SCHOOLS IN ORDER TO KEEP THEIR FACILITIES AND TEACHING EQUIPMENT UP TO DATE AND FUNDED DENTAL SCHOLARSHIPS TO 3RD AND 4TH YEAR DENTAL STUDENTS

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 ▶ 340,613,122

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	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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			
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	42,414	
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	81	
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 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	1a	9		
b Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6 Did the organization have members or stockholders?	6		Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			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		Yes	
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		Yes	

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 ▶JEFFREY A NEWTON CONTROLLER 240 VENTURE CIRCLE NASHVILLE, TN 372281604 (615) 742-6917	

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

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 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

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,051,126	83,652	555,589

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

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.

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 ► 15

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					
Program Service Revenue	2a	DENTAL CARE REVENUE	Business Code 624100	351,216,935	351,216,935		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		351,216,935			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,501,020		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		244,013		244,013
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . .				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances .	a				
		b	Less cost of goods sold . . .	b			
		c	Net income or (loss) from sales of inventory . .				
Miscellaneous Revenue		Business Code					
11a		REIMBURSED EXPENSES	900099	15,712	15,712		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		15,712				
12	Total revenue. See Instructions		352,977,680	351,232,647	0	1,745,033	

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.	4,546,126	4,546,126		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.	313,637,357	313,637,357		
5	Compensation of current officers, directors, trustees, and key employees.	3,895,436	1,983,758	1,911,678	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	3,652,946	1,826,270	1,826,676	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	250,618	132,946	117,672	
9	Other employee benefits.	618,019	341,785	276,234	
10	Payroll taxes.	369,174	207,080	162,094	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	28,180		28,180	
c	Accounting.	66,618	39,971	26,647	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	52,626		52,626	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	933,465	474,788	458,677	
12	Advertising and promotion.	1,738,404	884,677	853,727	
13	Office expenses.	1,704,233	1,045,409	658,824	
14	Information technology.				
15	Royalties.				
16	Occupancy.	423,569	282,464	141,105	
17	Travel.	305,021	90,702	214,319	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	219,613		219,613	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	822,419	481,905	340,514	
23	Insurance.	55,761	17,633	38,128	
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	Commissions.	6,191,844	6,173,594	18,250	
b	Claims Processing.	3,884,474	3,880,267	4,207	
c	State Premium Taxes.	2,983,046	2,983,046		
d	FEDERAL HEALTHCARE TAX.	1,014,491	1,014,491		
e	All other expenses.	970,802	568,853	401,949	
25	Total functional expenses. Add lines 1 through 24e.	348,364,242	340,613,122	7,751,120	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,787,842	2	7,620,590
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			9,819,335	4	8,992,859
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			482,971	9	522,844
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	8,143,973	4,257,378	10c	3,719,883
	b	Less—accumulated depreciation	10b	4,424,090			
	11	Investments—publicly traded securities			51,158,423	11	44,809,396
	12	Investments—other securities. See Part IV, line 11			10,132,016	12	10,121,345
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			898,951	15	944,070
16	Total assets. Add lines 1 through 15 (must equal line 34)			78,536,916	16	76,730,987	
Liabilities	17	Accounts payable and accrued expenses			16,012,460	17	21,062,599
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			12,399,696	25	1,840,626
	26	Total liabilities. Add lines 17 through 25			28,412,156	26	22,903,225
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				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			50,124,760	32	53,827,762
	33	Total net assets or fund balances			50,124,760	33	53,827,762
	34	Total liabilities and net assets/fund balances			78,536,916	34	76,730,987

Part XI Reconciliation 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	352,977,680
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,364,242
3	Revenue less expenses Subtract line 2 from line 1	3	4,613,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,124,760
5	Net unrealized gains (losses) on investments	5	-1,130,746
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	220,310
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,827,762

