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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/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
DELTA DENTAL OF KENTUCKY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10100 LINN STATION ROAD NO 700

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40223

D Employer identification number
61-0659432

E Telephone number
(502) 736-5000

G Gross receipts $ 228,324,057

F Name and address of principal officer
J JUDE THOMPSON
10100 LINN STATION ROAD NO 700
LOUISVILLE, KY 40223

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW DELTADENTALKY COM

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

L Year of formation 1966

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DELTA DENTAL OF KENTUCKY'S MISSION HAS ALWAYS BEEN TO BE THE LEADER IN THE MARKETS WE SERVE, 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 ITS OVERARCHING MISSION IS TO BE THE DENTAL BENEFITS COMPANY OF CHOICE IN THE MARKETS WE SERVE

Activities & Governance

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 2017 (Part V, line 2a)	5	82
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	180,112,897	180,345,619
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	865,309	1,789,279
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-504,249	-844,847
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,473,957	181,290,051

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,546,334	2,905,627
14	Benefits paid to or for members (Part IX, column (A), line 4)	153,626,635	154,500,475
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,558,170	8,929,911
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)	14,235,508	14,033,584
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	178,966,647	180,369,597
19	Revenue less expenses Subtract line 18 from line 12	1,507,310	920,454

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	100,780,501	103,200,156
21	Total liabilities (Part X, line 26)	21,846,927	19,885,803
22	Net assets or fund balances Subtract line 21 from line 20	78,933,574	83,314,353

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

****** 2018-11-12
Signature of officer Date

RUSSELL W SKAGGS VP - FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID LOWENTHAL CPA	DAVID LOWENTHAL CPA	2018-11-12		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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE ODELTA DENTAL OF KENTUCKY'S MISSION HAS ALWAYS BEEN TO BE THE LEADER IN THE MARKETS WE SERVE, 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 ITS OVERARCHING MISSION IS TO BE THE DENTAL BENEFITS COMPANY OF CHOICE IN THE MARKETS WE SERVE

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 $ 177,483,965 including grants of $ 2,905,627) (Revenue $ 180,345,619)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 177,483,965

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	21,588		
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**	82		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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		Yes	
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
▶RUSSELL W SKAGGS VP - FINANCE 10100 LINN STATION ROAD STE 700 LOUISVILLE, KY 40223 (502) 736-5000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J JUDE THOMPSON PRESIDENT, CEO	35 00 5 00	X		X				222,949	0	6,058
(2) CLIFFORD T MAESAKA PRESIDENT, CEO - THRU 3/17	35 00 5 00	X		X				421,356	0	39,272
(3) BRUCE R SMITH CHAIR	8 00 16 00	X		X				38,900	139,512	0
(4) MICHAEL CHILDERS DMD DIRECTOR	4 00 5 00	X						33,200	25,008	0
(5) MARY M CORBETT DIRECTOR - THRU 12/17	2 00 0 00	X						9,100	0	0
(6) DIANE CORNWELL DIRECTOR	4 00 0 00	X						37,500	0	0
(7) RODNEY A JACKSON DMD DIRECTOR	2 00 0 00	X						25,400	0	0
(8) OLIVIA F KIRTLEY DIRECTOR	4 00 0 00	X						11,200	0	18,000
(9) STEVE S REED DIRECTOR	2 00 0 00	X						19,500	0	0
(10) J DAVID SMITH DIRECTOR	2 00 0 00	X						25,700	0	0
(11) JOHN N WILLIAMS JR DMD DIRECTOR	2 00 0 00	X						25,400	0	0
(12) STEPHEN C DAY VP/CMO - THRU 4/17	40 00 0 00			X				316,225	0	22,437
(13) JOHN L WEEKS III VP/CLO/SECRETARY	40 00 0 00			X				296,112	0	23,542
(14) ANGELA J NENNI VP/CAO	40 00 0 00			X				269,567	0	14,719
(15) TAMARA L YORK-DAY VP/COO - THRU 12/17	40 00 0 00			X				525,274	0	16,784
(16) RUSSELL W SKAGGS VP/CFO	40 00 0 00			X				204,931	0	22,897
(17) RONALD E STORY VP/CIO	40 00 0 00			X				189,858	0	8,778

