

EXTENSION GRANTED

OMB No 1545-0052

Form **990-PF****Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

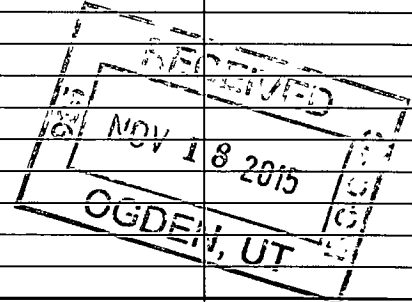
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**2014**

Open to Public Inspection

For calendar year 2014 or tax year beginning , 2014, and ending , 20

Name of foundation <b>DELTA DENTAL OF KANSAS FOUNDATION, INC.</b>		<b>A</b> Employer identification number 68-0554527						
Number and street (or P O box number if mail is not delivered to street address) <b>1619 N. WATERFRONT PARKWAY</b>		<b>B</b> Telephone number (see instructions) (316) 264-1099						
City or town, state or province, country, and ZIP or foreign postal code <b>WICHITA, KS 67206</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>						
<b>G</b> Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input checked="" type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input checked="" type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input checked="" type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)								

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)		124,129.			
<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities		32,783.	32,783.		
<b>5a</b> Gross rents					
<b>b</b> Net rental income or (loss)					
<b>6a</b> Net gain or (loss) from sale of assets not on line 10		68,550.			
<b>b</b> Gross sales price for all assets on line 6a		2,923,593.			
<b>7</b> Capital gain net income (from Part IV, line 2)			68,550.		
<b>8</b> Net short-term capital gain					
<b>9</b> Income modifications					
<b>10a</b> Gross sales less returns and allowances					
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12</b> Total. Add lines 1 through 11		225,462.	101,333.		
<b>13</b> Compensation of officers, directors, trustees, etc.		94,940.			99,008.
<b>14</b> Other employee salaries and wages					
<b>15</b> Pension plans, employee benefits		20,251.			21,292.
<b>16a</b> Legal fees (attach schedule) ATCH 1		12,688.			12,688.
<b>b</b> Accounting fees (attach schedule) ATCH 2		2,808.			2,808.
<b>c</b> Other professional fees (attach schedule) [3]		956.			956.
<b>17</b> Interest					
<b>18</b> Taxes (attach schedule) (see instructions)					
<b>19</b> Depreciation (attach schedule) and depletion		462.			
<b>20</b> Occupancy					
<b>21</b> Travel, conferences, and meetings		6,390.			6,304.
<b>22</b> Printing and publications		1,237.			1,237.
<b>23</b> Other expenses (attach schedule) ATCH 4		40,222.	20,941.		19,281.
<b>24</b> Total operating and administrative expenses. Add lines 13 through 23.		179,954.	20,941.		163,574.
<b>25</b> Contributions, gifts, grants paid		2,961,425.			2,961,425.
<b>26</b> Total expenses and disbursements. Add lines 24 and 25		3,141,379.	20,941.	0	3,124,999.
<b>27</b> Subtract line 26 from line 12					
<b>a</b> Excess of revenue over expenses and disbursements		-2,915,917.			
<b>b</b> Net investment income (if negative, enter -0-)			80,392.		
<b>c</b> Adjusted net income (if negative, enter -0-)					



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing . . . . .		285,724.		
	2	Savings and temporary cash investments . . . . .				
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶		1,672,054.		
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10 a	Investments - U S and state government obligations (attach schedule) .		1,835,528.		
	b	Investments - corporate stock (attach schedule) . . . . .				
	c	Investments - corporate bonds (attach schedule) . . . . .				
	11	Investments - land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) ▶				
	12	Investments - mortgage loans . . . . .				
	13	Investments - other (attach schedule) . . . . .				
	14	Land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach schedule) ▶		925.		ATCH 5
15	Other assets (describe ▶) . . . . .		7,560.			
16	<b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .		3,801,791.	0	0	
Liabilities	17	Accounts payable and accrued expenses . . . . .		5,652.		
	18	Grants payable . . . . .		880,222.		
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons .				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ▶) . . . . .				
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		885,874.	0		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here .</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>					
	24	Unrestricted . . . . .		2,915,917.		
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, . . .</b> <input type="checkbox"/> <b>check here and complete lines 27 through 31.</b>					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
	29	Retained earnings, accumulated income, endowment, or other funds . .				
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .		2,915,917.	0	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		3,801,791.	0	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	2,915,917.
2	Enter amount from Part I, line 27a . . . . .	2	-2,915,917.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3 . . . . .	4	
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . .	6	

