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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

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 MISSOURI

% BARBARA C BENTRUP

Doing business as

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

12399 GRAVOIS ROAD

Room/suite

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

ST LOUIS, MO 631271702

F Name and address of principal officer

E B ROB GOREN

12399 GRAVOIS ROAD

ST LOUIS, MO 631271702

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 ▶

D Employer identification number

43-0908349

E Telephone number

(314) 656-3000

G Gross receipts \$ 617,735,744

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DELTADENTALMO.COM

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

L Year of formation 1958

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities

OUR PURPOSE IS TO IMPROVE THE DENTAL HEALTH OF THE PUBLIC BY PROMOTING PREVENTIVE DENTISTRY AND PROVIDING COMPREHENSIVE DENTAL CARE AND MAINTENANCE ON A PREPAID BASIS

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

2018-11-15

Date

BARBARA C BENTRUP CFO & CORP COUNSEL

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Aaron Hershberger

Preparer's signature

Aaron Hershberger

Date

Check ☐ if self-employed

PTIN P00961884

Firm's name ▶ BKD LLP

Firm's EIN ▶

Firm's address ▶ 312 WALNUT STREET SUITE 3000

Phone no (513) 621-8300

CINCINNATI, OH 45202

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE ORGANIZATION'S PRIMARY PURPOSE IS TO IMPROVE THE DENTAL HEALTH OF THE PUBLIC BY PROMOTING PREVENTIVE DENTISTRY AND PROVIDING COMPREHENSIVE DENTAL CARE AND MAINTENANCE ON A PREPAID BASIS

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 \$ 599,000,669 including grants of \$ 1,300,537) (Revenue \$ 613,828,257)
See Additional Data

4b (Code) (Expenses \$ 350,000 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 465,371 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 281,219 including grants of \$ 60,000) (Revenue \$)

4e Total program service expenses ▶ 600,097,259

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️	11c	Yes
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 58,203		
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 259		
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	Yes	
b If "Yes," enter the name of the foreign country ▶TK 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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 15		
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 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ▶BARBARA C BENTRUP 12399 GRAVOIS ROAD ST LOUIS, MO 631271702 (314) 656-3000	

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

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

- List 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

[illegible]

[illegible]

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 ▶ 47

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
MISSOURI DENTAL PROFESSIONALS, 1100 SPUR DR STE 30 MARSHFIELD, MO 65706	DENTAL SERVICES	7,456,497
M FERNANDEZ DDS D AUTRY DMD E BROWN, 3555 SUNSET OFFICE DR STE 103 SAINT LOUIS, MO 63127	DENTAL SERVICES	3,081,930
JAY F HAUSER DDS PC, PO BOX 503094 SAINT LOUIS, MO 63150	DENTAL SERVICES	2,766,234
MICHAEL K PARSONS DDS PC, 17300 OUTER FORTY RD N STE 103 CHESTERFIELD, MO 63005	DENTAL SERVICES	1,678,679
BROADRIDGE MAIL LLC, 5516 COLLECTION CENTER DR CHICAGO, IL 60693	MAIL SERVICES	1,667,755

Form **990** (2017)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f		0

Program Service Revenue

	Business Code				
2a DENTAL PREMIUMS	524114	613,828,257	613,828,257		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		613,828,257			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		2,374,588			2,374,588
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
	29,900				
b Less rental expenses	16,811				
c Rental income or (loss)	13,089	0			
d Net rental income or (loss)		13,089			13,089
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	99,523				
b Less cost or other basis and sales expenses		38,146			
c Gain or (loss)	99,523	-38,146			
d Net gain or (loss)		61,377			61,377
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS INCOME	900099	191,271			191,271
b INVESTMENT IN SUBSIDIARY	900003	1,212,205			1,212,205
c _____					
d All other revenue					
e Total. Add lines 11a-11d		1,403,476			
12 Total revenue. See Instructions		617,680,787	613,828,257		3,852,530

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,581,570	1,581,570		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	557,605,516	557,605,516		
5 Compensation of current officers, directors, trustees, and key employees.	4,064,055		4,064,055	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	14,001,713	12,936,684	1,065,029	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,183,833	2,200,985	982,848	
9 Other employee benefits.	3,223,773	2,978,559	245,214	
10 Payroll taxes.	1,120,648	1,035,407	85,241	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	204,637	168,190	36,447	
c Accounting.	336,082	276,223	59,859	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	207,555		207,555	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,942,173	2,418,145	524,028	
12 Advertising and promotion.	2,152,255	1,988,545	163,710	
13 Office expenses.	3,022,355	2,792,462	229,893	
14 Information technology.	8,878,966	8,203,595	675,371	
15 Royalties.	0			
16 Occupancy.	762,799	704,777	58,022	
17 Travel.	849,312	784,710	64,602	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	230,822	213,265	17,557	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	507,402	468,807	38,595	
23 Insurance.	340,990		340,990	
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 BOARD AND BUREAU DUES	776,202	717,161	59,041	
b SERVICE BUREAU FEES	2,513,264	2,322,095	191,169	
c PUBLIC RELATIONS	591,253	546,280	44,973	
d SERVICE AGREEMENTS	565,108	522,123	42,985	
e All other expenses	-398,122	-367,840	-30,282	
25 Total functional expenses. Add lines 1 through 24e.	609,264,161	600,097,259	9,166,902	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	22,240,520	2	24,161,674
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	33,618,520	4	38,687,202
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	399,074	9	571,925
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	11,534,602		
	b Less: accumulated depreciation	4,973,100		
		6,207,372	10c	6,561,502
	11 Investments—publicly traded securities	72,383,598	11	78,329,174
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	25,544,265	13	26,756,470
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	2,548,473	15	2,532,141	
16 Total assets. Add lines 1 through 15 (must equal line 34)	162,941,822	16	177,600,088	
Liabilities	17 Accounts payable and accrued expenses	13,188,370	17	13,206,886
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,653,436	25	38,032,078
	26 Total liabilities. Add lines 17 through 25	48,841,806	26	51,238,964
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	114,100,016	32	126,361,124
33 Total net assets or fund balances	114,100,016	33	126,361,124	
34 Total liabilities and net assets/fund balances	162,941,822	34	177,600,088	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	617,680,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	609,264,161
3	Revenue less expenses Subtract line 2 from line 1	3	8,416,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,100,016
5	Net unrealized gains (losses) on investments	5	3,844,482
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,361,124

