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EXTENDED TO NOVEMBER 15, 2017

OMB No 1545-0047

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016Department of the Treasury
Internal Revenue Service

- ▶ 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

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

DELTA DENTAL OF SOUTH DAKOTA

Doing business as

Number and street (or P O box if mail is not delivered to street address)

PO BOX 1157

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

PIERRE, SD 57501

F Name and address of principal officer
 SCOTT JONES
 SAME AS C ABOVE
D Employer identification number

46-0309258

E Telephone number

605-224-7345

G Gross receipts \$ 172,806,471.**H(a)** Is this a group returnfor 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.DELTADENTALSD.COM**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1963 **M** State of legal domicile SD**Part II Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities	DEDICATED TO ADVANCING AND PROMOTING THE IMPROVEMENT OF ORAL HEALTH.					
2	Check this box <input type="checkbox"/> 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	15				
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 2016 (Part V, line 2a)	5	83				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total unrelated business revenue from Part VIII, column (C) line 12	7a	2,576,749.				
7b	Net unrelated business taxable income from Form 990 T, line 34	7b	<651.>				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	0.	0.				
9	Program service revenue (Part VIII line 2g)	136,730,384.	148,927,898.				
10	Investment income (Part VIII, column (A), lines 3, 4 and 7d)	334,989.	734,400.				
11	Other revenue (Part VIII column (A) lines 5-6d, 8c, 9c, 10c, and 11e)	2,076,483.	2,569,891.				
12	Total revenue add lines 8 through 11 (must equal Part VIII-column (A) line 12)	139,141,856.	152,232,189.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,145,512.	3,130,561.				
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)	5,681,807.	6,231,267.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
b	Total fundraising expenses (Part IX column (D) line 25)	0.	0.				
17	Other expenses (Part IX, column (A) lines 11a, 11d, 11f, 24e)	129,863,339.	140,039,074.				
18	Total expenses Add lines 13-17 (must equal Part IX column (A) line 25)	137,690,658.	149,400,902.				
19	Revenue less expenses Subtract line 18 from line 12	1,451,198.	2,831,287.				
		Beginning of Current Year	End of Year				
20	Total assets (Part X line 16)	45,512,106.	49,074,576.				
21	Total liabilities (Part X line 26)	12,523,317.	12,612,359.				
22	Net assets or fund balances Subtract line 21 from line 20	32,988,789.	36,462,217.				

Part III 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: *SCOTT JONES* Date: 5/25/17

SCOTT JONES, PRESIDENT & CEO

Type or print name and title

Paid Print/Type preparer's name: LAURIE HANSON Preparer's signature: LAURIE HANSON Date: 05/25/17 Check ☐ if self-employed PTIN: P00851848

Preparer Use Only Firm's name: EIDE BAILLY LLP Firm's EIN: 45-0250958

Firm's address: 200 EAST 10TH ST, PO BOX 5125 SIOUX FALLS, SD 57117-5125 Phone no: 605-339-1999

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

526 3

SCANNED JUN 19 2017

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**DELTA DENTAL OF SOUTH DAKOTA IS DEDICATED TO ADVANCING AND PROMOTING THE IMPROVEMENT OF ORAL 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 \$ 136,660,134. including grants of \$ 3,130,561.) (Revenue \$ 148,927,898.)

DELTA DENTAL PAID THROUGH ITS CONTRACTS WITH INDEPENDENT DENTISTS 596,706 CLAIMS FOR DENTAL BENEFIT SERVICES FOR APPROXIMATELY 280,612 INDIVIDUALS WITH GROUP PLANS 8,099 INDIVIDUALS WITH DENTAL ACCIDENT PLANS, 112,000 SOUTH DAKOTA MEDICAID RECIPIENTS AND 95,000 NATIVE AMERICANS UNDER ABERDEEN AREA HEALTH SERVICES. DELTA DENTAL ALSO GRANTED THE DELTA DENTAL OF SOUTH DAKOTA FOUNDATION, A 501(C)(3) CHARITABLE ORGANIZATION, \$3,025,171 TO PROMOTE THE IMPROVEMENT OF ORAL HEALTH.

