

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.

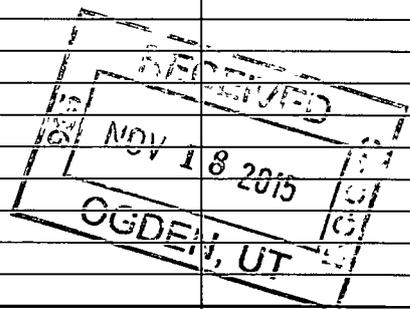
2014

Open to Public Inspection

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

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

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



SCANNED NOV 19 2015

| 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 Total assets (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 Total liabilities (add lines 17 through 22) | 885,874. | 0 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here . ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 2,915,917. | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here and complete lines 27 through 31. | | | |
| | 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 Total net assets or fund balances (see instructions) | 2,915,917. | 0 | |
| 31 Total liabilities and net assets/fund balances (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 | Total net assets or fund balances at end of year (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.) |
|--|---|---|---|---|
| 1a SEE PART IV SCHEDULE | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (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) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
| (j) F M V as of 12/31/69 | (k) Adjusted basis as of 12/31/69 | (l) Excess of col (j) over col (k), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) | | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 68,550. |
| 3 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 | | | 3 | 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 |
| 2 Total of line 1, column (d) | | | 2 3.467505 |
| 3 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 | | | 3 0.693501 |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 | | | 4 2,201,711. |
| 5 Multiply line 4 by line 3 | | | 5 1,526,889. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | 6 804. |
| 7 Add lines 5 and 6 | | | 7 1,527,693. |
| 8 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. | | | 8 3,124,999. |

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

Table with 11 rows for excise tax calculations. Includes fields for exempt operating foundations, domestic foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments, total credits and payments, tax due, overpayment, and refunded amount.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, tax on political expenditures, reimbursement, foundation activities, unrelated business gross income, tax return filing, liquidation/termination, requirements of section 508(e), and substantial contributors.

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 WWW.DELTADENTALKSFOUNDATION.ORG 13 X
14 The books are in care of DELTA DENTAL OF KS FOUNDATION Telephone no (316) 264-1099 Located at 1619 N. WATERFRONT PARKWAY, WICHITA, KS ZIP+4 67206
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15
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? 16 Yes No X
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

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.

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? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? Yes X 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.) Yes X 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)? 1b X
Organizations relying on a current notice regarding disaster assistance check here
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? 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? Yes X No
If "Yes," list the years
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.) 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
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X 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) 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? 4b X

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... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption... 6a Did the foundation, during the year, receive any funds... 6b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?... 7b If "Yes," did the foundation receive any proceeds or have any net income...

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).

Table with 5 columns: (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. Row 1: 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."

Table with 5 columns: (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. Row 1: NONE.

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

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

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

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

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|--|-----------|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 3,124,999. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 3,124,999. |
| 5 | 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) | 5 | 804. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 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 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | 109,282. |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | | |
| b Total for prior years 20 12 ,20 11 ,20 10 | | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | | |
| a From 2009 | 813,767. | | | |
| b From 2010 | 544,265. | | | |
| c From 2011 | 437,193. | | | |
| d From 2012 | 673,405. | | | |
| e From 2013 | 760,050. | | | |
| f Total of lines 3a through e | 3,228,680. | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4. ▶ \$ 3,124,999. | | | | |
| a Applied to 2013, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | 109,282. |
| e Remaining amount distributed out of corpus | 3,015,717. | | | |
| 5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | 6,244,397. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c 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 | | | | |
| d Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| e Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | |
| 7 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) | | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | 813,767. | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | 5,430,630. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2010 | 544,265. | | | |
| b Excess from 2011 | 437,193. | | | |
| c Excess from 2012 | 673,405. | | | |
| d Excess from 2013 | 760,050. | | | |
| e 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 Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with columns: Tax year (a) 2014, (b) 2013, (c) 2012, (d) 2011, (e) Total. Rows include: 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; 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 investment return shown in Part X, line 6 for each year listed; c 'Support' alternative test - enter (1) Total support other than gross investment income, (2) Support from general public and 5 or more exempt organizations, (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

| Recipient Name and address (home or business) | 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 |
|---|--|--------------------------------------|-------------------------------------|------------|
| a Paid during the year ATCH 10 | | | | |
| Total ▶ 3a | | | | 2,961,425. |
| b Approved for future payment ATCH 11 | | | | |
| Total ▶ 3b | | | | 0 |

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.

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 foundation

Check 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="" 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 |
|---------------------------|--|--|----------------------|
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |
| ----- | ----- ----- ----- | \$----- | ----- |

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 Farmmount, 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 | 67801 | 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 | | | | | | |
|---|-------------------------------|---------------------|-------|-----------------|--------|-----------------|-----------|------|-----------|-----------|
| Heartspng | 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 1

FORM 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 2

FORM 990PF, PART I - ACCOUNTING 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> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| AUDIT AND TAX FEES | 2,808. | | | 2,808. |
| TOTALS | <u>2,808.</u> | | | <u>2,808.</u> |

ATTACHMENT 3

FORM 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 INVESTMENT

ATTACHMENT 5

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

| <u>ASSET DESCRIPTION</u> | <u>METHOD/ CLASS</u> | <u>FIXED ASSET DETAIL</u> | | | | <u>ACCUMULATED DEPRECIATION DETAIL</u> | | | |
|--------------------------|--------------------------|------------------------------|------------------|------------------|---------------------------|--|------------------|------------------|---------------------------|
| | | <u>BEGINNING BALANCE</u> | <u>ADDITIONS</u> | <u>DISPOSALS</u> | <u>ENDING BALANCE</u> | <u>BEGINNING BALANCE</u> | <u>ADDITIONS</u> | <u>DISPOSALS</u> | <u>ENDING BALANCE</u> |
| 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 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 & 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 YEAR

ATTACHMENT 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 PAYMENT

ATTACHMENT 11

| <u>RECIPIENT NAME AND ADDRESS</u> | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND <u>FOUNDATION STATUS OF RECIPIENT</u> | <u>PURPOSE OF GRANT OR CONTRIBUTION</u> | <u>AMOUNT</u> |
|-----------------------------------|---|---|---------------|
| SEE STATEMENT A | | VARIOUS PROGRAM SUPPORT - SEE STATEMENT A | |
| TOTAL CONTRIBUTIONS APPROVED | | | |