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIAN D HART	40 00			X				138,821	0	17,616
VP/CRO	0 00									
(19) JEFFERY D DUES	40 00					X		160,231	0	21,742
SENIOR ACCOUNT EXECUTIVE	0 00									
(20) TAUNYA L ESHENBAUGH	40 00					X		172,548	0	7,702
SENIOR ACCOUNT EXECUTIVE	0 00									
(21) BRIAN E KRAINER	40 00					X		201,751	0	15,039
DIRECTOR - SALES	0 00									
(22) TAMMY W CANNON	40 00					X		101,800	0	13,076
MANAGER - UNDERWRITING	0 00									
(23) GINA R WHITLOW	40 00					X		109,741	0	22,928
EXECUTIVE ASSISTANT	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,557,064	164,520	270,590

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 ▶ 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DELTA DENTAL PLAN OF MICHIGAN PO BOX 30416 LANSING, MI 48909	ADMINISTRATIVE SERVICES	3,557,914
MCGRIFF INSURANCE SERVICES INC 3605 GLENWOOD AVENUE STE 201 RALEIGH, NC 27612	BENEFITS CONSULTING	972,491
RENAISSANCE LIFE & HEALTH INSURANCE COMP PO BOX 30416 LANSING, MI 48909	ADMINISTRATIVE SERVICES	912,777
ASSURED PARTNERS NL LLC 2305 RIVER ROAD LOUISVILLE, KY 40206	BENEFITS CONSULTING	644,512
PLANCHOICE INC 13257 OBANNON STATION LOUISVILLE, KY 40223	BENEFITS CONSULTING	600,851

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 ▶ 31

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		Business Code				
	2a DENTAL CARE REVENUE	524114	180,333,599	180,333,599		
	b OTHER FEES	900099	12,020	12,020		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		180,345,619			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		836,956			836,956
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	664,990				
	b Less rental expenses	1,509,837				
	c Rental income or (loss)	-844,847				
	d Net rental income or (loss) . . . . . ▶		-844,847			-844,847
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	46,476,492				
	b Less cost or other basis and sales expenses	45,524,169				
	c Gain or (loss)	952,323				
	d Net gain or (loss) . . . . . ▶		952,323			952,323
	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					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 Total revenue. See Instructions . . . . . ▶		181,290,051	180,345,619	0	944,432

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,905,627	2,905,627		
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, line 15 and 16				
4 Benefits paid to or for members	154,500,475	154,500,475		
5 Compensation of current officers, directors, trustees, and key employees	3,001,096	1,500,548	1,500,548	
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	4,462,777	4,462,777		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	165,563	165,563		
9 Other employee benefits	887,867	887,867		
10 Payroll taxes	412,608	317,708	94,900	
11 Fees for services (non-employees)				
a Management	428,340		428,340	
b Legal	123,748		123,748	
c Accounting	76,980		76,980	
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 Schedule O)				
12 Advertising and promotion	972,178	874,960	97,218	
13 Office expenses	319,432	207,631	111,801	
14 Information technology	450,382	450,382		
15 Royalties . .				
16 Occupancy	511,302	444,833	66,469	
17 Travel	562,684	281,342	281,342	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	44,997	26,998	17,999	
20 Interest	111	111		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	86,415	77,774	8,641	
23 Insurance . . .	75,601		75,601	
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 BROKER COMMISSIONS	7,445,071	7,445,071		
b PROCESSING FEES	2,321,913	2,321,913		
c DUES & ASSESSMENTS	366,429	366,429		
d POSTAGE & SHIPPING	204,538	202,493	2,045	
e All other expenses	43,463	43,463		
25 **Total functional expenses.** Add lines 1 through 24e	180,369,597	177,483,965	2,885,632	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	18,919,846	1	16,342,596
	2	Savings and temporary cash investments	815,158	2	467,748
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,708,032	4	15,387,426
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	32,000	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 17,039,667			
	b	Less accumulated depreciation — 10b: 7,174,803	10,510,368	10c	9,864,864
	11	Investments—publicly traded securities	21,143,410	11	22,109,777
	12	Investments—other securities See Part IV, line 11	25,449,726	12	29,860,454
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,201,961	15	9,167,291
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	100,780,501	16	103,200,156
Liabilities	17	Accounts payable and accrued expenses	4,196,894	17	4,013,548
	18	Grants payable		18	
	19	Deferred revenue	2,346,198	19	1,956,846
	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	15,303,835	25	13,915,409
	26	**Total liabilities.** Add lines 17 through 25	21,846,927	26	19,885,803
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	78,933,574	27	83,314,353
	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		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	78,933,574	33	83,314,353
	34	Total liabilities and net assets/fund balances	100,780,501	34	103,200,156