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 **136,660,134.**

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
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		X
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	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3864	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	83	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2016)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.	15	
1b Enter the number of voting members included in line 1a, above, who are independent	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?	X	
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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. ►
KIRBY SCOTT - 605-224-7345
720 N EUCLID AVE, PIERRE, SD 57501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 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) DALE GIBSON, DDS CHAIR	2.00 1.00	X		X				13,000.	0.	0.
(2) PAUL REZICH, DDS VICE CHAIR	1.00 1.00	X		X				7,000.	0.	0.
(3) GREG GERTSEN, DDS SECRETARY	1.00 0.00	X		X				7,200.	0.	0.
(4) JOHN CLAUSEN TREASURER	2.00 1.00	X		X				11,200.	0.	0.
(5) MONTY BECHTOLD, DDS DIRECTOR	1.00 1.00	X						6,000.	0.	0.
(6) STEVE CULHANE DIRECTOR	1.00 0.00	X						7,000.	0.	0.
(7) JEFF FEIOCK, DDS DIRECTOR	1.00 0.00	X						6,000.	0.	0.
(8) G. VERNE GOODSSELL DIRECTOR	1.00 0.00	X						8,000.	0.	0.
(9) GREG HANSON, DDS DIRECTOR	1.00 0.00	X						7,000.	0.	0.
(10) PAT HERMANSON, DDS DIRECTOR	1.00 0.00	X						7,000.	0.	0.
(11) MARY HITZEMANN DIRECTOR	1.00 0.00	X						4,000.	0.	0.
(12) ELLEN LEE DIRECTOR	1.00 0.00	X						7,000.	0.	0.
(13) ANLEE ROLA, DDS DIRECTOR	1.00 1.00	X						6,000.	0.	0.
(14) JIM RUSSELL DIRECTOR	1.00 0.00	X						8,100.	0.	0.
(15) THANE CRUMP, DDS DIRECTOR	1.00 1.00	X						6,000.	0.	0.
(16) JERRY NACHTIGAL DIRECTOR	1.00 1.00	X						3,000.	0.	0.
(17) SCOTT JONES PRESIDENT & CEO	40.00 1.00			X				1,149,667.	0.	46,841.

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 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			
(18) KIRBY SCOTT VP OF FINANCE/CFO	40.00 1.00			X				187,769.	0.	30,111.
(19) GENE TETZLAFF VP - INFO TECHNICIAN	40.00 1.00			X				174,930.	0.	29,462.
(20) MICK HECKENLAIBLE VP OF OPERATIONS	40.00 1.00				X			183,030.	0.	45,095.
(21) JEFF MILLER VP OF UNDERWRITING	40.00 1.00				X			181,405.	0.	41,667.
(22) NANCE ORSBON VP - PROF RELATIONS	40.00 1.00					X		158,358.	0.	44,946.
(23) CONNIE HALVERSON VP - PUBLIC RELATIONS	20.00 20.00					X		140,478.	0.	43,377.
(24) GARY BJERRUM, DDS DENTIST	0.00 40.00					X		156,445.	0.	26,747.
(25) GEORGE ALLEN DATA ANALYST	40.00 0.00					X		106,387.	0.	17,670.
(26) SARA GREEN UNDERWRITING ANALYST	40.00 0.00					X		109,509.	0.	23,504.
1b Sub-total								2,661,478.	0.	349,420.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,661,478.	0.	349,420.

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 **11**

- 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
- 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
- 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

	Yes	No
3		X
4	X	
5		X

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
NONE		

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

Part VIII Statement of RevenueCheck 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	1 a 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	Business Code					
	2 a PREMIUM EARNED	812900	148,927,898.	148,927,898.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		148,927,898.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		929,275.			929,275.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses	38,700.				
	c Rental income or (loss)	45,558.				
	d Net rental income or (loss)	<6,858.>				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	20,333,849.				
	c Gain or (loss)	20,528,724.				
	d Net gain or (loss)	<194,875.>				
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a MANAGEMENT SERVICE FEES	541610	2,576,749.		2,576,749.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,576,749.				
12 Total revenue. See instructions.		152,232,189.	148,927,898.	2,576,749.	727,542.	