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>			<b>2</b>	68,550.	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			<b>3</b>	0	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	852,567.	1,871,599.	0.455529
2012	743,868.	1,416,449.	0.525164
2011	476,041.	784,761.	0.606606
2010	567,516.	501,337.	1.132005
2009	871,531.	1,164,835.	0.748201
<b>2</b> Total of line 1, column (d)			<b>2</b> 3.467505
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.693501
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			<b>4</b> 2,201,711.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 1,526,889.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 804.
<b>7</b> Add lines 5 and 6			<b>7</b> 1,527,693.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 3,124,999.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . . . . Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		1	804.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2 . . . . .		3	804.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		5	804.
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .	6a	2,284.	
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	2,284.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	1,480.	
11 Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> . . . . .	11	1,480.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . . If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <b>ATCH 6</b> . . . . . If "Yes," attach the statement required by General Instruction T.	X	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> KS, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		X

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**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.DELTADENTALKSFOUNDATION.ORG</u>	13	X	
14	The books are in care of <u>DELTA DENTAL OF KS FOUNDATION</u> Telephone no <u>(316) 264-1099</u> Located at <u>1619 N. WATERFRONT PARKWAY, WICHITA, KS</u> ZIP+4 <u>67206</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. <u>15</u>			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country <u></u>	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? <input type="checkbox"/>	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <u></u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <input type="checkbox"/>	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u></u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) <input type="checkbox"/>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? <input type="checkbox"/>	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ **5b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **6b** X

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ **7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 7		94,940.	11,689.	0

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000.** ☐ 0

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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services</b> . . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> NO DIRECT CHARITABLE ACTIVITIES	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	
<b>2</b>	
All other program-related investments See instructions	
<b>3</b> NONE	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	1,410,388.
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	824,852.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	2,235,240.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . . <b>1e</b>		
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	2,235,240.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	33,529.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	2,201,711.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	110,086.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	110,086.
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5 . . . . . <b>2a</b>		804.
<b>b</b>	Income tax for 2014. (This does not include the tax from Part VI.) . . . . . <b>2b</b>		
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	804.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	109,282.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	109,282.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	109,282.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	3,124,999.
<b>b</b>	Program-related investments - total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	3,124,999.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .	<b>5</b>	804.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	3,124,195.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7 . . . . .				109,282.
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only . . . . .				
<b>b</b> Total for prior years 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2014:				
<b>a</b> From 2009 . . . . . 813,767.				
<b>b</b> From 2010 . . . . . 544,265.				
<b>c</b> From 2011 . . . . . 437,193.				
<b>d</b> From 2012 . . . . . 673,405.				
<b>e</b> From 2013 . . . . . 760,050.				
<b>f</b> Total of lines 3a through e . . . . .	3,228,680.			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4. ► \$ <u>3,124,999.</u>				
<b>a</b> Applied to 2013, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2014 distributable amount . . . . .				109,282.
<b>e</b> Remaining amount distributed out of corpus . . . . .	3,015,717.			
<b>5</b> Excess distributions carryover applied to 2014 . . . . . (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	6,244,397.			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .	813,767.			
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	5,430,630.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2010 . . . . . 544,265.				
<b>b</b> Excess from 2011 . . . . . 437,193.				
<b>c</b> Excess from 2012 . . . . . 673,405.				
<b>d</b> Excess from 2013 . . . . . 760,050.				
<b>e</b> Excess from 2014 . . . . . 3,015,717.				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling . . . . .

- |  |               |            |
|--|---------------|------------|
| <b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section | 4942(j)(3) or | 4942(j)(5) |
|--|---------------|------------|

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

[illegible]

- b** 85% of line 2a . . . . .

- c** Qualifying distributions from Part XII, line 4 for each year listed .

- d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

- e** Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .

- 3** Complete 3a, b, or c for the alternative test relied upon

- a "Assets" alternative test - enter
- |     |   |         |
|-----|---|---------|
| (1) | Value of all assets                                       | . . .   |
| (2) | Value of assets qualifying under section 4942(j)(3)(B)(i) | . . . . |

- b** "Endowment" alternative test-  
enter 2/3 of minimum invest-  
ment return shown in Part X,  
line 6 for each year listed . . .