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

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

Additional Data

Software ID:

Software Version:

EIN: 43-0908349

Name: DELTA DENTAL OF MISSOURI

Form 990 (2017)

Form 990, Part III, Line 4a:

DELTA DENTAL OF MISSOURI IS A PREPAID DENTAL INSURANCE COMPANY IN 2017, DELTA DENTAL PROCESSED 3,248,406 CLAIMS FOR DENTAL SERVICES

Form 990, Part III, Line 4b:

DENTAL HEALTH THEATER - SEE SCHEDULE O

Form 990, Part III, Line 4c:

LAND OF SMILES - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J BENDER DIRECTOR/TREASURER	2 0 0 0	X		X				22,650	0	0
BRIAN BERGLUND DIRECTOR	2 0 0 0	X						24,350	0	0
ROSEMARY BISHOP SECRETARY/DIRECTOR	2 0 0 0	X		X				26,900	0	0
RICHARD W BRAUN DIRECTOR	2 0 0 0	X						20,600	0	0
ROBERT E BUTLER DIRECTOR/BOARD CHAIRMAN	2 0 0 0	X		X				43,050	0	0
JOHNNY CUSTARDO DIRECTOR	2 0 0 0	X						19,550	0	0
WILLIAM EDWARDS DIRECTOR	2 0 0 0	X						19,550	0	0
MARK S MANCIN DIRECTOR	2 0 0 0	X						17,450	0	0
DEBORAH PATTERSON DIRECTOR	2 0 0 0	X						20,600	0	0
MICK REDOHL DIRECTOR	2 0 0 0	X						22,700	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES W RHEA FIRST VICE CHAIRMAN/DIRECTOR	2 0 0 0	X		X				21,200	0	0
EDWARD C ROBISON 2ND VICE CHAIRMAN/DIRECTOR	2 0 0 0	X		X				12,200	0	0
TIMOTHY S TAYLOR DIRECTOR	2 0 0 0	X						20,600	0	0
GARY R WILLIAMS DIRECTOR	2 0 0 0	X						22,700	0	0
MARK R ZUST DIRECTOR	2 0 0 0	X						17,450	0	0
BARBARA BENTRUP CFO & CORPORATE COUNSEL	60 0 0 0			X				564,674	0	186,253
E B ROB GOREN PRESIDENT & CEO	60 0 0 0			X				720,090	0	157,792
RONALD INGE CHIEF DENTAL OFFICER	60 0 0 0			X				428,004	0	185,565
JONATHAN JENNINGS CHIEF ACTUARY/VP UNDERWRITING	60 0 0 0			X				276,000	0	92,507
KARL MUDRA CIO	60 0 0 0			X				365,469	0	98,488

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWARD PATTAROZZI CHIEF SALES/MARKETING OFFICER	60 0 0 0			X				498,397	0	159,266
VICKI KATZFEY NATIONAL ACCOUNT EXECUTIVE	40 0 0 0					X		196,238	0	55,855
HENRY S LAFFITTE VP SALES & ACCOUNT MANAGEMENT	40 0 0 0					X		392,049	0	53,728
ELLEN R SAMUELS MANAGER, CORPORATE COMPLIANCE	40 0 0 0					X		208,985	0	60,321
JANE STANHAUS DIRECTOR OF HUMAN RESOURCES	60 0 0 0					X		211,842	0	63,503
ROBERT WOZNIAK ACCOUNT EXECUTIVE	40 0 0 0					X		209,327	0	53,156
DAVID W HAYNES FORMER PRESIDENT & CEO	1 0 0 0						X	103,437	0	0
PAMELA MARTIN FORMER SENIOR VP & COO	60 0 0 0						X	220,365	0	-55,015
WILLIAM PETERS FORMER COO	60 0 0 0						X	270,601	0	36,751

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 MISSOURI

Employer identification number
43-0908349

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		1,350,000		1,350,000
b Buildings		7,818,911	3,233,106	4,585,805
c Leasehold improvements		1,036,079	770,182	265,897
d Equipment		227,070	128,427	98,643
e Other		1,102,542	841,385	261,157
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . ▶				6,561,502

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)INVEST IN ADVANTICA ADMIN	26,756,470	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	26,756,470	

