

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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

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 \$ 608,437,696 including grants of \$ 1,341,733 ) (Revenue \$ 624,799,099 )  
See Additional Data
















**4b** (Code ) (Expenses \$ 300,000 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 580,130 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 101,006 including grants of \$ 100,000 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 609,418,832

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .	<b>11c</b> Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  . . . . .	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  . . . . .	<b>22</b>	No

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

		Yes	No	
<b>23</b>	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> . . . . .	23	Yes	
<b>24a</b>	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> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a		No
<b>b</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> . . . . .	25b		No
<b>26</b>	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> . . . . .	26		No
<b>27</b>	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> . . . . .	27		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	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> . . . . .	28c	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	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> . . . . .	32		No
<b>33</b>	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> . . . . .	33		No
<b>34</b>	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> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</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> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
<b>37</b>	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> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	58,380	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	269	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . .				<b>3b</b>		
<b>4a</b> 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)? . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 12		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes
<b>b</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?	<b>10b</b>	Yes
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ►BARBARA C BENTRUP 12399 GRAVOIS ROAD ST LOUIS, MO 631271702 (314) 656-3000

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

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

**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]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	5,424,465	0	1,290,041

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 ▶ 59

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MISSOURI DENTAL PROFESSIONALS, 1100 SPUR DR STE 30 MARSHFIELD, MO 65706	DENTAL SERVICES	6,981,467
M FERNANDEZ DDS D AUTRY DMD E BROWN, 3555 SUNSET OFFICE DR STE 103 SAINT LOUIS, MO 63127	DENTAL SERVICES	3,221,522
JAY F HAUSER DDS PC, PO BOX 503094 SAINT LOUIS, MO 63150	DENTAL SERVICES	2,822,312
RED CARD, 744 OFFICE PARKWAY SAINT LOUIS, MO 63141	PRINT & MAIL SERVICE	2,142,506
IKHLAQ ROSINSKI DENTAL PARTNERS DDS, 677 N NEW BALLAS RD STE 207 SAINT LOUIS, MO 63141	DENTAL SERVICES	2,111,529