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,290,051
2	Total expenses (must equal Part IX, column (A), line 25)	2	180,369,597
3	Revenue less expenses Subtract line 2 from line 1	3	920,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,933,574
5	Net unrealized gains (losses) on investments	5	3,283,477
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	176,848
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,314,353

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 61-0659432

Name: DELTA DENTAL OF KENTUCKY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

THE CORE MISSION FOR DELTA DENTAL OF KENTUCKY IS TO ENHANCE ORAL HEALTH CARE FOR KENTUCKIANS AND OUR MEMBERS AROUND THE COUNTRY WE STRIVE TO PROVIDE SUPERIOR CUSTOMER SERVICE BY UTILIZING THE MOST CURRENT TECHNOLOGY, WHILE AT THE SAME TIME MANAGING OVERALL COSTS FOR THE BEST VALUE THROUGH OUR DENTAL BENEFITS PROGRAMS AND COMMUNITY INVOLVEMENT WE ARE MAKING A DIFFERENCE IN THE MARKETS WE SERVE IN 2017 WE PROCESSED AND PAID OVER $153 MILLION IN CLAIMS FOR 684,000 MEMBERS SEE SCHEDULE O FOR CONTINUATIONPROVIDING VALUE TO OUR CUSTOMERSDELTA DENTAL IS DEDICATED TO MEMBERS RECEIVING QUALITY DENTISTRY, WHILE ALSO SAVING GROUPS AND MEMBERS MONEY OUR DENTIST CREDENTIALING, COST MANAGEMENT POLICIES AND FEE REDUCTION AGREEMENTS WITH DENTISTS HELP OUR MEMBERS RECEIVE THE BEST DENTAL OUTCOMES FOR FIVE DECADES, DELTA DENTAL HAS HELPED PROMOTE ORAL HEALTH BY DESIGNING AND ADMINISTERING INNOVATIVE, COST-EFFECTIVE DENTAL BENEFIT PROGRAMS EXPERTS AT PLAN DESIGN, DELTA DENTAL HAS CREATED DENTAL BENEFIT PROGRAMS THAT MEET CUSTOMER COST-OBJECTIVES WHILE HELPING TO IMPROVE AND MAINTAIN ORAL HEALTH THE PROGRAMS FEATURE LARGE PANELS OF PARTICIPATING DENTISTS IN FACT, 3 OUT OF 4 DENTISTS NATIONWIDE PARTICIPATE WITH DELTA DENTAL THIS KIND OF REACH HAS ENABLED MILLIONS OF PEOPLE TO RECEIVE COST-EFFECTIVE DENTAL CARE DELTA DENTAL'S MEMBERS ARE AFFORDED ADDED PROTECTION BECAUSE THEY GUARANTEE THAT PARTICIPATING DENTISTS WILL ACCEPT THEIR PAYMENT FOR COVERED SERVICES AND THAT NO CHARGES, OTHER THAN CO-PAYMENTS AND DEDUCTIBLES WILL BE BILLED THIS LOWERS CLAIM COSTS FOR CUSTOMERS AND REDUCES OUT-OF-POCKET COSTS FOR MEMBERS WITH TWO NETWORKS OF PARTICIPATING DENTISTS IN ONE INTEGRATED CLAIMS SYSTEM, DELTA DENTAL CAN DELIVER TO CUSTOMERS AND GROUP MEMBERS, THE GREATEST ACCESS AT THE BEST COST COMMUNITY INVOLVEMENTDELTA DENTAL OF KENTUCKY IS COMMITTED TO IMPROVING THE ORAL HEALTH AND OVERALL HEALTH FOR ALL CITIZENS ACROSS KENTUCKY THROUGH TWO CHARITABLE ENDEAVORS, THE DELTA DENTAL OF KENTUCKY FOUNDATION AND MAKING SMILES HAPPEN, DELTA DENTAL IS ABLE TO COMMIT TIME AND RESOURCES TO FURTHER OUR MISSION OF ENHANCING THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE IN 2017, DELTA DENTAL