- C** "Support" alternative test - enter

- (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .

- (3) Largest amount of support from an exempt organization. . . .

- (4) Gross investment income .

**Part XV**      **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

### **1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:**

ATCH 8

- b The form in which applications should be submitted and information and materials they should include:**

WE HAVE AN APPLICATION FORM AVAILABLE THROUGH OUR WEBSITE.

- c Any submission deadlines:**

IN 2014, GRANT APPLICATIONS WERE DUE ON OR BEFORE MAY 1ST AT NOON.

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:**

ATCH 9

**Part XV** **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>  ATCH 10				
<b>Total</b> .....			<b>▶ 3a</b>	2,961,425.
<b>b Approved for future payment</b>  ATCH 11				
<b>Total</b> .....			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

JSA  
4E1492 1 000



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2014**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

DELTA DENTAL OF KANSAS FOUNDATION, INC.

**Employer identification number**

68-0554527

**Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DELTA DENTAL OF KANSAS FOUNDATION, INC.

Employer identification number  
68-0554527**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL OF KANSAS, INC. 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	\$ 124,129.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization DELTA DENTAL OF KANSAS FOUNDATION, INC.

Employer identification number

68-0554527

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----



Name of organization DELTA DENTAL OF KANSAS FOUNDATION, INC.

Employer identification number

68-0554527

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

**FORM 990-PF - PART IV****CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
1,387.		EQUIPMENT 925.					01/31/2013 462.	12/31/2014
2,923,593.		INVESTMENTS 2,855,505.					VARIOUS 68,088.	VARIOUS
TOTAL GAIN (LOSS) .....							<u>68,550.</u>	