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	3,130,561.	3,130,561.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,990,301.		1,990,301.	
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	2,130,516.		2,130,516.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	988,596.		988,596.	
9 Other employee benefits	796,574.		796,574.	
10 Payroll taxes	325,280.		325,280.	
11 Fees for services (non-employees):				
a Management				
b Legal	758.		758.	
c Accounting	71,285.		71,285.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	208,384.		208,384.	
12 Advertising and promotion	366,149.		366,149.	
13 Office expenses	537,144.		537,144.	
14 Information technology	14,790.		14,790.	
15 Royalties				
16 Occupancy	59,379.		59,379.	
17 Travel	85,686.		85,686.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	199,202.		199,202.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	277,329.		277,329.	
23 Insurance	76,265.		76,265.	
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 INCURRED	133,529,573.	133,529,573.		
b MANAGEMENT SERVICE EXPE	2,177,962.		2,177,962.	
c COMMISSIONS	1,090,127.		1,090,127.	
d PREMIUM TAXES	957,370.		957,370.	
e All other expenses	387,671.		387,671.	
25 Total functional expenses. Add lines 1 through 24e	149,400,902.	136,660,134.	12,740,768.	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 SheetCheck 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	5,071.	1	7,602.
	2 Savings and temporary cash investments	4,075,184.	2	5,802,614.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	9,260,917.	4	9,746,302.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	128,382.	9	134,148.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 6,998,692.		
	b Less accumulated depreciation	10b 3,142,057.		
		4,042,431.	10c	3,856,635.
	11 Investments - publicly traded securities	27,102,495.	11	28,678,015.
	12 Investments - other securities. See Part IV, line 11	671,821.	12	576,194.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	225,805.	15	273,066.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	45,512,106.	16	49,074,576.	
Liabilities	17 Accounts payable and accrued expenses	3,425,848.	17	3,898,548.
	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	9,097,469.	25	8,713,811.
	26 Total liabilities. Add lines 17 through 25	12,523,317.	26	12,612,359.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		32,988,789.	30	36,462,217.
31 Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
32 Retained earnings, endowment, accumulated income, or other funds		0.	32	0.
33 Total net assets or fund balances		32,988,789.	33	36,462,217.
34 Total liabilities and net assets/fund balances	45,512,106.	34	49,074,576.	

Form 990 (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,232,189.
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,400,902.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,831,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,988,789.
5	Net unrealized gains (losses) on investments	5	642,141.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,462,217.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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	X	
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?		X
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		

Form 990 (2016)

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

2016Open to Public
Inspection

Name of the organization

DELTA DENTAL OF SOUTH DAKOTA

Employer identification number

46-0309258

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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	▶ \$ _____

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

Schedule D (Form 990) 2016

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
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		397,371.		397,371.
b Buildings		4,746,851.	1,537,713.	3,209,138.
c Leasehold improvements				
d Equipment		1,854,470.	1,604,344.	250,126.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,856,635.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNPAID CLAIMS AND CLAIMS INCURRED	
(3) BUT NOT REPORTED	4,649,000.
(4) UNPAID CLAIMS ADJUSTMENT EXPENSES	464,900.
(5) COST PLUS GROUP DEPOSITS	74,100.
(6) DEFERRED PREMIUMS	1,298,492.
(7) SUPPLEMENTAL RETIREMENT PLAN	
(8) LIABILITY	2,227,319.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	8,713,811.

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	150,099,785.
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	<2,177,962.>	
	e Add lines 2a through 2d		2e	<2,177,962.>
3	Subtract line 2e from line 1		3	152,277,747.
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	<45,558.>	
	c Add lines 4a and 4b		4c	<45,558.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	152,232,189.

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	147,268,498.
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	45,558.	
	e Add lines 2a through 2d		2e	45,558.
3	Subtract line 2e from line 1		3	147,222,940.
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	2,177,962.	
	c Add lines 4a and 4b		4c	2,177,962.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	149,400,902.

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.

PART X, LINE 2:

THE COMPANY HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, EXCEPT FOR UNRELATED BUSINESS INCOME.

ACCOUNTING STANDARDS PRESCRIBE A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT, AND A MEASUREMENT ATTRIBUTE FOR ALL TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, IN ORDER FOR THOSE TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. AT DECEMBER 31, 2016 AND 2015, THE COMPANY BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS OR LIABILITIES, OR INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS. IF THE COMPANY HAD INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

Part XIII Supplemental Information (continued)

WOULD BE ACCOUNTED FOR AS A COMPONENT OF INCOME TAX EXPENSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES RECORDED IN REVENUE ON FINANCIAL STATEMENTS -2,177,962.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECORDED IN EXPENSES ON FINANCIAL
STATEMENTS -45,558.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECORDED IN EXPENSES ON FINANCIAL
STATEMENTS 45,558.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RECORDED IN REVENUE ON FINANCIAL STATEMENTS 2,177,962.

**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

2016

Open to Public
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Name of the organization

DELTA DENTAL OF SOUTH DAKOTA

Employer identification number

46-0309258

Part I Questions Regarding Compensation

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

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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.

Only section 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?

b Any related organization?