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 878</p>	
--	--



Part VIII		Statement of Revenue							
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>									
			(A)	(B)	(C)	(D)			
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a						
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions) . . . . .	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f						
	g	Noncash contributions included in lines 1a - 1f \$ . . . . .							
	h	Total. Add lines 1a-1f . . . . .	0						
Program Service Revenue			Business Code						
	2a	DENTAL PREMIUMS . . . . .	524114	624,799,099	624,799,099				
	b	. . . . .							
	c	. . . . .							
	d	. . . . .							
	e	. . . . .							
	f	All other program service revenue . . . . .							
	g	Total. Add lines 2a-2f . . . . .	624,799,099						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	2,824,640			2,824,640		
	4		Income from investment of tax-exempt bond proceeds . . . . .	0					
	5		Royalties . . . . .	0					
	6a	(i) Real		(ii) Personal					
		Gross rents . . . . .							
		Less rental expenses . . . . .							
		Rental income or (loss) . . . . .		0					
	d		Net rental income or (loss) . . . . .		107,320			107,320	
	7a	(i) Securities		(ii) Other					
		Gross amount from sales of assets other than inventory . . . . .							
		Less cost or other basis and sales expenses . . . . .							
		Gain or (loss) . . . . .		-164,568					
	d		Net gain or (loss) . . . . .		-164,568			-164,568	
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		0				
	b		Less direct expenses . . . . .						0
	c		Net income or (loss) from fundraising events . . . . .						0
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .		0				
	b		Less direct expenses . . . . .						0
	c		Net income or (loss) from gaming activities . . . . .						0
	10a		Gross sales of inventory, less returns and allowances . . . . .		0				
b		Less cost of goods sold . . . . .		0					
c		Net income or (loss) from sales of inventory . . . . .		0					
		Miscellaneous Revenue	Business Code						
11a		MISCELLANEOUS INCOME . . . . .	900099	328,646			328,646		
b		INVESTMENT IN SUBSIDIARY . . . . .	900003	-4,137,070			-4,137,070		
c		. . . . .							
d		All other revenue . . . . .							
e		Total. Add lines 11a-11d . . . . .	-3,808,424						
12		Total revenue. See Instructions . . . . .	623,758,067				624,799,099	-1,041,032	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,641,734	1,641,734		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	567,017,828	567,017,828		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,091,317		5,091,317	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	18,874,060	16,629,190	2,244,870	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,351,446	2,182,338	1,169,108	
<b>9</b> Other employee benefits.	3,827,561	3,372,312	455,249	
<b>10</b> Payroll taxes.	1,482,543	1,306,210	176,333	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	309,336	236,709	72,627	
<b>c</b> Accounting.	165,821	126,889	38,932	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	207,690		207,690	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,196,659	2,446,135	750,524	
<b>12</b> Advertising and promotion.	2,266,729	1,997,125	269,604	
<b>13</b> Office expenses.	3,544,979	3,123,341	421,638	
<b>14</b> Information technology.	127,225	112,092	15,133	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	1,188,362	1,047,019	141,343	
<b>17</b> Travel.	766,969	675,746	91,223	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	355,346	313,081	42,265	
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	2,069,992	1,823,789	246,203	
<b>23</b> Insurance.	347,156		347,156	
<b>24</b> 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):				
<b>a</b> BOARD AND BUREAU DUES	854,725	753,064	101,661	
<b>b</b> SERVICE BUREAU FEES	2,802,847	2,469,478	333,369	
<b>c</b> PUBLIC RELATIONS	572,765	504,640	68,125	
<b>d</b> SERVICE AGREEMENTS	1,672,343	1,473,435	198,908	
<b>e</b> All other expenses	189,177	166,677	22,500	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	621,924,610	609,418,832	12,505,778	0
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	24,161,674	<b>2</b>	36,654,529
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	38,687,202	<b>4</b>	40,354,044
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	571,925	<b>9</b>	1,004,141
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	22,835,249		
	<b>b</b> Less: accumulated depreciation	12,926,048		
		6,561,502	<b>10c</b>	9,909,201
	<b>11</b> Investments—publicly traded securities . . . . .	78,329,174	<b>11</b>	79,707,584
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	26,756,470	<b>13</b>	11,427,922
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,532,141	<b>15</b>	3,493,442	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	177,600,088	<b>16</b>	182,550,863	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	13,206,886	<b>17</b>	14,400,911
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	38,032,078	<b>25</b>	43,617,488
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	51,238,964	<b>26</b>	58,018,399
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	126,361,124	<b>32</b>	124,532,464
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	126,361,124	<b>33</b>	124,532,464	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	177,600,088	<b>34</b>	182,550,863	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	623,758,067
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	621,924,610
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	1,833,457
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	126,361,124
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,662,117
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	124,532,464

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

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2018)

**Form 990, Part III, Line 4a:**

DELTA DENTAL OF MISSOURI IS A PREPAID DENTAL INSURANCE COMPANY IN 2018, DELTA DENTAL PROCESSED 3,283,177 CLAIMS FOR DENTAL SERVICES

**Form 990, Part III, Line 4b:**

DENTAL HEALTH THEATER - SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

LAND OF SMILES - SEE SCHEDULE O

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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			
OLADIPUPO ADEBALA ..... DIRECTOR	2 0 ..... 0 0	X						1,050	0	0
WILLIAM J BENDER ..... TREASURER/DIRECTOR	2 0 ..... 0 0	X		X				24,550	0	0
BRIAN BERGLUND ..... DIRECTOR	2 0 ..... 0 0	X						24,550	0	0
ROSEMARY BISHOP ..... SECRETARY/DIRECTOR	2 0 ..... 0 0	X		X				32,950	0	0
RICHARD W BRAUN ..... DIRECTOR	2 0 ..... 0 0	X						21,650	0	0
ROBERT E BUTLER ..... BOARD CHAIRMAN/DIRECTOR	2 0 ..... 0 0	X		X				45,200	0	0
JOHNNY CUSTARDO ..... DIRECTOR	2 0 ..... 0 0	X						20,600	0	0
WILLIAM EDWARDS ..... DIRECTOR	2 0 ..... 0 0	X						21,650	0	0
WILLIAM A GRAY ..... DIRECTOR	2 0 ..... 0 0	X						1,050	0	0
MARK S MANCINI ..... DIRECTOR	2 0 ..... 0 0	X						23,750	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			
DEBORAH PATTERSON ..... DIRECTOR	2 0 ..... 0 0	X						26,650	0	0
MICK REDOHL ..... DIRECTOR - LEFT BOARD NOV 2018	2 0 ..... 0 0	X						23,750	0	0
JAMES W RHEA ..... FIRST VICE CHAIRMAN/DIRECTOR	2 0 ..... 0 0	X		X				27,850	0	0
EDWARD C ROBISON ..... DIRECTOR - LEFT BOARD NOV 2018	2 0 ..... 0 0	X						14,300	0	0
TIMOTHY S TAYLOR ..... DIRECTOR	2 0 ..... 0 0	X						25,850	0	0
GARY R WILLIAMS ..... DIRECTOR	2 0 ..... 0 0	X						22,700	0	0
MARK R ZUST ..... 2ND VICE CHAIRMAN/DIRECTOR	2 0 ..... 0 0	X		X				21,000	0	0
BARBARA C BENTRUP ..... CFO & Corporate Counsel	60 0 ..... 0 0			X				1,018,181	0	225,501
E B ROB GOREN ..... President & CEO	60 0 ..... 0 0			X				1,012,971	0	190,374
RONALD INGE ..... CHIEF DENTAL OFFICER	60 0 ..... 0 0			X				524,693	0	172,329