GRANT	ADDRESS	CITY/STATE	ZIP	Relationship to DDKS	Status	Purpose	Amount	Paid/ A/P	2014 Exp.	Paid in 2014
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	Matching Gift Program	\$ 625	Paid	\$ 625	\$ 625
Exploration Place, Inc	300 N McLean	Wichita, KS	67203	None	Public	501c3 Event	\$ 160	Paid	\$ 160	\$ 160
SW Blvd Family Health Care	300 SW Blvd	Kansas City, KS	66103	None	Public	501c3 Event	\$ 50	Paid	\$ 50	\$ 50
The Ellis Foundation	P O Box 54	Fort Scott, KS	66701	None	Public	Scholarships	\$ 16,000	*Paid	\$ -	\$ 16,000
KDHE Bureau of Oral Health	1000 SW Jackson, Suite 300	Topeka, KS	66612	None	Public	Community Health Grant - Supplies	\$ 34,000	Paid	\$ 34,000	\$ 34,000
Kansas Correctional Industries Dental Lab	815 SE Rice Rd	Topeka, KS	66226	None	Public	Equipment	\$ 68,372	*Paid	\$ 1	\$ 68,371
Salina Area Technical College				None	Public	Community Health Grant - Equipment	\$ 84,137	Paid	\$ 84,137	\$ 84,137
SW Blvd Family Health Care	300 SW Blvd	Kansas City, KS	66103	None	Public	Community Health Grant - Equipment	\$ 28,445	Paid	\$ 28,445	\$ 28,445
American Diabetes Association	608 W Douglas, Ste 100	Wichita, KS	67203	None	Public	Community Health Grant	\$ 1,000	Paid	\$ 1,000	\$ 1,000
Community Health Center of Southeast Kansas	3011 N Michigan	Pittsburg, KS	66762	None	Public	Community Health Grant - Equipment	\$ 67,210	Paid	\$ 67,210	\$ 67,210
Community Health Ministry	407 Ash St	Wamego, KS	66547	None	Public	Community Health Grant - Equipment & Dentures	\$ 39,265	Paid	\$ 39,265	\$ 39,265
Community Health Ministry	407 Ash St	Wamego, KS	66548	None	Public	Equipment & Dentures	\$ 368	*Paid	\$ -	\$ 368
Douglas Co Dental Clinic	2210 Yale Road	Lawrence, KS	66049	None	Public	Community Health Grant - Equipment & Supplies	\$ 20,201	Paid	\$ 20,201	\$ 20,201
Health Partnership Clinic of Johnson County	807 S Clairborne Road	Olathe, KS	66062	None	Public	Community Health Grant - Equipment	\$ 67,394	Paid	\$ 67,394	\$ 67,394
Manhattan Area Technical College Foundation	3136 Dickens Ave	Manhattan, KS	66503	None	Public	Community Health Grant - Equipment	\$ 18,909	Paid	\$ 18,909	\$ 18,909
Manan Clinic	1001 SW Garfield Ave	Topeka, KS	66604	None	Public	Community Health Grant - Equipment & Supplies	\$ 18,739	Paid	\$ 18,739	\$ 18,739
Oral Health Kansas	800 SW Jackson, Ste 1120	Topeka, KS	66612	None	Public	Conference	\$ 5,000	Paid	\$ 5,000	\$ 5,000
Salina Health Education Foundation	651 E Prescott	Salina, KS	67401	None	Public	Supplies & Dentures	\$ 1,800	*Paid	\$ -	\$ 1,800
Salina Health Education Foundation	651 E Prescott	Salina, KS	67401	None	Public	Community Health Grant - Equipment & Dentures	\$ 11,740	Paid	\$ 11,740	\$ 11,740
Wichita Children's Theatre	201 Lulu	Wichita, KS	67211	None	Public	Education	\$ 20,000	Paid	\$ 20,000	\$ 20,000
Wichita State University Foundation	1845 Fairmount, Campus Box 2	Wichita, KS	67260	None	Public	Matching Gift Program	\$ 1,000	Paid	\$ 1,000	\$ 1,000
Kansas Head Start Association	932 Massachusetts, Suite 301	Lawrence, KS	66044	None	Public	Matching Gift Program	\$ 500	Paid	\$ 500	\$ 500
SW Blvd Family Health Care	300 SW Blvd	Kansas City, KS	66103	None	Public	Matching Gift Program	\$ 250	Paid	\$ 250	\$ 250
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	Matching Gift Program	\$ 500	Paid	\$ 500	\$ 500
Guadalupe Clinic, Inc	940 S St Francis	Wichita, KS	67211	None	Public	Matching Gift Program	\$ 100	Paid	\$ 100	\$ 100
Dental Lifeline Network	PO Box 4266	Topeka, KS	66604	None	Public	Dentures	\$ 5,977	*Paid	\$ -	\$ 5,977
Dental Lifeline Network	PO Box 4267	Topeka, KS	66605	None	Public	Community Health Grant - Dentures	\$ 4,855	Paid	\$ 4,855	\$ 4,855
Kansas Food Bank	1919 E Douglas	Wichita, KS	67211	None	Public	Matching Gift Program	\$ 500	Paid	\$ 500	\$ 500
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	KIND Scholarships	\$ 100,000	*Paid	\$ -	\$ 100,000
GraceMed Health Clinic	1122 N Topeka ST	Wichita, KS	67214	None	Public	Champions Project - Dentures	\$ 5,000	*Paid	\$ -	\$ 5,000
GraceMed Health Clinic	1123 N Topeka ST	Wichita, KS	67215	None	Public	Community Health Grant - Dentures	\$ 1,000	*Paid	\$ -	\$ 1,000
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	Matching Gift Program	\$ 100	Paid	\$ 100	\$ 100