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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
	☐ 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	Yes	
	☐ 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 62-0812197
Name: DELTA DENTAL OF TENNESSEE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MR DREW ROBINSON SECOND VICE CHAIR	1 00 0 00	X		X				11,700	0	0
DR CAMPBELL SOWELL JR IMMEDIATE PAST CHAIR- DIRECTOR	1 00 5 00	X		X				10,700	21,400	0
DR VICTOR BECK VICE CHAIR	1 00 0 00	X		X				12,200	0	0
DR CARMEN REAGAN DIRECTOR	1 00 0 00	X						8,000	500	0
MR JOHN COLLIER DIRECTOR	1 00 6 00	X						8,000	24,952	0
MS JERRE HARRIS DIRECTOR	1 00 0 00	X						7,000	0	0
PAUL BACON DIRECTOR	1 00 0 00	X						7,500	0	0
ED ANDREW BEASELY JR DIRECTOR	1 00 0 00	X						9,000	0	0
TERENCE R COMAR DIRECTOR	1 00 11 00	X						8,500	36,800	0
DR PHILIP A WENK PRESIDENT & CEO	40 00 5 00			X				721,568	0	137,209

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
J THOMAS PERRY SEN VP OF FIN & CFO THRU 11/15	40 00 0 00			X				490,722	0	40,260
DONNA KAYE MARTIN SENIOR VP OPERATIONS	40 00 0 00			X				353,188	0	35,314
PAMELA DISHMAN SENIOR VP EMPLOYEE RELATIONS	40 00 0 00			X				362,368	0	26,585
MR LESLIE SELLERS CHAIRMAN	1 00 0 00			X				19,250	0	0
DONALD L BEATY VP INFORMATION SERVICES	40 00 0 00			X				218,013	0	41,033
JERRY R REAVIS JR VP Sales and Underwring	40 00 0 00			X				159,320	0	26,853
MICHELLE ACOSTA VP MARKETING	40 00 0 00			X				162,235	0	37,131
LOUIS F TURBEVILLE CONTROLLER	40 00 0 00			X				141,217	0	19,880
MELISSA HUSCHKE VP OPERATIONS	40 00 0 00			X				146,269	0	32,846
SHANDA BROWN VP QUALITY MONITORING/IMPROVEMENT	40 00 0 00			X				114,457	0	20,643

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
KATHY FUSSELL REGULATORY COMPLIANCE CONTROLLER	40 00 0 00			X				100,407	0	17,067
MR JEFF BALLARD SEN VP OF FIN & CFO AS OF 11/15	40 00 0 00			X				33,105	0	3,939
WILLIAM HAMILTON ACCOUNT EXECUTIVE	40 00 0 00					X		273,651	0	36,557
CHRISTOPHER PARISH ACCOUNT EXECUTIVE	40 00 0 00					X		134,678	0	9,031
TRACY BAILEY ACCOUNT EXECUTIVE	40 00 0 00					X		286,149	0	33,837
JONATHAN OAKS ACCOUNT EXECUTIVE	40 00 0 00					X		251,929	0	37,404

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 TENNESSEE INC	Employer identification number 62-0812197
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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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
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)	(c)Accumulated depreciation	(d)Book value
1a Land		231,288		231,288
b Buildings		2,225,826	789,474	1,436,352
c Leasehold improvements		55,254	45,274	9,980
d Equipment		5,200,907	3,458,318	1,742,589
e Other		430,698	131,024	299,674
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				3,719,883

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
Part X, Line 2	THE COMPANY ACCOUNTS FOR INCOME TAXES OF TAXABLE CONSOLIDATED ENTITIES WHEREBY DEFERRED TAXES ARE PROVIDED ON TEMPORARY DIFFERENCES ARISING FROM ASSETS AND LIABILITIES WHOSE BASES ARE DIFFERENT FOR FINANCIAL REPORTING AND INCOME TAX PURPOSES. DEFERRED TAXES WERE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2015 AND 2014, THE COMPANY'S UNRECOGNIZED TAX BENEFITS WERE NOT SIGNIFICANT. THERE WERE NO SIGNIFICANT PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR OR ACCRUED AT YEAR END. THE COMPANY FILES INCOME TAX RETURNS IN U.S. FEDERAL AND STATE OF TENNESSEE JURISDICTIONS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