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INCURRED BUT UNREPORTED CLAIMS	30,492,524
ESTIMATE UNPAID CLAIM PROCESS	1,010,555
UNEARNED PREMIUMS	5,659,307
EXPERIENCE RATED CREDIT LIAB	186,107
ADVANCE DEPOSITS	683,585
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	38,032,078

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
See Additional Data Table	

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

Return Reference	Explanation

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>FIN 48 FOOTNOTE THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW ADVANTICA ADMINISTRATIVE SERVICES, INC AND ITS WHOLLY-OWNED SUBSIDIARIES ARE SUBJECT TO BOTH FEDERAL AND STATE INCOME TAXES AND ACCOUNT FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX ACCOUNTING GUIDANCE (ASC 740 INCOME TAXES) THE INCOME TAX ACCOUNTING GUIDANCE RESULTS IN TWO COMPONENTS OF INCOME TAX EXPENSE CURRENT AND DEFERRED CURRENT INCOME TAX EXPENSE REFLECTS TAXES TO BE PAID OR REFUNDABLE FOR THE CURRENT PERIOD BY APPLYING THE PROVISIONS OF THE ENACTED TAX LAW TO THE TAXABLE INCOME OR EXCESS OF DEDUCTIONS OVER REVENUES THE COMPANY DETERMINES DEFERRED INCOME TAXES USING THE LIABILITY (OR BALANCE SHEET) METHOD UNDER THIS METHOD, THE NET DEFERRED TAX ASSET OR LIABILITY IS BASED ON THE TAX EFFECTS OF THE DIFFERENCES BETWEEN THE BOOK AND TAX BASIS OF ASSETS AND LIABILITIES, AND ENACTED CHANGES IN TAX RATES AND LAWS ARE RECOGNIZED IN THE PERIOD IN WHICH THEY OCCUR DEFERRED INCOME TAX EXPENSE RESULTS FROM CHANGES IN DEFERRED TAX ASSETS AND LIABILITIES BETWEEN PERIODS DEFERRED TAX ASSETS ARE REDUCED BY A VALUATION ALLOWANCE IF, BASED ON THE WEIGHT OF EVIDENCE AVAILABLE, IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF A DEFERRED TAX ASSET WILL NOT BE REALIZED UNCERTAIN TAX POSITIONS ARE RECOGNIZED IF IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE TAX POSITION WILL BE REALIZED OR SUSTAINED UPON EXAMINATION THE TERM MORE LIKELY THAN NOT MEANS A LIKELIHOOD OF MORE THAN 50 PERCENT, THE TERMS EXAMINED AND UPON EXAMINATION ALSO INCLUDE RESOLUTION OF THE RELATED APPEALS OR LITIGATION PROCESSES, IF ANY A TAX POSITION THAT MEETS THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD IS INITIALLY AND SUBSEQUENTLY MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE DETERMINATION OF WHETHER OR NOT A TAX POSITION HAS MET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD CONSIDERS THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE AND IS SUBJECT TO MANAGEMENTS JUDGMENT THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ON INCOME TAXES AS A COMPONENT OF INCOME TAX EXPENSE ON A CONSOLIDATED BASIS, ADVANTICA ADMINISTRATIVE SERVICES, INC AND ITS SUBSIDIARIES HAD A NET OPERATING GAIN TOTALING \$1,246,804 AND \$1,340,008 DURING 2017 AND 2016, RESPECTIVELY AT DECEMBER 31, 2017 AND 2016, ADVANTICA ADMINISTRATIVE HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$27,421,000 AND \$27,691,000, RESPECTIVELY ADVANTICA ADMINISTRATIVE AND ITS SUBSIDIARIES HAD DEFERRED TAX ASSETS OF APPROXIMATELY \$4,883,000 AND \$8,362,000 AT DECEMBER 31, 2017 AND 2016, RESPECTIVELY, NEARLY ALL OF WHICH ARISE FROM THESE NET OPERATING LOSS CARRYFORWARDS DUE TO THE REMAINING UNCERTAINTY REGARDING WHETHER THESE WILL BE REALIZED, A FULL VALUATION ALLOWANCE</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>E HAS BEEN RECORDED AGAINST THESE DEFERRED TAX ASSETS AT DECEMBER 31, 2017 AND 2016 THE ORGANIZATION AND ITS SUBSIDIARIES ARE CURRENTLY OPEN TO EXAMINATION UNDER THE STATUTE OF LIMITATIONS BY THE INTERNAL REVENUE SERVICE AND STATES IN WHICH IT FILES FOR THE YEARS ENDED DECEMBER 31, 2014 THROUGH 2017 ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION THROUGH THE TAX CUTS AND JOBS ACT, WHICH SIGNIFICANTLY CHANGES THE EXISTING U S TAX LAWS, INCLUDING A REDUCTION IN THE CORPORATE TAX RATE FROM 35% TO 21%, AS WELL AS OTHER CHANGES AS A RESULT OF ENACTMENT OF THE LEGISLATION, THE ORGANIZATION DID NOT INCUR ANY TAX EXPENSE IN 2017 THE TAX CUTS AND JOBS ACT OF 2017 PROVIDES FOR A CHANGE IN THE METHODOLOGY EMPLOYED TO CALCULATE RESERVES FOR TAX PURPOSES BEGINNING JANUARY 1, 2018, A HIGHER INTEREST RATE ASSUMPTION AND LONGER PAYOUT PATTERNS WILL BE USED TO DISCOUNT THESE RESERVES IN ADDITION, COMPANIES WILL NO LONGER BE ABLE TO ELECT TO USE THEIR OWN EXPERIENCE TO DISCOUNT RESERVES, BUT WILL INSTEAD BE REQUIRED TO USE THE INDUSTRY-BASED TABLES PUBLISHED BY THE IRS ANNUALLY, HOWEVER, THE 2018 TABLES HAVE YET TO BE RELEASED CONSEQUENTLY , THE ORGANIZATION CANNOT REASONABLY ESTIMATE THE IMPACT THIS WOULD HAVE ON DEFERRED TAXES AT DECEMBER 31, 2017</p>