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			
JONATHAN JENNINGS ..... CHIEF ACTUARY/VP UNDERWRITING	60 0 ..... 0 0			X				326,284	0	95,885
KARL MUDRA ..... CIO	60 0 ..... 0 0			X				367,464	0	99,488
EDWARD PATTAROZZI ..... CHIEF SALES/MARKETING OFFICER	60 0 ..... 0 0			X				511,425	0	167,622
VICKI KATZFEY ..... NATIONAL ACCOUNT EXECUTIVE	40 0 ..... 0 0					X		236,022	0	61,519
HENRY S LAFFITTE ..... VP SALES & ACCOUNT MANAGEMENT	40 0 ..... 0 0					X		391,453	0	70,162
ELLEN R SAMUELS ..... MANAGER, CORPORATE COMPLIANCE	40 0 ..... 0 0					X		215,296	0	80,776
JANE STANHAUS ..... DIRECTOR OF HUMAN RESOURCES	40 0 ..... 0 0					X		234,202	0	73,854
ROBERT WOZNIAK ..... ACCOUNT EXECUTIVE	40 0 ..... 0 0					X		207,374	0	52,531

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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		7,899,248	3,621,582	4,277,666
c Leasehold improvements		1,145,351	926,560	218,791
d Equipment		5,035,191	3,246,848	1,788,343
e Other		7,405,459	5,131,058	2,274,401
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,909,201

Schedule D (Form 990) 2018

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	11,427,922	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	11,427,922	

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	33,436,609
ESTIMATE UNPAID CLAIM PROCESS	1,109,755
UNEARNED PREMIUMS	6,722,911
RETENTION RESERVES	150,306
ADVANCE DEPOSITS	2,197,907
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	43,617,488

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.

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

**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.

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

**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 MANAGEMENT'S 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 AN OPERATING LOSS TOTALING \$4,281,022 AND AN OPERATING GAIN TOTALING \$1,246,804 DURING 2018 AND 2017, RESPECTIVELY AT DECEMBER 31, 2018 AND 2017, ADVANTICA ADMINISTRATIVE HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$19,829,000 AND \$27,421,000, RESPECTIVELY ADVANTICA ADMINISTRATIVE AND ITS SUBSIDIARIES HAD DEFERRED TAX ASSETS OF APPROXIMATELY \$5,408,000 AND \$4,883,000 AT DECEMBER 31, 2018 AND 2017, RESPECTIVELY, NEARLY ALL OF WHICH ARISE FROM THESE NET OPERATING LOSS CARRYFORWARDS DUE TO THE REMAINING UNCERTAINTY REGARDING WHETHER THESE WILL BE REALIZED</p>