Open to Public Inspection

62-0812197

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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
(1)					N/A

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	Donations are based upon decisions from the Senior Staff, decisions from the Board and from the Corporate Citizenship committee of the BOD Contributions are monitored monthly by Senior Staff and at the Board meetings

Additional Data

Software ID:
Software Version:
EIN: 62-0812197
Name: DELTA DENTAL OF TENNESSEE 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) A mount 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
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE,TN 37203	62-1567615	501(c)(3)	27,500		CASH		TITLE SPONSOR - 2015 GALA
University of Tennessee College of Dentistry 875 Union Avenue MEMPHIS,TN 38163	62-1844686	501(c)(3)	8,118		CASH		CONTRIBUTION FOR DENTAL BUILDING
DENTAL ELITE 3820 N Colorado Street CHANDLER,AZ 85225	32-0031941		25,836		CASH		TOOTHBRUSHES AND ORAL HEALTH SUPPLIES FOR BACKPACK PROGRAMS

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
MIDSOUTH DENTAL CONGRESS 62 SOUTH DUNLAP SUITE 500 MEMPHIS, TN 38163	62-1844686	501(c)(3)	28,000		CASH		DONATION TO GENERAL FUND, WILLIAM F SLAGLE DENTAL MEETING DONATION
ST JUDE RESEARCH HOSPITAL 262 Danny Thomas Place Memphis, TN 38105	62-0646012	501(c)(3)	50,000		CASH		DENTAL ASSISTANCE AND RESEARCH
DODSON AVENUE HEALTH CENTER 1200 DODSON AVE CHATTANOOGA, TN 37406	58-1664027		6,000		CASH		DONATION TO GENERAL FUND

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
CHURCH HEALTH CENTER 1210 PEABODY MEMPHIS, TN 38104	58-1716113	501(c)(3)	5,000		CASH		DENTAL CLINIC DONATION
AMERICAN RED CROSS 3777 Nolensville Road NASHVILLE, TN 37211	62-1411210	501(c)(3)	51,000		CASH		LIFESAVER BREAKFAST SPONSORSHIP, BATTLE OF BADGES, DONATION TO THE GENERAL FUND
EAST TENNESSEE CHILDREN'S HOSPITAL 2018 CLINCH AVE KNOXVILLE, TN 37916	62-6002604	501(c)(3)	30,850		CASH		FANTASY OF THE TREES EVENT SPONSOR

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
Monroe Harding Academy 1120 Glendale Lane Nashville, TN 37204	62-0476670	501(c)(3)	33,000		CASH		EVENT SPONSORSHIP
UNITED WAY OF METRO NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(c)(3)	9,650		CASH		DENTAL CLINIC DONATION
Nashville Zoo 3777 Nolensville Road Nashville, TN 37211	62-1411210	501(c)(3)	7,500		CASH		BOO AT THE ZOO EVENT SPONSOR

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
TENNESSEE PERFORMING ARTS CENTER 505 DEADRICK ST 3RD FLOOR NASHVILLE, TN 37243	58-1320590	501(c)(3)	55,081		CASH		GALA & EDUCATION SPONSORSHIP
LE BONHEUR FOUNDATION 50 N DUNLAP MEMPHIS, TN 38103	58-1404854	501(c)(3)	25,000		CASH		DONATION TO THE GENERAL FUND
TENNESSEE DENTAL ASSOCIATION 660 BAKERS BRIDGE AVE FRANKLIN, TN 37067	62-1582289	501(c)(3)	16,700		CASH		EVENT SPONSORSHIP