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As Filed Data -

DLN: 93493318044088

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF MISSOURI

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

Employer identification number
43-0908349

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

22
- 3

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S DELTA DENTAL MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF ASSISTANCE THAT IT PROVIDES TO THE COMMUNITY ORGANIZATIONS DELTA DENTAL WORKS WITH THE INDIVIDUAL ORGANIZATIONS TO UNDERSTAND THEIR MISSIONS AND TO DETERMINE THE BENEFITS OF DELTA DENTAL'S PARTICIPATION

Additional Data

Software ID:
Software Version:
EIN: 43-0908349
Name: DELTA DENTAL OF MISSOURI

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
MISSOURI DEPT OF HEALTH & SENIOR SERVICE PO BOX 570 JEFFERSON CITY, MO 65102	44-6000987	STATE OF MO	258,465				GENERAL SUPPORT
DENTAL LIFELINE NETWORK 1800 15th St STE 100 Denver, CO 80202	84-6129064	501(C)(3)	47,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVE KIDS A SMILE 10 WORTHINGTON DR MD HEIGHTS, MO 63043	20-1287939	501(C)(3)	73,000	72,030	BOOK	SUPPLIES / SERVICES	GENERAL SUPPORT
GATEWAY TO ORAL HEALTH FOUNDATION 2211 Olive St SUITE 300 St Louis, MO 63103	11-3664960	501(C)(3)	132,617				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYRTLE HILLIARD DAVIS COMP HEALTH CENTER 5471 DR MLK DR St Louis, MO 63112	43-0917230	501(C)(3)	54,820				GENERAL SUPPORT
TRUMAN MEDICAL CNTR CHARITABLE FOUNDATION 2310 HOLMES KANSAS CITY, MO 64108	43-1194064	501(C)(3)	70,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES 949 E PRIMROSE ST SPRINGFIELD, MO 65807	43-1371143	501(C)(3)	15,000				GENERAL SUPPORT
PALMETTO HEALTH FOUNDATION 1600 MARION ST PO BOX 247 Columbia, SC 29202	57-0725699	501(C)(3)	15,600				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA METRO St Louis 3820 WEST PINE BLVD St Louis, MO 63108	43-0653618	501(C)(3)	7,200				GENERAL SUPPORT
MEDICAL UNIVERSITY OF SC FOUNDATION 18 Bee St CHARLESTON, SC 29425	57-6028985	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 55 W WACKER DR CHICAGO, IL 60601	13-1632524	501(C)(3)	10,040				GENERAL SUPPORT
ST LOUIS CHILDREN'S HOSPITAL FDN 1001 Highlands PLz Dr W 160 St Louis, MO 63110	43-1626863	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI DENTAL ASSOCIATION FOUNDATION 3340 AMERICAN AVE JEFFERSON CITY, MO 65109	43-1133855	501(C)(3)	100,000				GENERAL SUPPORT
COMMUNITY TREATMENT INC 227 Main St Festus, MO 63028	36-2800788	501(C)(3)	99,724				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Louis UNIVERSITY 221 NORTH GRAND BLVD St Louis, MO 63103	43-0654872	501(C)(3)	90,596				GENERAL SUPPORT
HEALTHY SMILES OF SPARTANBURG INC PO BOX 1441 SPARTANBURG, SC 29304	03-0529473	501(C)(3)	32,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA FOUNDATION 211 EAST CHICAGO AVE CHICAGO, IL 60611	36-6132046	501(C)(3)	25,000				GENERAL SUPPORT
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST SUITE 790 CHARLESTON, SC 29403	57-1068509	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Louis COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH BLVD St Louis, MO 63131	43-1863977	501(C)(3)	12,750				GENERAL SUPPORT
MILES OF SMILES INC 5416 NE ANTIOCH RD KANSAS CITY, MO 64119	20-3664224	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	13-1930701	501(C)(3)	8,000				GENERAL SUPPORT
UNITED WAY OF MIDLANDS 1818 BLANDING ST COLUMBIA, SC 29201	57-0314396	501(C)(3)	6,800				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number

