



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2011</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>                                                                                                                                                                                                  |  | <b>D Employer identification number</b><br>22-2764745                                                                                          |                                     |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | <b>E Telephone number</b><br>(973) 285-4029                                                                                                    |                                     |
| <b>C</b> Name of organization<br>DELTA DENTAL OF NEW JERSEY FOUNDATION INC                                                                                                                                                                                                                   |  | <b>G</b> Gross receipts \$ 932,900                                                                                                             |                                     |
| Doing Business As                                                                                                                                                                                                                                                                            |  |                                                                                                                                                |                                     |
| Number and street (or P O box if mail is not delivered to street address) Room/suite<br>1639 ROUTE 10 PO BOX 222                                                                                                                                                                             |  |                                                                                                                                                |                                     |
| City or town, state or country, and ZIP + 4<br>PARSIPPANY, NJ 070540222                                                                                                                                                                                                                      |  |                                                                                                                                                |                                     |
| <b>F</b> Name and address of principal officer<br>WALTER VANBRUNT<br>1639 ROUTE 10<br>PARSIPPANY, NJ 070540222                                                                                                                                                                               |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |                                     |
|                                                                                                                                                                                                                                                                                              |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                     |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |  | <b>H(c)</b> Group exemption number ▶                                                                                                           |                                     |
| <b>J Website:</b> ▶ DELTADENTALNJ.COM                                                                                                                                                                                                                                                        |  |                                                                                                                                                |                                     |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |  | <b>L</b> Year of formation 1986                                                                                                                | <b>M</b> State of legal domicile NJ |

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|                             |                                                                                                                                                                                                                                                                            |  |                           |              |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities<br>TO PROMOTE AND ASSIST PUBLIC SERVICE EDUCATIONAL PROJECTS DEVOTED TO THE ENHANCEMENT OF DENTAL<br>HEALTH AND RESEARCH PROGRAMS AND TO ENGAGE IN VARIOUS ORAL HEALTH EDUCATIONAL ACTIVITIES |  |                           |              |
|                             | 2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                        |  |                           |              |
|                             | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                              |  | 3                         | 13           |
|                             | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                  |  | 4                         | 6            |
|                             | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .                                                                                                                                                                                   |  | 5                         | 0            |
|                             | 6 Total number of volunteers (estimate if necessary) . . . . .                                                                                                                                                                                                             |  | 6                         | 0            |
|                             | 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                                                                                                                                          |  | 7a                        | 0            |
|                             | b Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                                                                                                                                                                 |  | 7b                        | 0            |
| Revenue                     | 8 Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                  |  | Prior Year                | Current Year |
|                             | 9 Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                   |  | 1,000,000                 | 900,000      |
|                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                |  | 33,080                    | 32,900       |
|                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                |  | 0                         | 0            |
|                             | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                              |  | 0                         | 0            |
|                             |                                                                                                                                                                                                                                                                            |  | 1,033,080                 | 932,900      |
| Expenses                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                                             |  | 840,074                   | 1,030,005    |
|                             | 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                 |  | 0                         | 0            |
|                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                       |  | 1,275                     | 1,425        |
|                             | 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                |  | 0                         | 0            |
|                             | b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$                                                                                                                                                                                        |  |                           |              |
|                             | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                  |  | 60,902                    | 69,579       |
|                             | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                |  | 902,251                   | 1,101,009    |
|                             | 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                           |  | 130,829                   | -168,109     |
| Net Assets or Fund Balances |                                                                                                                                                                                                                                                                            |  | Beginning of Current Year | End of Year  |
|                             | 20 Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                |  | 1,174,551                 | 1,006,442    |
|                             | 21 Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                           |  | 0                         | 0            |
|                             | 22 Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                     |  | 1,174,551                 | 1,006,442    |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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

|                                 |                                                                                                                                                                                                                          |  |      |                                                                                                               |                                                              |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Sign Here</b>                | *****<br>Signature of officer                                                                                                                                                                                            |  |      | 2012-01-29<br>Date                                                                                            |                                                              |
|                                 | James Suleski CFO<br>Type or print name and title                                                                                                                                                                        |  |      |                                                                                                               |                                                              |
| <b>Paid Preparer's Use Only</b> | Preparer's signature  Anthony J Panico                                                                                                |  | Date | Check if self-employed   | Preparer's taxpayer identification number (see instructions) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4  WithumSmithBrown PC<br>465 South St Ste 200<br>Mornstown, NJ 079606497 |  |      | EIN                      |                                                              |
|                                 |                                                                                                                                                                                                                          |  |      | Phone no  (973) 898-9494 |                                                              |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

Check if Schedule O contains a response to any question in this Part III . . . . .