AWARDED OVER $3 MILLION IN FUNDS ACROSS KENTUCKY REACHING OVER 140 CHARITABLE ORGANIZATIONS DELTA DENTAL OF KENTUCKY PARTNERED WITH KENTUCKY YOUTH ADVOCATES TO CONDUCT A SURVEY OF CHILDREN'S ORAL HEALTH IN KENTUCKY A STUDY HAD NOT BEEN COMPLETED IN OVER 15 YEARS AND OVER 2,000 STUDENTS IN 60 PUBLIC SCHOOLS ACROSS THE COMMONWEALTH WERE SURVEYED THE MAKING SMILES HAPPEN 2016 STUDY OF ORAL HEALTH OF KENTUCKY'S YOUTH WHERE ARE WE? WHAT CAN BE DONE? WHO CAN HELP? WAS PUBLISHED IN THE FALL 2015 AND HIGHLIGHTED KEY FINDINGS AND RECOMMENDATION FOR ORAL HEALTH IMPROVEMENT PLANS MOVING FORWARD IN 2017, AN ADDITIONAL $1 MILLION WAS PLEDGED TO IMPROVE THE ORAL HEALTH OF KENTUCKY IN FIVE DIFFERENT REGIONS THROUGHOUT THE STATE IN 2017, DELTA DENTAL MADE A FIVE YEAR COMMITMENT TO THE OPEN ARMS DENTAL CLINIC AT HOME OF THE INNOCENTS HOME OF THE INNOCENTS PROVIDES CARE TO CHILDREN WHO HAVE BEEN ABUSED, ABANDONED, AND NEGLECTED, CARE TO MEDICALLY FRAGILE CHILDREN, AND CHILDREN WITH OTHER SPECIAL NEEDS THROUGH RESIDENTIAL AND COMMUNITY-BASED SERVICES THE HOME OPERATES OPEN ARMS CHILDREN'S HEALTH WHICH INCLUDES THE OPEN ARMS DENTAL CLINIC PROVIDING DENTAL TREATMENT FOR NOT ONLY RESIDENTS OF THE HOME BUT ALSO CHILDREN IN NEED FROM AROUND THE REGION DELTA DENTAL OF KENTUCKY IS THE MAIN FUNDER OF THE CURRENT DENTAL PRACTICE WITHIN OPEN ARMS THIS DENTAL PRACTICE CONSISTS OF FOUR STATE-OF-THE-ART DENTAL SUITES, INCLUDING A "QUIET ROOM", DIGITAL INTRA ORAL AND PANORAMIC X-RAY, CEILING-MOUNTED LIFTS TO FACILITATE TRANSFERS FROM WHEELCHAIRS, AND CUSTOM MADE DENTAL CHAIR BEAN BAGS TO IMPROVE COMFORT FOR CHILDREN WITH DISABILITIES BEHAVIORAL HEALTH THERAPISTS ARE ON-SITE TO HELP CHILDREN FOR THEIR DENTAL VISIT AND CAN ACCOMPANY CHILDREN TO APPOINTMENTS CHILDREN WITH MEDICALLY COMPLEX CONDITIONS THAT WERE PREVIOUSLY REFERRED TO AN OPERATING ROOM AT THE CHILDREN'S HOSPITAL CAN BE TREATED AT THE HOME INSTEAD, WHICH FOR MANY OF THEM IS THEIR HOME REFUGEE FAMILIES FIND LANGUAGE AND CULTURAL DIFFERENCES ARE ACCEPTED WITH AS MANY BARRIERS AS POSSIBLE REMOVED LAST YEAR, ALMOST 2,000 CHILDREN RECEIVED DENTAL SERVICES CHILDREN OF REFUGEE FAMILIES, MANY WHO HAVE NEVER SEEN A DENTIST, ACCOUNT FOR ALMOST 50% OF OPEN ARMS PATIENTS DELTA DENTAL OF KENTUCKY HAS MADE A 5 YEAR COMMITMENT TO HOME OF THE INNOCENTS OPEN ARMS DENTAL CLINIC AND WILL RECEIVE NAMING RIGHTS IN 2018 OTHER 2017 FUNDING INITIATIVES INCLUDE THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY MOBILE DENTAL CLINIC, THE WESTERN KENTUCKY UNIVERSITY MOBILE HEALTH VAN, AND "TEETH ON THE GO", OUR ORAL HEALTH EDUCATION PROGRAM FOR STUDENTS K THROUGH 6TH GRADE HUNDREDS OF TEACHERS HAVE USED THESE KITS TO EDUCATE OVER 100,000 STUDENTS AROUND THE STATE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KENTUCKY INC