43-0908349

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

8 No

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

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	INFORMATION REGARDING BENEFITS PROVIDED HEALTH CLUB DUES WERE PAID FOR E B ROB GOREN AND WERE TREATED AS TAXABLE COMPENSATION
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT DURING THE TAX YEAR ENDED DECEMBER 31, 2017, WILLIAM PETERS RECEIVED \$73,750 IN SEVERANCE PAYMENTS
SCHEDULE J, PART I, LINE 4B	<p>NAMES, AMOUNTS, AND DETAILS OF ARRANGEMENTS THE ORGANIZATION HAS A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR THE BENEFIT OF CERTAIN EMPLOYEES TO RECEIVE CONTRIBUTIONS IN EXCESS OF THE LIMITATIONS IMPOSED BY THE INTERNAL REVENUE CODE ON STANDARD EMPLOYEE PENSION PLANS. AMOUNTS PAID DURING 2017 FOR THE FOLLOWING INDIVIDUALS WERE - BARBARA BENTRUP \$ 22,567 - E B ROB GOREN \$ 31,886 - KARL MUDRA \$ 8,078 - PAMELA MARTIN \$ 68,001 - EDWARD PATTAROZZI \$ 20,921 - DAVID HAYNES \$103,437 THE ORGANIZATION HAS AN UNFUNDED NONQUALIFIED, DEFINED BENEFIT DEFERRED COMPENSATION PLAN (DBDCP) FOR ITS SENIOR LEVEL EXECUTIVES, WITH VESTING OVER 10 TO 15 YEARS OF SERVICE TO THE ORGANIZATION. THE ACTUARIALLY DETERMINED LIABILITY IS BASED UPON ASSUMPTIONS FOR REMAINING YEARS OF SERVICE UNTIL RETIREMENT, PROJECTED SALARIES FOR THE FINAL THREE YEARS OF SERVICE, AND A PREDETERMINED BENEFIT PERCENTAGE BASED UPON THE PARTICIPANT'S POSITION. INDIVIDUALS WHO PARTICIPATED IN THIS PLAN DURING 2017 WERE THE FOLLOWING: BARBARA BENTRUP, E B ROB GOREN, PAMELA MARTIN, EDWARD PATTAROZZI, JONATHAN JENNINGS, RONALD INGE AND KARL MUDRA. ALL INCREASES IN THE PROJECTED BENEFIT ACCRUALS FOR THIS DBDCP ARE REPORTED ANNUALLY IN THE FORM 990 FOR EACH PARTICIPANT. IT IS IMPORTANT TO NOTE THAT SEVERAL PARTICIPANTS IN THIS PROGRAM ARE NOT YET VESTED, YET THE INCREASE IN THE VALUE OF THE COMPANY'S ACCRUAL HAS TO BE REPORTED ANNUALLY AS COMPENSATION IN THE FORM 990 FOR EACH OF THE PARTICIPANTS WHEN THERE WAS NO BENEFIT VALUE TO THEM PERSONALLY. IF PARTICIPANTS LEAVE THE COMPANY PRIOR TO MEETING THE AGE AND SERVICE REQUIREMENTS, THERE IS NO BENEFIT PAYABLE. SCHEDULE J, PART II, COLUMN C INCLUDES THESE AMOUNTS FOR THE INCREASES IN THE COMPANY'S ACCRUAL. THE AMOUNTS PER PARTICIPANT ARE - BARBARA BENTRUP \$ 124,817 - E B ROB GOREN \$ 87,256 - PAMELA MARTIN \$ (78,015) - KARL MUDRA \$ 30,589 - EDWARD PATTAROZZI \$ 96,670 - JOHNATHAN JENNINGS \$ 25,281 - RONALD INGE \$ 124,694</p>

Additional Data

Software ID:
Software Version:
EIN: 43-0908349
Name: DELTA DENTAL OF MISSOURI

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				
1BARBARA BENTRUP CFO & CORPORATE COUNSEL	(i)	412,651	124,086	27,937	165,317	20,936	750,927	
	(ii)	0	0	0	0	0	0	
1E B ROB GOREN PRESIDENT & CEO	(i)	499,193	174,555	46,342	127,756	30,036	877,882	
	(ii)							
2DAVID W HAYNES FORMER PRESIDENT & CEO	(i)			103,437			103,437	
	(ii)							
3RONALD INGE CHIEF DENTAL OFFICER	(i)	322,688	78,871	26,445	165,194	20,371	613,569	
	(ii)	0	0	0	0	0	0	
4JONATHAN JENNINGS CHIEF ACTUARY/VP UNDERWRITING	(i)	204,154	63,199	8,647	65,781	26,726	368,507	
	(ii)	0	0	0	0	0	0	
5VICKI KATZFEY NATIONAL ACCOUNT EXECUTIVE	(i)	90,297	96,840	9,101	28,601	27,254	252,093	
	(ii)		0	0	0	0	0	
6HENRY S LAFFITTE VP SALES & ACCOUNT MANAGEMENT	(i)	222,781	164,268	5,000	40,500	13,228	445,777	
	(ii)							
7PAMELA MARTIN FORMER SENIOR VP & COO	(i)	68,169	78,299	73,897	-58,396	3,381	165,350	
	(ii)	0	0	0	0	0	0	
8KARL MUDRA CIO	(i)	248,394	89,074	28,001	71,089	27,399	463,957	
	(ii)	0	0	0	0	0	0	
9EDWARD PATTAROZZI CHIEF SALES/MARKETING OFFICER	(i)	339,580	117,760	41,057	137,170	22,096	657,663	
	(ii)	0	0	0	0	0	0	
10WILLIAM PETERS FORMER COO	(i)	228,224	36,483	5,894	23,099	13,652	307,352	
	(ii)	0	0	0	0	0	0	
11ELLEN R SAMUELS MANAGER, CORPORATE COMPLIANCE	(i)	159,705	48,217	1,063	31,577	28,744	269,306	
	(ii)							
12JANE STANHAUS DIRECTOR OF HUMAN RESOURCES	(i)	160,236	44,256	7,350	32,674	30,829	275,345	
	(ii)	0	0	0	0	0	0	
13ROBERT WOZNAK ACCOUNT EXECUTIVE	(i)	80,938	118,998	9,391	30,837	22,319	262,483	
	(ii)							