FOR MORE THAN 40 YEARS, DELTA DENTAL OF NEW JERSEY HAS REACHED OUT TO SERVE THE PEOPLE OF NEW JERSEY AND MORE RECENTLY IN CONNECTICUT. IT IS OUR MISSION TO PROMOTE ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE, AND VALUE. IN 1986, WE FORMED THE DELTA DENTAL OF NEW JERSEY FOUNDATION, INC. TO AID IN CREATING ACCESS TO CARE FOR THE UNDER-INSURED AND UN-INSURED, AND SUPPORT DENTAL EDUCATION PROGRAMS FOR CHILDREN, AS WELL AS DENTAL ASSISTING AND DENTAL HYGIENE SCHOLARSHIPS FOR STUDENTS PURSUING A CAREER IN THE DENTAL FIELD. EACH YEAR, OUR FOUNDATION AWARDS AT LEAST \$1 MILLION TO SUPPORT WORTHWHILE NON-PROFIT ORGANIZATIONS WORKING TO PROVIDE DENTAL CARE AND EDUCATION TO NEW JERSEY'S AND CONNECTICUT'S UNDERSERVED POPULATIONS. COMMUNITY OUTREACH AND EMPLOYEE INVOLVEMENT - FOR OVER 15 YEARS, DELTA DENTAL HAS BEEN A PREMIER SPONSOR OF SPECIAL OLYMPICS-NJ. OUR EMPLOYEES VOLUNTEER TO ASSIST AT GAMES AND COMPETITIONS THROU

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SUPPORTING THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES, INCLUDING EDUCATIONAL PROGRAMS, CHARITABLE FUNDING AND HEADSTART, OF DELTA DENTAL OF NEW JERSEY, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(4) TAX-EXEMPT ORGANIZATION

[illegible][illegible]

|           |                                       |                     |
|-----------|---------------------------------------|---------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>\$ 1,030,005</b> |
|-----------|---------------------------------------|---------------------|

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                    | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.                                                                                                                                                                 | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                  | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.                                                                                                              |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.                                                                                               |     | No |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.                                                                       |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.                                            |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.                                                                                     |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.                                                                                                                                                 |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.                                               |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.                                                                                              |     | No |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                    |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                               |     | No |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                             |     | No |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                             |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                              |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                             |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.                                                    | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.                                                                                                                                           |     | No |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.                                                            | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                                                                                                                                                                                                 |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                        |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I. |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.                                                                                       |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.                                                                                           |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.                                                                                                        |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.                                                                                                                    |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.                                                                                                                                              |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H.                                                                                                                                                                                                                 |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.                                                                                   |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

| Part V                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                  | Statements Regarding Other IRS Filings and Tax Compliance |   |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---|--------------------------|--------------------------|
| Check if Schedule O contains a response to any question in this Part V                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                  |                                                           |   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                  |                                                           |   | Yes                      | No                       |
| 1a                                                                                                                                                                                                                                                                                                                                              | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                               | 1a                                                        | 1 | 1c                       | Yes                      |
| b                                                                                                                                                                                                                                                                                                                                               | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                 | 1b                                                        | 0 |                          |                          |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                           |   | 1c                       | Yes                      |
| 2a                                                                                                                                                                                                                                                                                                                                              | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.<br>.                               | 2a                                                        | 0 | 2b                       |                          |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| 3a                                                                                                                                                                                                                                                                                                                                              | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                    | 3a                                                        |   | 3a                       | No                       |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                           |   | 3b                       |                          |
| 4a                                                                                                                                                                                                                                                                                                                                              | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? | 4a                                                        |   | 4a                       | No                       |
| b If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| 5a                                                                                                                                                                                                                                                                                                                                              | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                            | 5a                                                        |   | 5a                       | No                       |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                           |   | 5b                       | No                       |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                           |   | 5c                       |                          |
| 6a                                                                                                                                                                                                                                                                                                                                              | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                      | 6a                                                        |   | 6a                       | No                       |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                 |                                                                                                                                                                                                                  |                                                           |   | 6b                       |                          |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                  |                                                           |   | 7a                       | No                       |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                                           |   | 7b                       |                          |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                                           |   | 7c                       | No                       |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                                                                          |                                                                                                                                                                                                                  |                                                           |   | 7d                       |                          |
| d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                                           |   | 7e                       | No                       |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |                                                           |   | 7f                       | No                       |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                              |                                                                                                                                                                                                                  |                                                           |   | 7g                       |                          |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                           |   | 7h                       |                          |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                         |                                                                                                                                                                                                                  |                                                           |   | 8                        | No                       |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                  |                                                           |   | 9a                       |                          |
| a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                                                           |   | 9b                       |                          |
| b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                  |                                                           |   | 10a                      |                          |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |                                                           |   | 10b                      |                          |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| a Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                           |   | 11a                      |                          |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |                                                           |   | 11b                      |                          |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |                                                           |   | 12a                      |                          |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                           |   | 12b                      |                          |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                           |   |                          |                          |
| a Is the organization licensed to issue qualified health plans in more than one state?<br>Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. |                                                                                                                                                                                                                  |                                                           |   | 13a                      |                          |
| b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                          |                                                                                                                                                                                                                  |                                                           |   | 13b                      |                          |
| c Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |                                                           |   | 13c                      |                          |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                  |                                                           |   | 14a                      | No                       |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                           |   | 14b                      |                          |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                     | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |     |
| 1b | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | Yes |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | Yes |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |     |
| 8a | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| 8b | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | Yes |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