Central Plains Healthcare Partnership	1102 S Hillside	Wichita, KS	67211	None	Public	Matching Gift Program	\$ 1,500	Paid	\$ 1,500	\$ 1,500
Wichita Community Foundation	301 N Main, Ste 100	Wichita, KS	67202	None	Public	KIND Scholarships	\$ 2,741,455	Paid	\$ 2,741,455	\$ 2,741,455
Exploration Place	300 N McLean Blvd	Wichita, KS	67203	None	Public	Community Health Grant - Equipment	\$ 18,000	Paid	\$ 18,000	\$ 18,000
American Diabetes Association	608 W Douglas, Ste 100	Wichita, KS	67203	None	Public	Toothbrush kits	\$ 2,782	Paid	\$ 2,782	\$ 2,782
Grace Med Health Clinic	1611 N Mosley	Wichita, KS	67214	None	Public	Toothbrush kits	\$ 15,215	Paid	\$ 15,215	\$ 15,215
Delta Dental of KS Foundation	1619 N Waterfront Pkwy	Wichita, KS	67206	None	Public	Kansas Initiative for New Dentists	\$ (375,000)	#Paid	\$ (375,000)	\$ -
Delta Dental of KS Foundation	1619 N Waterfront Pkwy	Wichita, KS	67206	None	Public	Toothbrush kits	\$ (138,000)	#Paid	\$ (138,000)	\$ -
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	KMOM	\$ 30,000	*Paid	\$ -	\$ 30,000
Kansas Head Start	22521 W 53rd Terrace	Shawnee, KS	66226	None	Public	To provide preventive services for Head Start children	\$ 18,968	*Paid	\$ -	\$ 18,968
Community Health Ministry	903 6th St	Wamego, KS	66547	None	Public	Dentures	\$ 5,400	*Paid	\$ -	\$ 5,400
Junior Achievement of Wichita	P O Box 780683	Wichita, KS	67278	None	Public	Education	\$ 10,000	*Paid	\$ -	\$ 10,000
Oral Health Kansas	800 SW Jackson, Ste 1120	Topeka, KS	66612	None	Public	Dental Champions Program	\$ 100,000	*Paid	\$ -	\$ 100,000
Butler Community Health	Butler Rose Hill 506A South R	Rose Hill, KS	67133	None	Public	Community Health Grant - Student Scholarships	\$ 4,338	*Paid	\$ -	\$ 4,338
Kansas Dental Chantable Foundation	5200 SW Huntoon	Topeka, KS	66604	None	Public	Kansas Initiative for New Dentists	\$ 125,000	Paid	\$ 125,000	\$ 125,000
Arrowhead West Inc	1100 E Wyatt Earp Blvd	Dodge City, KS	67801	None	Public	Toothbrush kits	\$ 268	Paid	\$ 268	\$ 268
Barber County Health Dept	117 E Kansas	Medicine Lodge, KS	67104	None	Public	Toothbrush kits	\$ 531	Paid	\$ 531	\$ 531
Catholic Chanties Inc	437 N Topeka St	Wichita, KS	67202	None	Public	Toothbrush kits	\$ 6,250	Paid	\$ 6,250	\$ 6,250
Clay Co Health Department	820 Spellman Circle	Clay Center, KS	67432	None	Public	Toothbrush kits	\$ 2,135	Paid	\$ 2,135	\$ 2,135
Cloud County Health Dept	910 W 11th St	Concordia, KS	66901	None	Public	Toothbrush kits	\$ 1,509	Paid	\$ 1,509	\$ 1,509
Communities In Schools of Ottawa	1404 S Ash Street	Ottawa, KS	66067	None	Public	Toothbrush kits	\$ 446	Paid	\$ 446	\$ 446
Communities In Schools of Wichita	412 S Main, Suite 212	Wichita, KS	67202	None	Public	Toothbrush kits	\$ 4,309	Paid	\$ 4,309	\$ 4,309
Community Health Center of Southeast Kansas	3011 N Michigan	Pittsburg, KS	66762	None	Public	Toothbrush kits	\$ 11,262	Paid	\$ 11,262	\$ 11,262
Community Health Ministry	407 Ash St	Wamego, KS	66547	None	Public	Toothbrush kits	\$ 1,520	Paid	\$ 1,520	\$ 1,520
Cottonwood, Inc	2801 W 31	Lawrence, KS	66047	None	Public	Toothbrush kits	\$ 268	Paid	\$ 268	\$ 268
Douglas Co Dental Clinic	2210 Yale Rd	Lawrence, KS	66049	None	Public	Toothbrush kits	\$ 1,071	Paid	\$ 1,071	\$ 1,071
E C Tryee Dental Clinic	1525 N Lorraine	Wichita, KS	67214	None	Public	Toothbrush kits	\$ 3,078	Paid	\$ 3,078	\$ 3,078
Ellsworth County Health Dept	1603 Aylward Ave	Ellsworth, KS	67439	None	Public	Toothbrush kits	\$ 89	Paid	\$ 89	\$ 89
Episcopal Social Services, Inc	1010 North Main St	Wichita, KS	67201	None	Public	Toothbrush kits	\$ 4,925	Paid	\$ 4,925	\$ 4,925
Fort Hays State University	600 Park Ave	Hays, KS	67601	None	Public	Toothbrush kits	\$ 890	Paid	\$ 890	\$ 890
Greenwood County Health Dept	200 W 1st	Eureka, KS	67045	None	Public	Toothbrush kits	\$ 710	Paid	\$ 710	\$ 710
Guadalupe Clinic, Inc	940 S St Francis	Wichita, KS	67211	None	Public	Toothbrush kits	\$ 4,925	Paid	\$ 4,925	\$ 4,925
Health Ministries Clinic	209 S Pine St	Newton, KS	67114	None	Public	Toothbrush kits	\$ 5,859	Paid	\$ 5,859	\$ 5,859
Health Partnership of Johnson Co	407 S Clairborne Rd, Ste 104	Olathe, KS	66062	None	Public	Toothbrush kits	\$ 6,166	Paid	\$ 6,166	\$ 6,166