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
DELTA DENTAL OF MISSOURI

Employer identification number
43-0908349

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

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOSHUA WHITFORD DDS PC	BOARD MEMBER AS OWNER	152,344	DENTAL SERVICES PROVIDED		No
(2) MARK R ZUST DDS LTD	BOARD MEMBER AS OWNER	213,589	DENTAL SERVICES PROVIDED		No
(3) JAMES W RHEA DDS PC	BOARD MEMBER AS OWNER	208,376	DENTAL SERVICES PROVIDED		No
(4) FINNANE-ROBISON DENTAL LLC	BOARD MEMBER AS OWNER	211,634	DENTAL SERVICES PROVIDED		No
(5) CURRRY TAYLOR DDS LTD	BOARD MEMBER AS OWNER	249,097	DENTAL SERVICES PROVIDED		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1	BUSINESS TRANSACTIONS FORMER BOARD MEMBER JOSHUA WHITFORD HAS A REPORTABLE INTEREST IN JOSHUA WHITFORD DDS PC WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION BOARD MEMBER MARK ZUST AND DANIELLE RIORDAN, DAUGHTER OF BOARD MEMBER MARK ZUST, HAVE A REPORTABLE INTEREST IN MARK R ZUST DDS LTD WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION BOARD MEMBER JAMES RHEA HAS A REPORTABLE INTEREST IN JAMES W RHEA DDS PC WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION BOARD MEMBER EDWARD ROBISON AND ELIZABETH FINNANE, DAUGHTER OF BOARD MEMBER EDWARD ROBISON, HAVE A REPORTABLE INTEREST IN FINNANE-ROBISON DENTAL LLC WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION BOARD MEMBER TIMOTHY TAYLOR HAS A REPORTABLE INTEREST IN CURRY TAYLOR DDS LLC WHICH PROVIDES DENTAL SERVICES TO SUBSCRIBERS AND DEPENDENTS OF BENEFIT PLANS INSURED OR ADMINISTERED BY THE ORGANIZATION