Section B. Policies

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                         |                                                                              |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                              | NJ                                                                           |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |                                                                              |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.                                                                                                                                               |                                                                              |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                                                                                                                                                                                                            | JAMES SULESKI<br>1639 ROUTE 10<br>PARSIPPANY, NJ 070540222<br>(973) 285-4029 |

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                     |                                                                                        | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) GENE NAPOLIELLO DDS<br>PRESIDENT - TRUSTEE      | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 42,048                                                                    | 1,588                                                                                         |
| (2) GERALD A SYDELL DDS<br>VICE PRESIDENT - TRUSTEE | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 139,739                                                                   | 1,588                                                                                         |
| (3) WALTER VANBRUNT<br>VICE PRESIDENT - TRUSTEE     | 55 0                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 838,574                                                                   | 68,529                                                                                        |
| (4) DIANE BELLE<br>VP/ASST SECRETARY - TRUSTEE      | 55 0                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 155,973                                                                   | 38,397                                                                                        |
| (5) JAMES SULESKI<br>VP/ASST TREASURER - TRUSTEE    | 55 0                                                                                   | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 329,718                                                                   | 74,659                                                                                        |
| (6) CARL CHAITYN DDS<br>SECRETARY - TRUSTEE         | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 40,445                                                                    | 1,588                                                                                         |
| (7) HENRY F HENDERSON JR<br>TREASURER - TRUSTEE     | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 45,355                                                                    | 1,588                                                                                         |
| (8) RONALD DEBLINGER DMD<br>TRUSTEE                 | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 89,282                                                                    | 1,588                                                                                         |
| (9) HONORABLE VICTOR FRIEDMAN<br>TRUSTEE            | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 1,425                                                                | 0                                                                         | 0                                                                                             |
| (10) W THOMAS MARGETTS ESQ<br>TRUSTEE               | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 43,684                                                                    | 1,588                                                                                         |
| (11) GEORGE C MCLAUGHLIN DMD<br>TRUSTEE             | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 46,730                                                                    | 1,588                                                                                         |
| (12) DAVID SCOTT NAVARRO DDS<br>TRUSTEE             | 55 0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 249,320                                                                   | 67,782                                                                                        |
| (13) ELLEN M SCHWORN<br>TRUSTEE                     | 55 0                                                                                   | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 63,615                                                                    | 35,578                                                                                        |
| (14) DOUGLAS G SANBORN ESQ<br>ASSISTANT SECRETARY   | 55 0                                                                                   |                                                                                                           |                       | X       |              |                              |        | 0                                                                    | 435,871                                                                   | 68,889                                                                                        |
|                                                     |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                     |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                     |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

## Part VII

|           |                                                                        |          |       |           |         |
|-----------|------------------------------------------------------------------------|----------|-------|-----------|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | <b>▼</b> |       |           |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | <b>▼</b> |       |           |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | <b>▼</b> | 1,425 | 2,520,354 | 364,950 |