**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>D, A FULL VALUATION ALLOWANCE HAS BEEN RECORDED AGAINST THESE DEFERRED TAX ASSETS AT DECEMBER 31, 2018 AND 2017. 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, 2015 THROUGH 2018. 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. THE TAX CUTS AND JOBS ACT OF 2017 PROVIDED 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 ARE USED TO DISCOUNT THESE RESERVES. IN ADDITION, COMPANIES ARE NO LONGER ABLE TO ELECT TO USE THEIR OWN EXPERIENCE TO DISCOUNT RESERVES, BUT INSTEAD ARE REQUIRED TO USE THE INDUSTRY-BASED TABLES PUBLISHED BY THE IRS ANNUALLY. DURING 2017, THE ORGANIZATION COULD NOT REASONABLY ESTIMATE THE PROVISIONAL TAX IMPACTS RELATED TO THE CHANGE IN METHODOLOGY. DURING 2018, THE IRS PUBLISHED THE DISCOUNT FACTOR TABLES AND THE ORGANIZATION CALCULATED THE TAX IMPACT OF THE METHODOLOGY CHANGE AND RECORDED AN ADDITIONAL DEFERRED TAX ASSET AND OFFSETTING DEFERRED TAX LIABILITY AT DECEMBER 31, 2018. THE DEFERRED TAX LIABILITY WAS AMORTIZED INTO INCOME DURING 2018 PER THE 8-YEAR INCLUSION DESCRIBED IN THE TCJA.</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 . . . . . 30

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	225,000				General Support
Missouri Dental Association Foundation 3340 American Ave Jefferson City, MO 65109	43-1133855	501(C)(3)	200,000				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)	100,000	1,006	BOOK	SUPPLIES/SERVICES	General Support
Jordan Valley Community Health Center 440 E Tampa St Springfield, MO 65806	43-1602701	501(C)(3)	75,000				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
MYRTLE HILLIARD DAVIS COMP HEALTH CENTER 5471 DR MLK Dr St Louis, MO 63112	43-0917230	501(C)(3)	63,794				General Support
Medical University of South Carolina 19 HAGOOD AVE CHARLESTON, SC 29425	57-6000722	501(C)(3)	50,000				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
Roy J Rinehart Foundation 650 E 25th Street Kansas City, MO 64108	43-6041456	501(C)(3)	50,000				General Support
St Louis Children's Hospital Foundation One Childrens Place St Louis, MO 63110	43-1626863	501(C)(3)	50,000				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 Regional Public Media Inc 3655 Olive Street Saint Louis, MO 63108	43-0685345	501(C)(3)	50,000				General Support
Palmetto Health Foundation 1600 Marion St Columbia, SC 29201	57-0725699	501(C)(3)	42,500				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
CATHOLIC CHARITIES DIOCESE OF CHARLESTON 901 Orange Grove Rd Charleston, SC 29407	57-0314369	501(C)(3)	40,000				General Support
Dental Lifeline Network 1800 15TH ST DENVER, CO 80202	84-6129064	501(C)(3)	40,000				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
Healthy Smiles of Spartanburg Inc PO Box 1441 Spartanburg, SC 29304	03-0529473	501(C)(3)	37,500				General Support
Lift Up Someone Today LLC 3259 E SUNSHINE ST SPRINGFIELD, MO 65804	81-1243560	501(C)(3)	36,000				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
OUR LADY OF MERCY COMMUNITY OUTREACH SVCS PO Box 607 Johns Island, SC 29457	57-0905488	501(C)(3)	30,000				General Support
Columbia Oral Health Clinic PO Box 3206 Columbia, SC 29230	57-1073100	501(C)(3)	25,000				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
Family Health Center of Boone County 1001 W Worley Columbia, MO 65203	43-1709422	501(C)(3)	25,000				General Support
Girl Scouts of Eastern Missouri Inc 2300 Ball Drive St Louis, MO 63146	43-0662471	501(C)(3)	24,000				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
Cass Community Health Foundation 2316 E Meyer Blvd Kansas City, MO 64132	43-1349495	501(C)(3)	20,000				General Support
Community Clinic of Southwest Missouri 701 South Joplin Ave Joplin, MO 64801	43-1643962	501(C)(3)	15,000				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 STE 1100N Springfield, MO 65807	43-1371143	501(C)(3)	15,000				General Support
YWCA Metro St Louis 3820 West Pine Blvd St Louis, MO 63108	43-0653618	501(C)(3)	12,075				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
EdVenture Inc 211 Gervais Street Columbia, SC 29201	57-1013857	501(C)(3)	10,000				General Support
Epworth Children's Home 2900 Millwood Ave Columbia, SC 29205	57-0314389	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
HERBER HOOVER BOYS & GIRLS CLUB OF ST LOUIS 2901 N Grand Ave St Louis, MO 63107	43-6061693	501(C)(3)	10,000				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
St Louis County Library Foundation 1640 S Lindbergh Blvd St Louis, MO 63131	43-1863977	501(C)(3)	10,000				General Support
American Lung Association 55 W Wacker Dr Chicago, IL 60601	13-1632524	501(C)(3)	9,210				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
Greenville Free Medical Clinic Inc PO Box 8993 Greenville, SC 29604	57-0855205	501(C)(3)	8,000				GENERAL SUPPORT
Missouri Highlands Health Care 110 S 2nd St Ellington, MO 63638	43-1068291	501(C)(3)	7,550				GENERAL SUPPORT