SCHEDULE O (Form 990 or 990-EZ)	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
Department of the Treasury Internal Revenue Service Name of the organization DELTA DENTAL OF MISSOURI		Employer identification number 43-0908349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	DESCRIPTION OF OTHER PROGRAM SERVICES DENTAL HEALTH THEATRE HEALTHWORKS' KIDS MUSEUM ST LOUIS CO-SPONSORS/COALITIONS INVOLVED ST LOUIS OFFICE FOR DEVELOPMENTAL DISABILITY RESOURCES AND VARIOUS CHARITABLE DONORS (E G , JEFFERSON FOUNDATION, THE SMILE GENERATION, LITTLE MEDICAL SCHOOL, TRIO FOUNDATION, MID-AMERICA TRANSPLANT AND OTHERS) PROGRAM DESCRIPTION IN SPRING 2016, AFTER MORE THAN 38 YEARS OF PROVIDING ORAL HEALTH AND OVERALL HEALTH EDUCATION TO HUNDREDS OF THOUSANDS OF CHILDREN IN THE ST LOUIS METRO, THE DENTAL HEALTH THEATRE RELOCATED AND EXPANDED TO BECOME PART OF THE HEALTHWORKS' KIDS MUSEUM ST LOUIS THE MUSEUMS MISSION IS TO EDUCATE AND INSPIRE CHILDREN AND THE COMMUNITY TO MAKE POSITIVE ORAL HEALTH AND OVERALL HEALTH CHOICES TO ACHIEVE OPTIMUM HEALTH IT IS THE ONLY FREESTANDING CHILDRENS MUSEUM IN ST LOUIS DEDICATED SOLELY TO HEALTH EDUCATION, WHICH IS COMBINED WITH PLAY TO HELP KIDS LEARN HEALTHY HABITS FOR HEALTHIER LIVES AT ITS LEASED FACILITY OWNED BY THE ST LOUIS SCIENCE CENTER FOUNDATION, THE MUSEUM HOSTS ONSITE HEALTH EDUCATION PROGRAMS AND HANDS-ON EXHIBITS ACCESSIBLE TO INDIVIDUALS OF ALL AGES WITHIN THE MUSEUM, THE DELTA DENTAL HEALTH THEATRE SERVES AS AN INTERACTIVE LEARNING CENTER WITH HIGH-ENERGY, EDUCATOR-LED PROGRAMMING THAT ENCOURAGES POSITIVE HEALTH PRACTICES AND INCREASES INDIVIDUAL KNOWLEDGE ABOUT THE MOUTH-BODY CONNECTION TO OVERALL HEALTH AND THE IMPACT OF PERSONAL CHOICES ON HEALTH THE MUSEUM ALSO CONDUCTS COMMUNITY OUTREACH PROGRAMS AND SERVES AS A HEALTH RESOURCE FOR TEACHERS, CAREGIVERS AND FAMILIES APPROXIMATELY 37,000 CHILDREN, TEACHERS AND PARENTS VISITED THE MUSEUM AFTER ITS OPENING IN SPRING 2016 IT HAS THE CAPACITY TO SERVE 90,000 VISITORS ANNUALLY LONGEVITY DELTA DENTAL HEALTH THEATRE OPERATED FROM 1977 TO SPRING 2016, WHEN IT BECAME PART OF HEALTHWORKS' KIDS MUSEUM ST LOUIS DELTA DENTAL OF MISSOURI SPONSORED DELTA DENTAL HEALTH THEATRE FROM 2002 THROUGH 2015, AND HAS SPONSORED HEALTHWORKS' KIDS MUSEUM ST LOUIS SINCE 2016 BECAUSE OF THE SUPPORT OF DELTA DENTAL OF MISSOURI, MORE THAN 135,000 CHILDREN AND CAREGIVERS HAVE RECEIVED HEALTH EDUCATION IN THE ST LOUIS COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>DESCRIPTION OF OTHER PROGRAM SERVICES LAND OF SMILES TOURING THEATRICAL EDUCATION PROGRAM DESCRIPTION LAND OF SMILES IS A TOURING, THEATRICAL PROGRAM THAT FEATURES TOOTH WIZARD, LITTLE SISTER TOOTH FAIRY AND THEIR ARCH ENEMY PLAQUEMAN THE SHOW TRAVELED TO 458 SCHOOLS (K-3RD GRADE CLASSROOMS) THROUGHOUT THE STATES OF MISSOURI AND SOUTH CAROLINA IN 2017, TEACHING CHILDREN THE IMPORTANCE OF ORAL HEALTH AN ASSEMBLY-STYLE LIVE PERFORMANCE WITH AUDIENCE PARTICIPATION, THE PROGRAM CAPTURES EACH STUDENT'S ATTENTION THROUGH FUN, KID-FOCUSED ENTERTAINMENT THE CHARACTERS EXPLAIN PROPER BRUSHING TECHNIQUES, HOW TO FLOSS, GOOD AND BAD FOODS FOR THE TEETH AND WHY IT IS IMPORTANT TO VISIT THE DENTIST TWICE A YEAR EACH CHILD IS GIVEN A TAKE-HOME "SMILE BAG" FILLED WITH A TOOTHBRUSH, TOOTHPASTE, FLOSS, A COLORING SHEET, AND A REMINDER MIRROR DECAL STUDENTS WHO COMPLETE THE PROGRAM ALSO EARN HEALTHY SMILE "CERTOOTHICATES " TO REINFORCE THE MESSAGES OF THE PROGRAM AFTER THE PERFORMANCE, DDMO DISTRIBUTES A CURRICULUM KIT THAT INCLUDES AN EDUCATIONAL DVD AND CORRESPONDING CURRICULUM BOOKLET THE PROGRAM WEBSITE, WWW.LANDOFSMILESVIDEO.COM, PROVIDES ANOTHER SOURCE TO VIEW THE EDUCATIONAL VIDEO ONLINE THIS PROGRAM REACHES OVER 90,000 CHILDREN EACH YEAR TEACHERS AND SCHOOL NURSES CONSISTENTLY RATE THE PROGRAM AS EXCELLENT, AND TYPICALLY FOLLOW UP EACH SHOW WITH A REQUEST TO BE ADDED TO THE LIST IN THE TWO-YEAR CYCLE IN ADDITION TO THE SCHOOL TOUR, THE LAND OF SMILES PROGRAM IS PERFORMED AT MORE THAN 20 AREA HEALTH FAIRS, WITH NEARLY 50,000 KIDS AND FAMILIES ATTENDING THROUGH THE YEAR LONGEVITY THIS PROGRAM HAS BEEN IN PLACE SINCE 2002</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>DESCRIPTION OF OTHER PROGRAM SERVICES GIVE KIDS A SMILE ("GKAS") IN ST LOUIS CO-SPONSORS/ COALITIONS INVOLVED GREATER ST LOUIS DENTAL SOCIETY (GSLDS)AND GREATER KANSAS CITY DENTAL SOCIETY PROGRAM DESCRIPTION ONE OF OUR MOST SUCCESSFUL OUTREACH INITIATIVES, GKAS WAS LAUNCHED IN ST LOUIS, MISSOURI, IN FEBRUARY OF 2002 IN PARTNERSHIP WITH GSLDS IN 2017, GKAS IN ST LOUIS PROVIDED 4,000 CHILDREN WITH MORE THAN \$1 MILLION WORTH OF FREE DENTAL CARE AND ORAL HEALTH EDUCATION AT ITS TWO CLINICS AND OTHER COMMUNITY PROGRAMS AT THE TWO-DAY CLINICS, SEVERAL HUNDRED LOCAL DENTISTS, HYGIENISTS AND ASSISTANTS, SUPPORTED BY LAY VOLUNTEERS AND SPONSORS, SUCH AS DELTA DENTAL, PROVIDE CHILDREN WITH FREE, COMPREHENSIVE DENTAL CARE, INCLUDING EXAMS, SEALANTS, X-RAYS, PROFESSIONAL CLEANINGS, FLUORIDE TREATMENTS, RESTORATIONS AND MORE ON-SITE ENTERTAINMENT SUCH AS FACE PAINTING, STORYTELLING, BALLOONISTS, DELTA DENTAL'S TOOTH WIZARD AND TOOTH FAIRY CHARACTERS, EDUCATIONAL VIDEOS, DENTAL CARE KITS, FREE TOYS AND BOOKS AND SACK LUNCHES ENSURE THAT THE CHILDREN'S VISIT TO THE DENTIST IS ASSOCIATED WITH A FUN AND EDUCATIONAL EXPERIENCE IN 2003, GKAS WAS ADOPTED BY THE AMERICAN DENTAL ASSOCIATION AS A NATIONAL CAMPAIGN IN 2006, GKAS WAS RECOGNIZED BY CONGRESS AS AN EXEMPLARY GRASSROOTS EFFORT THE GKAS PROGRAM WAS EXPANDED TO THE GREATER KANSAS CITY AREA IN 2013 LONGEVITY THIS PROGRAM HAS BEEN IN PLACE SINCE 2002</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERS OF THE ORGANIZATION ARE COMPRISED OF LICENS ED DENTISTS IN THE STATES OF MISSOURI AND SOUTH CAROLINA WHO HAVE SIGNED A PARTICIPATING D ENTIST AGREEMENT WITH THE ORGANIZATION THE MEMBERS MEET ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODY THE ORGANIZATION HAS M EMBERS WHO ELECT THE INDIVIDUALS TO SERVE ON THE ORGANIZATION'S BOARD OF DIRECTORS THE ME MBERS OF THE ORGANIZATION ARE COMPRISED OF LICENSED DENTISTS IN THE STATES OF MISSOURI AND SOUTH CAROLINA WHO HAVE SIGNED A PARTICIPATING DENTIST AGREEMENT WITH THE ORGANIZATION T HE MEMBERS MEET ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	GOVERNANCE DECISIONS CHANGES TO THE CORPORATE BYLAWS BY THE BOARD ARE SUBJECT TO APPROVAL BY THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW THE FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED IN DETAIL BY THE ORGANIZATION'S CFO AND PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE ELECTRONIC FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY DELTA DENTAL OF MISSOURI REGULARLY REQUIRES ITS OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST STATEMENT THE REVIEW OF THE STATEMENTS IS PART OF THE FINANCE AND AUDIT COMMITTEE'S RESPONSIBILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	COMPENSATION APPROVAL PROCESS DELTA DENTAL OF MISSOURI HAS ESTABLISHED A COMPENSATION COMMITTEE (A SUBSET OF THE BOARD OF DIRECTORS) COMPOSED ENTIRELY OF PERSONS WITH NO CONFLICT OF INTEREST THAT REVIEWS AND SETS OFFICER COMPENSATION IN ACCORDANCE WITH THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 FOR ESTABLISHING THE REBUTTABLE PRESUMPTION OF REASONABLENESS OF THE COMPENSATION OF THE CEO AND ALL OTHER OFFICERS. THIS PROCESS INCLUDES EMPLOYING INDEPENDENT COMPENSATION CONSULTANTS, UTILIZING RELEVANT COMPENSATION SURVEYS AND STUDIES, CONTEMPORANEOUSLY DOCUMENTING AND RECORDING THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT, AND SEEKING APPROVAL ON FINALIZED COMPENSATION PROPOSALS BY THE COMMITTEE AND BOARD OF DIRECTORS. REVIEWS ARE CONDUCTED AND APPROVED BY THE COMPENSATION COMMITTEE ON AN ANNUAL BASIS. THE ANNUAL COMPENSATION FOR 2017 WAS REVIEWED BY A THIRD PARTY COMPENSATION CONSULTANT IN FEBRUARY 2018. PROPOSED EXECUTIVE MERIT INCREASES BY THE CONSULTANT WERE REVIEWED BY THE COMPENSATION COMMITTEE IN MARCH, 2018. COMMITTEE APPROVED MERIT INCREASES WENT INTO EFFECT APRIL, 2018.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	DISCLOSURE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318044088	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization DELTA DENTAL OF MISSOURI				Employer identification number 43-0908349	