Employer identification number
61-0659432

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		830,000		830,000
b Buildings		11,727,036	3,653,418	8,073,618
c Leasehold improvements		1,382,981	710,390	672,591
d Equipment		1,669,695	1,407,746	261,949
e Other		1,429,955	1,403,249	26,706
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				9,864,864

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	21,557,741	F
(3) Other		
(A) INVESTMENT - DENTAL CHOICE, INC	8,302,713	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	29,860,454	

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

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

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

(a) Description	(b) Book value
(1) ACCRUED INVESTMENT INCOME	205,274
(2) 457(B) PLAN	1,049,135
(3) INVESTMENT - RHC	7,632,882
(4) SURPLUS NOTE RECEIVABLE	280,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	9,167,291

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	
CLAIMS CHECKS OUTSTANDING	4,688,286
ESTIMATED CLAIMS LIABILITY	9,227,123
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,915,409

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KENTUCKY INC

Employer identification number
61-0659432

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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

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

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MADE AND MONITORED UNDER A BOARD APPROVED CORPORATE POLICY WHICH SETS OUT THE GRANT CRITERIA, INCLUDING PROCESSES FOR APPROVAL, DISTRIBUTION, AND MONITORING THE GRANT REVIEW AND APPROVAL COMMITTEE CONSISTS OF MEMBERS OF THE BOARD AND COMPANY EXECUTIVES GRANTS MUST BE SUBMITTED ON SPECIFIED FORMS WHICH REQUIRE INFORMATION ABOUT THE GRANTEE ORGANIZATION AND HOW THE GRANTS WILL BE USED GRANTEE ORGANIZATIONS MUST PERIODICALLY REPORT ON HOW THE FUNDS HAVE BEEN UTILIZED AND CERTIFY THAT FUNDS ARE DISBURSED IN ACCORDANCE WITH THE APPROVED GRANT APPLICATION THESE REPORTS ARE REGULARLY REVIEWED BY COMPANY STAFF AND SUMMARIZED FOR THE GRANT COMMITTEE THE COMMITTEE REVIEWS THE REPORTS AT LEAST QUARTERLY AND COMMUNICATES QUESTIONS OR CONCERNS BACK TO THE GRANTEE ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 61-0659432
Name: DELTA DENTAL OF KENTUCKY INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENTUCKY STATE POLICE FOUNDATION 1303 US HWY 127 FRANKFORT, KY 40601	47-4712245	501(C)(3)	50,000				THE TROOPER PROJECT
LOUISVILLE DENTAL SOCIETY INC 1920 NELSON MILLER PKWY LOUISVILLE, KY 40223	61-0726110	501(C)(6)	75,000				METRO DENTAL VAN PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE 325 WEST MAIN STREET SUITE 1110 LOUISVILLE, KY 40202	31-0997017	501(C)(3)	2,250,000				GENERAL DONATION
LEADERSHIP LOUISVILLE FOUNDATION 732 W MAIN STREET LOUISVILLE, KY 40202	31-0958491	501(C)(3)	10,000				GENERAL DONATION

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
GREATER LOUISVILLE INC 614 W MAIN STREET LOUISVILLE, KY 40202	61-1131064	501(C)(6)	10,000				GENERAL DONATION

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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

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KENTUCKY INC

Employer identification number
61-0659432

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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	FOR THE ANNUAL RHSC CONFERENCE THE BOARD MEMBERS ARE ALLOWED TO HAVE COMPANION TRAVEL WITH THEM THIS IS TAXABLE TO THE BOARD MEMBER
PART I, LINES 4A-B	DURING 2017, A SEVERANCE PAYMENT WAS MADE TO CLIFFORD T MAESAKA, THE FORMER CEO, IN THE AMOUNT OF $215,745 IN ADDITION, TAMARA L YORK-DAY, FORMER COO RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $131,127 LASTLY, STEPHEN C DAY FORMER CMO RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $186,751 DELTA DENTAL OF KENTUCKY, HAS BOTH A 457(B) PLAN AS WELL AS A 457(F) SERP, A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ONLY ONE POSITION, THE CEO, IS ELIGIBLE FOR THE SERP ADDITIONALLY, ALL OTHER VPS AND BOARD MEMBERS ARE ELIGIBLE FOR THE 457(B) PLAN IN 2017, THE ACCRUAL FOR CLIFFORD T MAESAKA, THE FORMER CEO, SERP TOTALED $20,178 THE ACCRUAL FOR JUDE THOPMSON, CEO STARTING IN MARCH 2017, SERP TOTALED $6,058 THE RELATED ORGANIZATION, DELTA DENTAL PLAN OF MICHIGAN, HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN ORDER TO BE ELIGIBLE FOR THE SERP, AN EMPLOYEE MUST BE A SENIOR VICE PRESIDENT OR HIGHER AN OUTSIDE INDEPENDENT ACTUARY CALCULATES THE VALUE ON AN ANNUAL BASIS IN 2017, GORAN JURKOVIC, CFO, PARTICIPATED IN THE SERP BUT DID NOT RECEIVE A DISTRIBUTION
PART I, LINE 7	AS INDICATED IN SCHEDULE J, PART II, TOP MANAGEMENT OFFICIALS RECEIVED A BONUS BASED UPON EMPLOYEE PERFORMANCE AND THE FINANCIAL RESULTS OF THE ORGANIZATION AS COMPARED TO BUDGET THIS BONUS WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