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
OPERATION STAND DOWN NASHVILLE 1125 12TH AVENUE SOUTH NASHVILLE, TN 37203	62-1638832	501(c)(3)	25,721		CASH		EVENT SPONSORSHIP
RALLY FOR KIDS WITH CANCER FOUNDATION - VANDERBILT CHILDRENS HOSPITAL 2301 VANDERBILT PLACE NASHVILLE, TN 37235	62-0476822	501(c)(3)	25,000		CASH		DONATION TO THE GENERAL FUND
THE COMMUNITY FOUNDATION OF MIDDLE TN 3833 CLEGHORN AVE NASHVILLE, TN 37215	62-1471789	501(c)(3)	5,000		CASH		DONATION TO THE GENERAL FUND

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

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THE SALVATION ARMY 1424 NE EXPRESS WAY ATLANTA, GA 30329	58-0660607	501(c)(3)	5,000		CASH		EVENT SPONSORSHIP
AMERICAN CANCER SOCIETY 555 11st st nw ste 300 WASHINGTON, DC 20004	52-2340031	501(c)(3)	10,600		CASH		EVENT SPONSORSHIP
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	13-1623888	501(c)(3)	5,000		CASH		EVENT SPONSORSHIP

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
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(c)(3)	9,000		CASH		EVENT SPONSORSHIP
MENTAL HEALTH AMERICA OF MIDDLE TN 446 METROPLEX DR SUITE A-224 NASHVILLE, TN 37211	62-0637710	501(c)(3)	10,000		CASH		JACK C MASSEY AWARD DINNER
MUSIC CITY BOWL INC 414 UNION ST STE 1910 NASHVILLE, TN 37219	62-1720086	501(c)(3)	5,480		CASH		DONATION TO THE GENERAL FUND

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

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NASHVILLEE NHL ALL-STAR GAME INC 414 UNION ST STE 1910 nashVILLE,TN 37219	47-2426251	501(c)(3)	15,000		CASH		EVENT SPONSORSHIP
SECOND HARVEST FOOD BANK OF MID TN 331 GREAT CIRCLE ROAD NASHVILLE,TN 37228	62-1049447	501(c)(3)	12,600		CASH		DONATION TO THE GENERAL FUND, EVENT SPONSORSHIP
THE CHILDREN'S MUSEUM OF MEMPHIS 2525 CENTRAL AVE MEMPHIS,TN 38104	62-1326890	501(c)(3)	10,000		CASH		DONATION TO THE GENERAL FUND

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
THE GOLF CLUB OF TENNESSEE 1000 GOLF CLUB DR KINGSTON SPGS, TN 37082	58-1831848	501(c)(7)	300,000		CASH		10 YEAR CHARITY INSTITUTE MEMBERSHIP
TN BUSINESS PARTNERSHIP PO BOX 120965 NASHVILLE, TN 37212	46-4445206	501(c)(3)	10,000		CASH		EVENT SPONSORSHIP
TRI-FOXCO USA INC 4645 WITMER INDUSTRIAL ESTATES NIAGRA FALLS, NY 14305	16-1498099		22,572		CASH		EVENT SPONSORSHIP

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
YOUTH EDUCATIONAL FOUNDATION 816 S GARDEN ST COLUMBIA, TN 38401	46-2645696	501(c)(3)	5,000		CASH		ANNUAL LUNCHEON
YPI INC 140 HUYSHOPE AVENUE HARTFORD, CT 06106	06-1298954	501(c)(3)	18,000		CASH		EVENT SPONSORSHIP
DENTAL LIFELINE NETWORK 1800 15TH STREET DENVER, CO 80202	32-0206456	501(c)(3)	19,100		CASH		DONATION TO DENTAL SERVICES PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE CARELL JR CHILDREN'S HOSPITAL 2200 CHILDRENS WAY NASHVILLE, TN 37232	35-2528741	501(c)(3)	45,000		CASH		DONATION TO THE GENERAL FUND
University of Tennessee Health Science Center 62 South Dunlap Suite 500 Memphis, TN 38163	62-1844686	501(c)(3)		44,183	PURCHASE PRICE	NISSAN VEHICLES	provide vehicles for UT dental students traveling between clinic locations
SMILE 180 FOUNDATION 240 VENTURE CIRCLE NASHVILLE, TN 37228	47-1654054	501(c)(3)	3,500,000		CASH		DONATION TO THE GENERAL FUND