				Relationship to						
HeartSpring	8700 E 29th St	Wichita, KS	67226	None	Public	Toothbrush kits	\$ 352	Paid	\$ 352	\$ 352
Hogeman County Health Dept	500 Main	Jelmore, KS	67854	None	Public	Toothbrush kits	\$ 444	Paid	\$ 444	\$ 444
Independent Living Resource Center, Inc	3033 W 2nd St N	Wichita, KS	67203	None	Public	Toothbrush kits	\$ 1,143	Paid	\$ 1,143	\$ 1,143
Inter-Faith Ministries	829 N Market	Wichita, KS	67214	None	Public	Toothbrush kits	\$ 616	Paid	\$ 616	\$ 616
Johnson Co Christmas Bureau	9503 Johnson Dr	Menam, KS	66203	None	Public	Toothbrush kits	\$ 8,400	Paid	\$ 8,400	\$ 8,400
Johnson County Community College Foundation	12345 College Blvd	Overland Park, KS	66213	None	Public	Toothbrush kits	\$ 2,494	Paid	\$ 2,494	\$ 2,494
Kansas Correctional Industries Dental Lab at TCF	815 SE Rice Rd	Topeka, KS	66607	None	Public	Toothbrush kits	\$ 1,250	Paid	\$ 1,250	\$ 1,250
Kansas Head Start Association	932 Massachusetts, Suite 301	Lawrence, KS	66044	None	Public	Toothbrush kits	\$ 10,997	Paid	\$ 10,997	\$ 10,997
Kansas Learning Center for Health	505 Main	Halstead, KS	67056	None	Public	Toothbrush kits	\$ 888	Paid	\$ 888	\$ 888
Lansing USD #469	401 S 2nd Street	Lansing, KS	66043	None	Public	Toothbrush kits	\$ 1,154	Paid	\$ 1,154	\$ 1,154
Manhattan Area Technical College	3136 Dickens Ave	Manhattan, KS	66503	None	Public	Toothbrush kits	\$ 2,491	Paid	\$ 2,491	\$ 2,491
Manan Clinic	1001 SW Garfield Ave	Topeka, KS	66604	None	Public	Toothbrush kits	\$ 2,679	Paid	\$ 2,679	\$ 2,679
Mental Health Association of South Central KS	555 N Woodlawn	Wichita, KS	67208	None	Public	Toothbrush kits	\$ 880	Paid	\$ 880	\$ 880
National Council of Jewish Women	5311 West 75th Street	Shawnee Mission, KS	66208	None	Public	Toothbrush kits	\$ 623	Paid	\$ 623	\$ 623
Pawnee Co Health Dept	715 Broadway, Box 150	Lamed, KS	67550	None	Public	Toothbrush kits	\$ 1,249	Paid	\$ 1,249	\$ 1,249
Prairie Star Health Center	1600 N Lorraine St, Ste 110	Hutchinson, KS	67501	None	Public	Toothbrush kits	\$ 3,025	Paid	\$ 3,025	\$ 3,025
Rochester Elementary	PO Box 780683	Wichita, KS	67278	None	Public	Toothbrush kits	\$ 164	Paid	\$ 164	\$ 164
Salina Family Healthcare Center	651 E Prescott	Salina, KS	67401	None	Public	Toothbrush kits	\$ 2,927	Paid	\$ 2,927	\$ 2,927
Sedgwick County Health Department	1900 East Ninth Street	Wichita, KS	67214	None	Public	Toothbrush kits	\$ 16,007	Paid	\$ 16,007	\$ 16,007
Senior Services Inc of Wichita	200 S Walnut	Wichita, KS	67213	None	Public	Toothbrush kits	\$ 616	Paid	\$ 616	\$ 616
Starkey, Inc	4500 West Maple	Wichita, KS	67209	None	Public	Toothbrush kits	\$ 440	Paid	\$ 440	\$ 440
SW Blvd Family Health Care	300 SW Blvd	Kansas City, KS	66103	None	Public	Toothbrush kits	\$ 625	Paid	\$ 625	\$ 625
The Treehouse Inc	151 N Volusia	Wichita, KS	67214	None	Public	Toothbrush kits	\$ 264	Paid	\$ 264	\$ 264
TOP Early Learning Center	1625 N Waterfront Pkwy, Ste 1	Wichita, KS	66206	None	Public	Toothbrush kits	\$ 2,639	Paid	\$ 2,639	\$ 2,639
Tn-Valley Developmental Services	3740 S Santa Fe	Chanute, KS	66720	None	Public	Toothbrush kits	\$ 89	Paid	\$ 89	\$ 89
Turner House Clinic	21 N 12th St, Ste 300	Kansas City, KS	66102	None	Public	Toothbrush kits	\$ 357	Paid	\$ 357	\$ 357
UMC of the Resurrection Beds for Everybody	13720 Roe Ave	Leawood, KS	66221	None	Public	Toothbrush kits	\$ 657	Paid	\$ 657	\$ 657
United Methodist Western Kansas Mexican American	712 St John Street Side B	Garden City, KS	67846	None	Public	Toothbrush kits	\$ 18,575	Paid	\$ 18,575	\$ 18,575
USD #321 - Kaw Valley	411 W Lasley	St Marys, KS	66536	None	Public	Toothbrush kits	\$ 178	Paid	\$ 178	\$ 178
USD #457 Garfield Early Childhood Center	121 W Walnut St	Garden City, KS	67846	None	Public	Toothbrush kits	\$ 622	Paid	\$ 622	\$ 622
USD 273 Mitchell County	2020 N Independence	Beloit, KS	67420	None	Public	Toothbrush kits	\$ 799	Paid	\$ 799	\$ 799
USD 308 Hutchinson Public Schools	330 Charles	Hutchinson, KS	67501	None	Public	Toothbrush kits	\$ 801	Paid	\$ 801	\$ 801
Wesley House	411 E 12th	Pittsburg, KS	66762	None	Public	Toothbrush kits	\$ 2,056	Paid	\$ 2,056	\$ 2,056
Wichita Children's Theatre, Inc	201 Lulu	Wichita, KS	67211	None	Public	Toothbrush kits	\$ 1,583	Paid	\$ 1,583	\$ 1,583
Wichita County Health Dept	104 S Indian Rd	Leoti, KS	67861	None	Public	Toothbrush kits	\$ 266	Paid	\$ 266	\$ 266
Wichita State University Dental Hygiene Program	1845 Fairmount	Wichita, KS	67260	None	Public	Toothbrush kits	\$ 528	Paid	\$ 528	\$ 528
Wichita State University Pre-Dental Student Assoc	1845 Fairmount	Wichita, KS	67260	None	Public	Toothbrush kits	\$ 704	Paid	\$ 704	\$ 704