Additional Data

Software ID:

Software Version:

EIN: 61-0659432

Name: DELTA DENTAL OF KENTUCKY 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				
1J JUDE THOMPSON PRESIDENT, CEO	(I)	52,192	0	170,757	6,058	0	229,007	0
	(II)	0	0	0	0	0	0	0
1CLIFFORD T MAESAKA PRESIDENT, CEO - THRU 3/17	(I)	63,547	141,225	216,584	20,178	19,094	460,628	0
	(II)	0	0	0	0	0	0	0
2BRUCE R SMITH CHAIR	(I)	0	0	38,900	0	0	38,900	0
	(II)	139,512	0	0	0	0	139,512	0
3STEPHEN C DAY VP/CMO - THRU 4/17	(I)	64,644	63,852	187,729	0	22,437	338,662	0
	(II)	0	0	0	0	0	0	0
4JOHN L WEEKS III VP/CLO/SECRETARY	(I)	219,666	73,524	2,922	0	23,542	319,654	0
	(II)	0	0	0	0	0	0	0
5ANGELA J NENNI VP/CAO	(I)	201,848	66,189	1,530	0	14,719	284,286	0
	(II)	0	0	0	0	0	0	0
6TAMARA L YORK-DAY VP/COO - THRU 12/17	(I)	264,232	104,466	156,576	0	16,784	542,058	0
	(II)	0	0	0	0	0	0	0
7RUSSELL W SKAGGS VP/CFO	(I)	152,570	51,043	1,318	0	22,897	227,828	0
	(II)	0	0	0	0	0	0	0
8RONALD E STORY VP/CIO	(I)	156,982	31,512	1,364	0	8,778	198,636	0
	(II)	0	0	0	0	0	0	0
9BRIAN D HART VP/CRO	(I)	138,632	0	189	0	17,616	156,437	0
	(II)	0	0	0	0	0	0	0
10JEFFERY D DUES SENIOR ACCOUNT EXECUTIVE	(I)	72,796	87,116	319	0	21,742	181,973	0
	(II)	0	0	0	0	0	0	0
11TAUNYA L ESHENBAUGH SENIOR ACCOUNT EXECUTIVE	(I)	55,434	117,041	73	0	7,702	180,250	0
	(II)	0	0	0	0	0	0	0
12BRIAN E KRAINER DIRECTOR - SALES	(I)	107,843	93,469	439	0	15,039	216,790	0
	(II)	0	0	0	0	0	0	0