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 TENNESSEE INC

Employer identification number
62-0812197

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 indemnification 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 Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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				
See Additional Data Table							

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 1a	TRAVEL EXPENSES WERE PAID FOR THE SPOUSE OF ANY BOARD MEMBER WHO CHOSE TO ATTEND THE SUMMER BOARD MEETING. THE AMOUNT PAID FOR EACH SPOUSE WAS REPORTED AS TAXABLE COMPENSATION ON A 1099 AND PROVIDED TO EACH RESPECTIVE BOARD MEMBER.
Part I, Line 4b	A supplemental nonqualified retirement plan under Sec. 457(f) is maintained by the organization for certain executive employees. Upon severance from service prior to attainment of normal retirement age, the participant shall forfeit ineligible amounts in the plan unless such severance is due to death, disability, or involuntary termination without cause. No payments were made in 2015 to individuals listed on Form 990, Part VII.

Additional Data

Software ID:
Software Version:
EIN: 62-0812197
Name: DELTA DENTAL OF TENNESSEE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1DR PHILIP A WENK PRESIDENT & CEO	(i)	535,008	145,724	40,836	120,847	16,362	858,777	0
	(ii)	0	0	0	0	0	0	0
1J THOMAS PERRY SEN VP OF FIN & CFO THRU 11/15	(i)	241,027	189,566	60,129	23,898	16,362	530,982	0
	(ii)	0	0	0	0	0	0	0
2DONNA KAYE MARTIN SENIOR VP OPERATIONS	(i)	189,517	157,106	6,565	18,952	16,362	388,502	0
	(ii)	0	0	0	0	0	0	0
3PAMELA DISHMAN SENIOR VP EMPLOYEE RELATIONS	(i)	187,783	151,360	23,225	18,778	7,807	388,953	0
	(ii)	0	0	0	0	0	0	0
4DONALD L BEATY VP INFORMATION SERVICES	(i)	174,301	34,415	9,297	17,400	23,633	259,046	0
	(ii)	0	0	0	0	0	0	0
5JERRY R REAVIS JR VP Sales and Underwrtng	(i)	79,634	77,589	2,097	3,220	23,633	186,173	0
	(ii)	0	0	0	0	0	0	0
6MICHELLE ACOSTA VP MARKETING	(i)	134,831	26,103	1,301	13,498	23,633	199,366	0
	(ii)	0	0	0	0	0	0	0
7LOUIS F TURBEVILLE CONTROLLER	(i)	120,731	20,450	36	12,073	7,807	161,097	0
	(ii)	0	0	0	0	0	0	0
8MELISSA HUSCHKE VP OPERATIONS	(i)	124,305	24,213	-2,249	9,213	23,633	179,115	0
	(ii)	0	0	0	0	0	0	0
9WILLIAM HAMILTON ACCOUNT EXECUTIVE	(i)	47,003	226,713	-65	12,924	23,633	310,208	0
	(ii)	0	0	0	0	0	0	0
10TRACY BAILEY ACCOUNT EXECUTIVE	(i)	32,765	248,420	4,964	10,204	23,633	319,986	0
	(ii)	0	0	0	0	0	0	0
11JONATHAN OAKS ACCOUNT EXECUTIVE	(i)	93,371	158,238	320	13,771	23,633	289,333	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service
Name of the organization
DELTA DENTAL OF TENNESSEE INC