A Total Contributions, gifts, grant expense per books in 2014  
B Total Grants paid in 2014  
C Grants Approved for Future Payment in 2014

Totals \$ 2,961,425 \$ 3,841,646  
A B  
Sum of "s" = \$ -  
C

A \$ 2,961,425  
B \$ 3,841,646  
\$ (880,220)

ATTACHMENT 1FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	12,688.			12,688.
TOTALS	<u>12,688.</u>			<u>12,688.</u>

ATTACHMENT 2FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	REVENUE AND EXPENSES <u>PER BOOKS</u>	NET INVESTMENT <u>INCOME</u>	ADJUSTED NET <u>INCOME</u>	CHARITABLE <u>PURPOSES</u>
AUDIT AND TAX FEES	2,808.			2,808.
TOTALS	<u>2,808.</u>			<u>2,808.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
IN-KIND PROFESSIONAL SERVICES	956.	956.
TOTALS	<u>956.</u>	<u>956.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
BANK SERVICES	823.		823.
BOARD EXPENSES	347.		347.
DUES	1,713.		1,713.
EQUIPMENT LEASE	228.		228.
INVESTMENT FEES	20,941.	20,941.	
PAYROLL TAXES	11,273.		11,273.
POSTAGE	62.		62.
SEMINARS AND EDUCATION	2,351.		2,351.
TELEPHONE	1,578.		1,578.
OFFICE SUPPLIES	710.		710.
MISCELLANEOUS	196.		196.
TOTALS	<u>40,222.</u>	<u>20,941.</u>	<u>19,281.</u>



LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENTATTACHMENT 5

## FIXED ASSET DETAIL

## ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING			ENDING BALANCE	BEGINNING			ENDING BALANCE
		BALANCE	ADDITIONS	DISPOSALS		BALANCE	ADDITIONS	DISPOSALS	
OFFICE FURNITURE	SL	155.			155	155.			155.
OFFICE FURNITURE	SL	1,312			1,312.	1,312.			1,312
LAPTOP THINKPAD	SL	1,060.			1,060.	1,060.			1,060.
LAPTOP	SL	1,387.			1,387	462.	462.		924.
TOTALS		<u>3,914</u>			<u>3,914</u>	<u>2,989</u>			<u>3,451</u>

ATTACHMENT 5

ATTACHMENT 6FORM 990PF, PART VII-A, LINE 5 - DISSOLUTION STATEMENT

RECIPIENT'S NAME: WICHITA COMMUNITY FOUNDATION

RECIPIENT'S ADDRESS: 301 N MAIN, STE 100

CITY, STATE &amp; ZIP: WICHITA, KS 67202

DISSOLUTION AMOUNT: 2,741,455.

## EXPLANATION OF DISTRIBUTION:

DURING THE CURRENT YEAR THE FOUNDATION MADE THE FOLLOWING  
DISTRIBUTIONS IN COMPLETE DISSOLUTION.

THESE DISTRIBUTIONS DO CONSTITUTE A FINAL DISTRIBUTION OF THE  
FOUNDATION'S ASSETS. THE FINAL DISTRIBUTION OF ASSETS WAS MADE ON  
DECEMBER 31, 2014.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
MS. KAREN FINSTAD 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	EXECUTIVE DIRECTOR 32.00	32,854.	8,406.	0
DR. GREG PEPPE 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
MS. JILL QUIGLEY 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	VICE PRESIDENT 1.00	0	0	0
DR. BRICK SCHEER 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
MR. MICHAEL HERBERT 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
DR. LUCYNDA RABEN 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	PRESIDENT 1.00	0	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
MR. MICHAEL SANDERS 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	TREASURER 1.00	0	0	0
REPRESENTATIVE BARBARA BOLLIER 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
DR. R WAYNE THOMPSON 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
MR. BRUCE WITT 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 1.00	0	0	0
MS. NANCY WIEBE 1619 N. WATERFRONT PARKWAY WICHITA, KS 67206	DIRECTOR 32.00	62,086.	3,283.	0
	GRAND TOTALS	<u>94,940.</u>	<u>11,689.</u>	<u>0</u>

ATTACHMENT 8

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

NANCY WIEBE  
1619 N. WATERFRONT PARKWAY  
WICHITA, KS 67206  
316-264-1099

ATTACHMENT 9990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

TO BE ELIGIBLE FOR FUNDING CONSIDERATION, AN ORGANIZATION MUST BE A PUBLIC CHARITY WITH TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR PUBLIC OR GOVERNMENTAL ENTITY SUCH AS A SCHOOL OR HEALTH DISTRICT, OR TRIBAL ORGANIZATION WITH 7871 TAX-EXEMPT STATUS.

ORGANIZATIONS APPLYING FOR A GRANT MUST HAVE A PHYSICAL PRESENCE IN THE STATE OF KANSAS. THE PROJECT FOR WHICH FUNDS ARE REQUESTED MUST BENEFIT PEOPLE LIVING IN KANSAS. PRIORITY WILL BE GIVEN TO PROPOSALS THAT EMPHASIZE PREVENTION; IMPROVE ACCESS TO DENTAL SERVICES; HAVE MEASURABLE IMPROVEMENT GOALS; SHOW STRONG COMMUNITY SUPPORT FOR THE PROJECT. GRANTS WILL BE LIMITED TO PROJECTS RELATED TO THE ADVANCEMENT OF ORAL HEALTH.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 10

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SEE STATEMENT A		VARIOUS PROGRAM SUPPORT - SEE STATEMENT A	2,961,425.
		TOTAL CONTRIBUTIONS PAID	<u>2,961,425.</u>

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENTATTACHMENT 11RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
ANDRECIPIENT NAME AND ADDRESSFOUNDATION STATUS OF RECIPIENTPURPOSE OF GRANT OR CONTRIBUTIONAMOUNT

SEE STATEMENT A

VARIOUS PROGRAM SUPPORT - SEE STATEMENT A

TOTAL CONTRIBUTIONS APPROVED