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KENTUCKY INC

Employer identification number
61-0659432

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING THE 2017 CALENDAR YEAR, DDKY AMENDED ITS ARTICLES OF INCORPORATION TO ALLOW VISION INSURANCE AT 12/31/2017 THE VISION PRODUCT WAS STILL UNDER DEVELOPMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE JULY 1, 2009 RENAISSANCE HEALTH SERVICE CORPORATION BECAME THE SOLE CORPORATE MEMBER OF DELTA DENTAL OF KENTUCKY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	RHSC IS THE SOLE VOTING MEMBER OF DDKY HOWEVER, UNDER THE TERMS OF THE AFFILIATION AGREEM ENT THE PARTIES AGREED THAT THE DELTA DENTAL OF KENTUCKY (DDKY) BOARD SELECTS DIRECTOR CAN DIDATES AND SUBMITS THEM TO RENAISSANCE HEALTH SERVICE CORP (RHSC) RHSC THEN APPROVES THE CANDIDATES RHSC CAN REJECT PROPOSED CANDIDATES ONLY FOR "JUST CAUSE" AS DEFINED IN THE A GREEMENT OTHERWISE, RHSC MUST APPROVE ALL THE CANDIDATES PROPOSED BY THE DDKY BOARD RHSC HAS THE RIGHT TO ELECT A NUMBER OF DIRECTORS TO THE DDKY BOARD PROPORTIONAL TO THE NUMBER OF DIRECTORS THAT DDKY MAY NOMINATE TO THE RHSC BOARD AS OF 12/31/2017, RHSC APPOINTED O NE MEMBER OF THE 9 MEMBER DDKY BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE RIGHTS OF THE DDKY BOARD ARE TO APPROVE THE ANNUAL BUDGETS FOR OPERATIONS, ELECT OFFIC ERS OF THE DDKY BOARD OF DIRECTORS, APPROVE THE TRANSFER OF ANY OF ITS ASSETS, APPROVE THE INCURRENCE OR GUARANTY OF DEBT AND APPROVE THE MANAGEMENT OF ITS INVESTMENTS RHSC MUST A PPROVE ANY TRANSFER OF ASSETS, INVESTMENTS, LOANS, GUARANTIES OR EXPENDITURES WHICH EXCEED S TEN PERCENT OF DDKY'S NET ASSETS RHSC MUST APPROVE THE FOLLOWING CHANGES TO THE DDKY BY LAWS THE IDENTITY, QUALIFICATION OR RIGHTS OF DDKY'S VOTING MEMBER, THE QUALIFICATIONS, C LASSIFICATIONS, TERMS OF OFFICE OR PERMISSIBLE NUMBER OF DIRECTORS ON DDKY'S BOARD OR ANY LIMITATION ON THE RIGHTS OR AUTHORITY OF THE DDKY BOARD CONTAINED IN DDKY'S ORGANIZATIONAL DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS FIRST REVIEWED INTERNALLY BY THE VP-FINANCE, GENERAL COUNSEL AND CEO A DR AFT IS THEN PRESENTED TO THE AUDIT AND FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING, A CO PY OF THE FINAL FORM 990 IS DISTRIBUTED TO THE ENTIRE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES MUST COMPLETE AND SUBMIT A CONFLICT OF INTEREST DISC LOSURE ANNUALLY THESE FORMS ARE REVIEWED BY THE CEO, THE CORPORATE COMPLIANCE OFFICER, AN D A REPORT IS MADE TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS THE AUDIT COMMITTEE REVIEWS ALL POTENTIAL CONFLICTS TO DETERMINE IF THE CONFLICTS REPRESENT MATERIA L FINANCIAL RISK TO THE COMPANY AND TAKES ANY ACTION NECESSARY TO RESOLVE OR MITIGATE THE EFFECT OF THE CONFLICTS WHEN A CONFLICT EXISTS AMONG THE VOTING BOARD MEMBERS, THAT BOARD MEMBER WILL ABSTAIN FROM VOTING ON THE CONFLICTED ISSUE ALL EMPLOYEES AND DIRECTORS ARE ADVISED ANNUALLY OF THE REQUIREMENT TO REPORT ANY POTENTIAL CONFLICTS OF INTEREST AS THEY OCCUR EMPLOYEES AND DIRECTORS MAY ALSO MAKE ANONYMOUS REPORTS OF ANY VIOLATIONS OF CORPOR ATE POLICIES THROUGH A DEDICATED WHISTLEBLOWER SYSTEM ADMINISTERED BY A THIRD PARTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO AND OTHER OFFICERS COMPENSATION ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD O F DIRECTORS THE PROCESS IS PERFORMED, AT A MINIMUM, ANNUALLY COMPENSATION WAS LAST REVIE WED BY DELTA DENTAL OF KENTUCKYS P&C COMMITTEE IN FEBRUARY 2017 THE COMMITTEE IS MADE UP OF BOARD MEMBERS THE COMMITTEE UTILIZES CERTAIN COMPENSATION SURVEYS AND OUTSIDE CONSULTA NTS ARE ENGAGED AS NEEDED COMPENSATION WAS ALSO REVIEWED UNDER DELTA DENTAL PLAN OF MICHI GANS HR EXECUTIVE COMPENSATION PROCESS DURING 2016 THE REPORT BASED ON THIS REVIEW WAS TH EN ISSUED BY THE CONSULTANTS IN JUNE OF 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE FILED WITH THE KENTUCKY DEPARTMENT OF INS URANCE AND ARE AVAILABLE FOR INSPECTION BY THE PUBLIC THROUGH THAT AGENCY ADDITIONALLY, T HE COMPANY MAKES ORGANIZATIONAL DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL ST ATEMENTS AVAILABLE AT NO COST UPON RECEIPT OF A WRITTEN REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	CERTAIN EMPLOYEES ARE OFFICERS OF MULTIPLE COMPANIES WITHIN THE LARGER ORGANIZATION THE A VERAGE 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 SPEN T WORKING ON ISSUES THAT IMPACT THE ENTIRE ORGANIZATION, NOT JUST ONE COMPANY COMPENSATIO N IS REPORTED IN FULL TO AGREE TO THE EMPLOYEE'S W-2 AS REQUIRED BY IRS INSTRUCTIONS ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN SUBSIDIARY 176,848