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <b>Open to Public Inspection</b> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">                         Name of the organization                          DELTA DENTAL OF MISSOURI                     </div> <div style="width: 30%;">                         Employer identification number                           43-0908349                     </div> </div>	
	<div style="background-color: black; color: white; padding: 2px 5px;"><b>Part I    Questions Regarding Compensation</b></div>	

		Yes	No
<b>1a</b> 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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                                 </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                                 </div> </div>			
<b>b</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 <div style="text-align: right; margin-top: -10px;"><b>1b</b></div>			
<b>2</b> 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? <div style="text-align: right; margin-top: -10px;"><b>2</b></div>			
<b>3</b> 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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                                 </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                                 </div> </div>			
<b>4</b> 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 <div style="margin-top: 10px;"> <b>a</b> Receive a severance payment or change-of-control payment?                                 <div style="text-align: right; margin-top: -10px;"><b>4a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                 <div style="text-align: right; margin-top: -10px;"><b>4b</b></div> </div> <div style="margin-top: 10px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                 <div style="text-align: right; margin-top: -10px;"><b>4c</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                             </div>			No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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 <div style="margin-top: 10px;"> <b>a</b> The organization?                                 <div style="text-align: right; margin-top: -10px;"><b>5a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                                 <div style="text-align: right; margin-top: -10px;"><b>5b</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes," on line 5a or 5b, describe in Part III                             </div>			No
<b>6</b> 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 <div style="margin-top: 10px;"> <b>a</b> The organization?                                 <div style="text-align: right; margin-top: -10px;"><b>6a</b></div> </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?                                 <div style="text-align: right; margin-top: -10px;"><b>6b</b></div> </div> <div style="margin-top: 10px;">                                 If "Yes," on line 6a or 6b, describe in Part III                             </div>			No
<b>7</b> 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 <div style="text-align: right; margin-top: -10px;"><b>7</b></div>			No
<b>8</b> 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 <div style="text-align: right; margin-top: -10px;"><b>8</b></div>			No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <div style="text-align: right; margin-top: -10px;"><b>9</b></div>			

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.

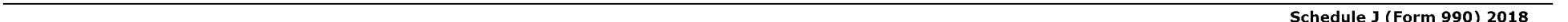
See Additional Data Table

**Schedule J (Form 990) 2018**

**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 4B	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 2018 FOR THE FOLLOWING INDIVIDUALS WERE: BARBARA BENTRUP - \$31,569; E. B. ROB GOREN - \$48,556; KARL MUDRA - \$8,878; EDWARD PATTAROZZI - \$22,986; RONALD INGE - \$17,346; JONATHAN JENNINGS - \$48. 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 2018 WERE THE FOLLOWING: BARBARA BENTRUP, E. B. ROB GOREN, 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 - \$163,407; E. B. ROB GOREN - \$119,062; KARL MUDRA - \$30,934; EDWARD PATTAROZZI - \$104,124; JONATHAN JENNINGS - \$27,680; RONALD INGE - \$110,726.