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?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

(Form 990 or 990-EZ)

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

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DELTA DENTAL OF SOUTH DAKOTA

Employer identification number

46-0309258

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax incurred by the 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.
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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

[illegible]

Total	▶	\$
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Part III	Grants or Assistance Benefiting Interested Persons.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

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
JEFF FEIOCK, DDS	BOARD MEMBER	347,965.	INSURANCE R		X
PAUL REZICH, DDS	BOARD MEMBER	193,303.	INSURANCE R		X
MONTY BECHTOLD, DDS	BOARD MEMBER	284,976.	INSURANCE R		X
GREG HANSON, DDS	BOARD MEMBER	147,379.	INSURANCE R		X
PAT HERMANSON, DDS	BOARD MEMBER	392,497.	INSURANCE R		X
ANLEE ROLA, DDS	BOARD MEMBER	501,731.	INSURANCE R		X
THANE CRUMP, DDS	BOARD MEMBER	819,944.	INSURANCE R		X
GREG GERTSEN, DDS	BOARD MEMBER	100,671.	INSURANCE R		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JEFF FEIOCK, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENTS

(A) NAME OF PERSON: PAUL REZICH, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: MONTY BECHTOLD, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: GREG HANSON, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: PAT HERMANSON, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: ANLEE ROLA, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: THANE CRUMP, DDS

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENT

(A) NAME OF PERSON: GREG GERTSEN, DDS

(D) DESCRIPTION OF TRANSACTION: INSURANCE REIMBURSEMENTS

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

2016

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Employer identification number
46-0309258

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIRMAN, VICE-CHAIRMAN,
SECRETARY, TREASURER, AND SUCH OTHER MEMBERS AS THE BOARD DESIGNATES AND
SHALL BE VESTED WITH SUCH POWERS AS THE BOARD OF DIRECTORS SHALL BY
RESOLUTION DETERMINE. IT SHALL MAKE A WRITTEN REPORT OF ITS PROCEEDINGS AND
ACTIONS AT THE NEXT SUCCEEDING MEETING OF THE BOARD OF DIRECTORS. THE
CHAIRMAN SHALL BE THE CHAIRMAN OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 2:

ELLEN LEE AND SCOTT JONES ARE DIRECTORS AT A COMMUNITY BANK.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATIONAL DOCUMENTS WERE AMENDED IN 2016 TO CHANGE THE NAME OF THE
ORGANIZATION FROM DELTA DENTAL PLAN OF SOUTH DAKOTA TO DELTA DENTAL OF
SOUTH DAKOTA.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP CONSISTS OF DENTISTS LICENSED IN SOUTH DAKOTA THAT PAY
ONE-TIME MEMBERSHIP DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBER DENTISTS IN ATTENDANCE AT THE ANNUAL MEETING HAVE ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL MEMBER DENTISTS IN ATTENDANCE AT THE ANNUAL MEETING ARE ALLOWED ONE
VOTE ON ALL AGENDA ITEMS.

Name of the organization

DELTA DENTAL OF SOUTH DAKOTA

Employer identification number

46-0309258

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AT THE MAY BOARD MEETING. A REVIEW OF THE FORM IS CONDUCTED BY THE CHAIR OF THE AUDIT AND FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY, IN MAY, AT THE REGULARLY SCHEDULED BOARD MEETING. EACH FORM IS READ AT THE FOLLOWING MEETING, WITH ACTION TAKEN AS NEEDED. ACTION MAY INCLUDE ABSTENTION FROM DISCUSSION AND VOTING AND POSSIBLE TERMINATION AS A BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 15:

DELTA DENTAL OF SOUTH DAKOTA HAS A COMPENSATION COMMITTEE CHARTER, WHICH STATES THE PURPOSE OF THE COMPENSATION COMMITTEE IS TO REVIEW AND REPORT TO THE BOARD ON COMPENSATION AND PERSONNEL POLICIES, PROGRAMS AND PLANS AND TO APPROVE EMPLOYEE COMPENSATION AND BENEFIT PLANS. THE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE-CHAIR, AND AT LEAST TWO OTHER BOARD MEMBERS.

COMMITTEE MEMBERS ARE APPOINTED TO ANNUAL TERMS AND MAY BE REAPPOINTED TO UNLIMITED CONSECUTIVE TERMS. THE COMMITTEE ANNUALLY REVIEWS THE CEO'S PERFORMANCE AND DETERMINES SALARY ADJUSTMENTS AND INCENTIVE PAYMENTS FOR THE CEO, ENSURING COMPLIANCE WITH THE IRS "REBUTTABLE PRESUMPTION" SAFETY ZONE FOR EXECUTIVE COMPENSATION MATTERS. THE COMMITTEE ALSO REVIEWS THE CEO'S RECOMMENDATIONS AS TO SALARY ADJUSTMENTS AND INCENTIVE PAYMENTS FOR EXECUTIVE STAFF, ENSURING COMPENSATION WITHIN THE RANGES OF THE EXECUTIVE COMPENSATION PHILOSOPHY.

Name of the organization

DELTA DENTAL OF SOUTH DAKOTA

Employer identification number

46-0309258

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

Part VII Supplemental Information.

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

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