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	PROCESS IS THE SAME AS THE PRIOR YEAR

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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

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF KENTUCKY INC

Employer identification number
61-0659432

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) DENTAL CHOICE PROPERTIES LLC 10100 LINN STATION RD SUITE LOUISVILLE, KY 40223 61-0659432	NO BUSINESS ACTIVITY	KY	0	0	DELTA DENTAL OF KENTUCKY

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHESME LLC 124 N BRIDGE ST DEWITT, MI 48820 20-0061957	CAPITAL MANAGEMENT	MI	GLM HOLDING COMPANY	RELATED				No			No	

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

(a) 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	(i) No
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
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	Yes	
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)DENTAL CHOICE INC	L	308,184	ACTUAL COST
(2)DELTA DENTAL OF NORTH CAROLINA	D	280,000	ACTUAL COST
(3)DELTA DENTAL PLAN OF MICHIGAN INC	M	2,297,726	ACTUAL COST
(4)RENAISSANCE LIFE AND HEALTH INSURANCE COMPANY OF AMERICA	M	919,265	ACTUAL COST
(5)DELTA DENTAL OF NORTH CAROLINA	A	60,000	ACTUAL COST

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 61-0659432
Name: DELTA DENTAL OF KENTUCKY 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	(g) Section 512 (b)(13) controlled entity? No
PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
4100 OKEMOS ROAD OKEMOS, MI 48864 38-1791480	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
240 VENTURE CIRCLE NASHVILLE, TN 37228 62-0812197	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
2500 LOUISIANA BLVD NE ALBUQUERQUE, NM 87110 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
4242 SIX FORKS ROAD RALEIGH, NC 27609 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC		No
PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC		No
PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	12A TYPE II	DELTA DENTAL PLAN OF MICHIGAN INC		No
1513 COUNTRY CLUB RD SHERWOOD, AR 72120 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	NA	RENAISSANCE HEALTH SERVICE CORPORATION		No
1513 COUNTRY CLUB RD SHERWOOD, AR 72120 26-1569324	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(3)	PF	RENAISSANCE HEALTH SERVICE CORPORATION		No
4100 OKEMOS ROAD OKEMOS, MI 48864 46-1376165	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	IN	501(C)(3)	PF	RENAISSANCE HOLDING COMPANY		No
240 VENTURE CIRCLE NASHVILLE, TN 37228 47-1654054	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	TN	501(C)(3)	LINE 12A, I	DELTA DENTAL OF TENNESSEE INC		No

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
DENTAL CHOICE INC 10100 LINN STATION RD SUITE 700 LOUISVILLE, KY 40223 61-1105118	PROVIDE DENTAL SERVICE PLANS	KY	DELTA DENTAL OF KENTUCKY	C	258,253	8,995,696	100 000 %	Yes	
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 KENTUCKY	C	-740		100 000 %	Yes	
RENAISSANCE HOLDING COMPANY PO BOX 30381 LANSING, MI 48909 41-2177193	HOLDING COMPANY	MI	RENAISSANCE HEALTH SERVICE CORPORATION	C	-66,285	3,851,142	5 900 %		No
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA PO BOX 30381 LANSING, MI 48909 47-0397286	INSURANCE	IN	RENAISSANCE HOLDING COMPANY	C	399,460	5,969,958	5 900 %		No
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF NEW YORK PO BOX 30381 LANSING, MI 48909 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C	33,934	614,423	5 900 %		No
FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-4116122	EMPLOYEE BENEFITS	TN	DELTA DENTAL OF TENNESSEE	C					No
OMEGA ADMINISTRATORS INC 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120 04-3740469	PROVIDE THIRD-PARTY ADMINISTRATIVE SERVICES	AR	DELTA DENTAL OF ARKANSAS	C					No
GLM HOLDING COMPANY 4100 OKEMOS ROAD OKEMOS, MI 48864 47-2557772	INVESTMENT IN SUBSIDIARIES	MI	DELTA DENTAL OF MICHIGAN	C					No
DEWPOINT INC 300 S WASHIGNTON SQUARE LANSING, MI 48933 38-3300595	COMPUTER CONSULTING	MI	GLM HOLDING COMPANY	C					No