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVANTICA ADMINISTRATIVE SERVICES INC 12399 GRAVOIS ROAD ST LOUIS, MO 63127 43-1826684	THIRD PARTY ADMIN	MO	NA	C-CORP	63,926,064	32,984,645	100 000 %	Yes	
(2) ADVANTICA HOLDING COMPANY 12399 GRAVOIS ROAD ST LOUIS, MO 63127 26-1323283	HOLDING COMPANY	MO	NA	C-CORP	0	0	0 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	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	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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	Yes
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
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) ADVANTICA ADMINISTRATIVE SERVICES INC	L	821,842	ALLOCATIONS
(2) ADVANTICA ADMINISTRATIVE SERVICES INC	M	8,690,604	EXPENSE BASED

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV	RELATED ORGANIZATIONS TAXABLE AS CORPORATIONS PRIOR TO THE MERGER DESCRIBED BELOW, DELTA DENTAL OF MISSOURI HAD A WHOLLY-OWNED SUBSIDIARY, ADVANTICA HOLDING COMPANY. EFFECTIVE OCTOBER 1, 2017, ADVANTICA ADMINISTRATIVE MERGED WITH ADVANTICA HOLDING COMPANY WITH ADVANTICA ADMINISTRATIVE REMAINING AS THE SURVIVING ENTITY.