Employer identification number
62-0812197

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) VICTOR C BECK JR DDS	VICTOR BECK, DIRECTOR OF DDTN, IS AN OWNER IN VICTOR C BECK JR DDS	112,281	HEALTH CARE PAYMENTS		No

Part V Supplemental Information

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

Return Reference	Explanation
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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.**2015****Open to Public
Inspection**Name of the organization
DELTA DENTAL OF TENNESSEE INC**Employer identification number**

62-0812197

Return Reference**Explanation**

Form 990, Part VI, Section A, line 6

THE ORGANIZATION HAS ONE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE ORGANIZATIONS SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION, HAS VOTING RIGHTS THESE VOTING RIGHTS ALLOW THE SOLE MEMBER TO ELECT DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	IF ANY TRANSFER OF ASSETS, INVESTMENT, LOAN GUARANTY OR EXPENDITURE WHICH, INDIVIDUALLY OR IN THE AGGREGATE DURING ANY CALENDAR YEAR, EXCEEDS TEN PERCENT (10%) OF DDTN'S NET ASSETS AT THE TIME OF SUCH ACTION, THE TRANSACTION MUST BE APPROVED BY RENAISSANCE HEALTH SERVICE CORPORATION PRIOR TO THE CONSUMMATION OF SUCH TRANSACTION

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE INFORMATION IS GIVEN TO OUTSIDE TAX PREPARERS WHO PREPARE AND REVIEW THE FORM 990 PRIOR TO FILING FORM 990 WITH THE IRS, AN ELECTRONIC COPY IS PLACED ON THE WEBSITE FOR THE BOARD TO REVIEW AND ASK QUESTIONS

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE COMPANY'S VICE PRESIDENT AND GENERAL COUNSEL 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 IF A PROHIBITED TRANSACTION WERE IDENTIFIED, THE MATTER WOULD BE BROUGHT TO THE CHAIRPERSON OF THE BOARD 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 CONFLICT IN WHICH A MEMBER HAD 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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR THE EXECUTIVE POSITIONS AND FOR OTHER OFFICERS AND KEY EMPLOYEES AT LEAST THE FOLLOWING POSITIONS ARE COVERED THE CEO, CFO, AND THE SENIOR VICE PRESIDENTS THE ORGANIZATION CONTRACTS WITH AN INDEPENDENT THIRD PARTY TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS THE FINAL DETERMINATION OF COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS BASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES AND APPROVED BY THE BOARD THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2014 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN JUNE OF 2015

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES THEIR CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990 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 EMPLOYEES' W-2 AS REQUIRED BY IRS INSTRUCTIONS. ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R.

Return Reference	Explanation
Form 990, Part XI, line 9	CHANGE IN INVESTMENT IN SUBSIDIARY 220,310

Return Reference	Explanation
FORM 990, PART XII, LINES 2C	DELTA DENTAL OF TENNESSEE IS AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

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 TENNESSEE INC

Employer identification number
62-0812197

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) LIQUID CORN LLC 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-3349680	OWNS SUITE 244	TN	0	157	FORE HOLDING CORPORATION
(2) PREMIER INSURANCE SERVICES LLC 240 VENTURE CIRCLE NASHVILLE, TN 37228 11-3662057	INSURANCE BROKER	TN	-547	54,889	FORE HOLDING CORPORATION
(3) SUITE 244 PARTNERS LLC 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-3643584	HOLDS THE LEASE TO SUITE 244 AT LP FIELD (TITANS STADIUM)	TN	0	0	FORE HOLDING CORPORATION

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

1

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

a

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

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

Yes

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

Yes

n

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

1n

No

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) DELTA DENTAL PLAN OF MICHIGAN inc	M	4,458,777	ACTUAL COST
(2) DELTA DENTAL OF NORTH CAROLINA	D	580,000	ACTUAL LOAN AMOUNT
(3) SMILE 180 FOUNDATION	B	3,500,000	ACTUAL COST
(4) SMILE 180 FOUNDATION	Q	179,714	ACTUAL COST
(5) SMILE 180 FOUNDATION	O	158,805	ACTUAL COST