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				
BARBARA C BENTRUP CFO & Corporate Counsel	(i)	458,023	140,797	419,361	204,657	20,844	1,243,682	
	(ii)	0	0	0	0	0	0	
E B ROB GOREN President & CEO	(i)	539,222	200,500	273,249	160,312	30,062	1,203,345	
	(ii)	0	0	0	0	0	0	
RONALD INGE CHIEF DENTAL OFFICER	(i)	364,038	111,611	49,044	151,976	20,353	697,022	
	(ii)	0	0	0	0	0	0	
JONATHAN JENNINGS CHIEF ACTUARY/VP UNDERWRITING	(i)	241,045	71,277	13,962	68,930	26,955	422,169	
	(ii)	0	0	0	0	0	0	
KARL MUDRA CIO	(i)	252,305	84,471	30,688	72,184	27,304	466,952	
	(ii)	0	0	0	0	0	0	
EDWARD PATTAROZZI CHIEF SALES/MARKETING OFFICER	(i)	352,962	116,054	42,409	145,374	22,248	679,047	
	(ii)	0	0	0	0	0	0	
VICKI KATZFEY NATIONAL ACCOUNT EXECUTIVE	(i)	92,825	132,886	10,311	34,395	27,124	297,541	
	(ii)	0	0	0	0	0	0	
HENRY S LAFFITTE VP SALES & ACCOUNT MANAGEMENT	(i)	221,076	160,788	9,589	41,250	28,912	461,615	
	(ii)	0	0	0	0	0	0	
ELLEN R SAMUELS MANAGER, CORPORATE COMPLIANCE	(i)	162,502	48,612	4,182	52,087	28,689	296,072	
	(ii)	0	0	0	0	0	0	
JANE STANHAUS DIRECTOR OF HUMAN RESOURCES	(i)	173,468	53,043	7,691	43,731	30,123	308,056	
	(ii)	0	0	0	0	0	0	
ROBERT WOZNIAK ACCOUNT EXECUTIVE	(i)	83,181	112,162	12,031	30,220	22,311	259,905	
	(ii)	0	0	0	0	0	0	

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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) MARK R ZUST DDS LTD	BOARD MEMBER AS OWNER	224,415	DENTAL SERVICES PROVIDED		No
(2) JAMES W RHEA DDS PC	BOARD MEMBER AS OWNER	216,147	DENTAL SERVICES PROVIDED		No
(3) FINNANE-ROBISON DENTAL LLC	BOARD MEMBER AS OWNER	173,253	DENTAL SERVICES PROVIDED		No
(4) CURRY TAYLOR DDS LTD	BOARD MEMBER AS OWNER	134,909	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 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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury

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 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 MUSEUM'S 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 CHILDREN'S MUSEUM IN ST LOUIS DEDICATED SOLELY TO HEALTH EDUCATION, WHICH IS COMBINED WITH PLAY TO HELP KIDS LEARN HEALTHY HABITS FOR HEALTHIER LIVES 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 APPROXIMATELY 37,000 CHILDREN, TEACHERS AND PARENTS VISITED THE MUSEUM THIS YEAR 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 569 SCHOOLS AND PROVIDED ORAL HEALTH EDUCATION FOR 126,608 K-3RD GRADE STUDENTS THROUGHOUT THE STATES OF MISSOURI AND SOUTH CAROLINA IN 2018 AN ASSEMBLY-STYLE LIVE PERFORMANCE WITH AUDIENCE PARTICIPATION, THE PROGRAM CAPTURES EACH STUDENT'S ATTENTION THROUGH FUN, KID-FOCUSED ENTERTAINMENT 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 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 TEACHERS AND SCHOOL NURSES CONSISTENTLY RATE THE PROGRAM AS EXCELLENT THE LAND OF SMILES PROGRAM IS ALSO 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 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 2018, GKAS IN ST LOUIS PROVIDED MORE THAN 6,000 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 GKAS HAS TREATED ALMOST 16,000 CHILDREN SINCE THE FIRST CLINIC IN 2002 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**

<b>Return Reference</b>	<b>Explanation</b>
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 2018 WAS REVIEWED BY A THIRD PARTY COMPENSATION CONSULTANT AND THEN REVIEWED BY THE COMPENSATION COMMITTEE IN MARCH, 2018.

# 990 Schedule O, Supplemental Information

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DELTA DENTAL OF MISSOURI

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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
<b>(1)</b> ADVANTICA ADMINISTRATIVE SERVICES INC 12399 GRAVOIS ROAD ST LOUIS, MO 63127 43-1826684	THRID PARTY ADMIN	MO	NA	C-CORP	71,534,286	14,905,490	100 000 %	Yes	

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

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

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

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

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

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

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

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

1n

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	M	653,832	ALLOCATIONS
(2)ADVANTICA ADMINISTRATIVE SERVICES INC	N	2,395,993	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