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 62-0812197

Name: DELTA DENTAL OF TENNESSEE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
DELTA DENTAL PLAN OF OHIO inc PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(c)(4)	N/A	delta dental plan of michigan inc	Yes	
DELTA DENTAL PLAN OF INDIANA INC PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(c)(4)	N/A	delta dental plan of michigan inc	Yes	
DELTA DENTAL PLAN OF MICHIGAN INC 4100 OKEMOS ROAD OKEMOS, MI 48864 38-1791480	PROVIDE DENTAL SERVICE PLANS	MI	501(c)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
DELTA DENTAL FUND PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	Line 11a, I	delta dental plan of michigan inc	Yes	
RENAISSANCE HEALTH SERVICE CORPORATION PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
DELTA DENTAL PLAN OF NEW MEXICO INC PO BOX 30416 LANSING, MI 489097916 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
DELTA DENTAL OF KENTUCKY INC PO BOX 30416 LANSING, MI 489097916 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
DELTA DENTAL OF NORTH CAROLINA PO BOX 30416 LANSING, MI 489097916 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
DELTA DENTAL OF ARKANSAS PO BOX 30416 LANSING, MI 489097916 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
DELTA DENTAL OF ARKANSAS FOUNDATION PO BOX 30416 LANSING, MI 489097916 26-1569324	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(3)	PF	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
RENAISSANCE FAMILY FOUNDATION INC 4100 OKEMOS ROAD OKEMOS, MI 48864 46-1376165	Emphasize DENTAL HEALTH IN COMMUNITIES	MI	501(c)(3)	PF	RENAISSANCE HOLDING COMPANY	Yes	
SMILE 180 FOUNDATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 47-1654054	Emphasize DENTAL HEALTH IN COMMUNITIES	TN	501(c)(3)	Line 11a, I	DELTA DENTAL OF TENNESSEE INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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) FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-4116122	HOLDING COMPANY	TN	N/A	C	220,310	10,133,418	100 000 %	Yes	
(1) RENAISSANCE HOLDING COMPANY PO BOX 30416 LANSING, MI 489097916 41-2177193	HOLDING COMPANY	MI	RENAISSANCE HEALTH SERVICE CORPORATION	C				Yes	
Renaissance Life & Health Insurance (2) Company of America PO BOX 30416 LANSING, MI 48909 47-0397286	INSURANCE	IN	RENAISSANCE HOLDING COMPANY	C				Yes	
(3) Renaissance Health Insurance Company of New York PO BOX 30416 LANSING, MI 48909 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C				Yes	
(4) dental choice inc 10100 linn station rd suite 700 louisville, KY 40223 61-1105118	PROVIDE DENTAL SERVICE PLANS	KY	DELTA DENTAL OF C KENTUCKY	C				Yes	
(5) dental choice agency inc 10100 linn station rd suite 700 louisville, KY 40223 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY & DENTAL CHOICE	KY	DELTA DENTAL OF C KENTUCKY	C				Yes	
(6) OMEGA ADMINISTRATORS INC 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120 04-3740469	PROVIDING THIRD-PARTY ADMINISTRATIVE SERVICES	AR	DELTA DENTAL OF C ARKANSAS	C				Yes	
(7) GLM HOLDING COMPANY 4100 OKEMOS ROAD OKEMOS, MI 48864 47-2557772	INVESTMENT IN SUBSIDIARIES	MI	DELTA DENTAL OF C MICHIGAN	C				Yes	
(8) DEWPOINT INC 300 S WASHINGTON SQUARE LANSING, MI 48933 38-3300595	IT CONSULTING	MI	GLM HOLDING COMPANY	C				Yes	