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

## **Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII Statement of Revenue

|                                                           |                                                                    |                                                                                                                                         |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                 | Federated campaigns . . .                                                                                                               | 1a            |                      | 900,000                                            |                                         |                                                                                 |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                               | 1b            |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                            | 1c            |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                           | 1d            | 900,000              |                                                    |                                         |                                                                                 |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                       | 1e            |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                       | 1f            |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                               |               |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                        |               |                      |                                                    |                                         |                                                                                 |
| Program Service Revenue                                   |                                                                    |                                                                                                                                         | Business Code |                      |                                                    |                                         |                                                                                 |
|                                                           | 2a                                                                 | DENTAL SEMINARS                                                                                                                         | 611710        | 32,900               | 32,900                                             |                                         |                                                                                 |
|                                                           | b                                                                  |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                                  |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                                                  | All other program service revenue                                                                                                       |               |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                        |               |                      | 32,900                                             |                                         |                                                                                 |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                |               |                      | 0                                                  |                                         |                                                                                 |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . . .                                                                                |               |                      | 0                                                  |                                         |                                                                                 |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                     |               |                      | 0                                                  |                                         |                                                                                 |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                |               | (ii) Personal        |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less rental expenses                                                                                                                    |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Rental income or (loss)                                                                                                                 |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                   |               |                      |                                                    |                                         |                                                                                 |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                          |               | (ii) Other           |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less cost or other basis and sales expenses                                                                                             |               |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Gain or (loss)                                                                                                                          |               |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                            |               |                      | 0                                                  |                                         |                                                                                 |
|                                                           | 8a                                                                 | Gross income from fundraising events (not including<br>\$ _____ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               | a                    |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less direct expenses . . . . .                                                                                                          |               | b                    |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . . .                                                                                      |               |                      | 0                                                  |                                         |                                                                                 |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                   |               | a                    |                                                    |                                         |                                                                                 |
|                                                           | b                                                                  | Less direct expenses . . . . .                                                                                                          |               | b                    |                                                    |                                         |                                                                                 |
|                                                           | c                                                                  | Net income or (loss) from gaming activities . . .                                                                                       |               |                      | 0                                                  |                                         |                                                                                 |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                         | a             |                      |                                                    |                                         |                                                                                 |
| b                                                         | Less cost of goods sold . . . . .                                  |                                                                                                                                         | b             |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from sales of inventory . . .                 |                                                                                                                                         |               | 0                    |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                           |               |                      |                                                    |                                         |                                                                                 |
| 11a                                                       |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                                    |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                         |               |                      |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                         |               | 0                    |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                         |               | 932,900              | 32,900                                             | 0                                       |                                                                                 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 1,030,005             | 1,030,005                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                              | 1,425                 | 0                               | 1,425                                  | 0                           |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                         | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                         | 0                     |                                 |                                        |                             |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| c                                                                              | Accounting                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| d                                                                              | Lobbying                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| g                                                                              | Other                                                                                                                                                                                                                                 | 22,235                | 0                               | 22,235                                 | 0                           |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 13                                                                             | Office expenses                                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 14                                                                             | Information technology                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 17                                                                             | Travel                                                                                                                                                                                                                                | 4,065                 |                                 | 4,065                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                        | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                | 38,617                |                                 | 38,617                                 |                             |
| 20                                                                             | Interest                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 23                                                                             | Insurance                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | EDUCATIONAL EXPENSES                                                                                                                                                                                                                  | 4,412                 | 0                               | 4,412                                  | 0                           |
| b                                                                              | NJ CHARITABLE REGISTRATION                                                                                                                                                                                                            | 250                   | 0                               | 250                                    | 0                           |
| c                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| d                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 1,101,009             | 1,030,005                       | 71,004                                 | 0                           |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                |                                                                                                                                                                                 |     |           | (A)               |           | (B)         |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------|-----------|-------------|
|                             |                                                                                                                                |                                                                                                                                                                                 |     |           | Beginning of year |           | End of year |
| Assets                      | 1                                                                                                                              | Cash—non-interest-bearing . . . . .                                                                                                                                             |     |           | 1,174,551         | 1         | 1,004,442   |
|                             | 2                                                                                                                              | Savings and temporary cash investments . . . . .                                                                                                                                |     |           | 0                 | 2         | 0           |
|                             | 3                                                                                                                              | Pledges and grants receivable, net . . . . .                                                                                                                                    |     |           | 0                 | 3         | 0           |
|                             | 4                                                                                                                              | Accounts receivable, net . . . . .                                                                                                                                              |     |           | 0                 | 4         | 0           |
|                             | 5                                                                                                                              | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |     |           | 0                 | 5         | 0           |
|                             | 6                                                                                                                              | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |     |           | 0                 | 6         | 0           |
|                             | 7                                                                                                                              | Notes and loans receivable, net . . . . .                                                                                                                                       |     |           | 0                 | 7         | 0           |
|                             | 8                                                                                                                              | Inventories for sale or use . . . . .                                                                                                                                           |     |           | 0                 | 8         | 0           |
|                             | 9                                                                                                                              | Prepaid expenses and deferred charges . . . . .                                                                                                                                 |     |           | 0                 | 9         | 2,000       |
|                             | 10a                                                                                                                            | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                   | 10a |           | 0                 | 10c       |             |
|                             | b                                                                                                                              | Less: accumulated depreciation . . . . .                                                                                                                                        | 10b |           |                   |           |             |
|                             | 11                                                                                                                             | Investments—publicly traded securities . . . . .                                                                                                                                |     |           | 0                 | 11        | 0           |
|                             | 12                                                                                                                             | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                    |     |           | 0                 | 12        | 0           |
|                             | 13                                                                                                                             | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                     |     |           | 0                 | 13        | 0           |
|                             | 14                                                                                                                             | Intangible assets . . . . .                                                                                                                                                     |     |           | 0                 | 14        | 0           |
|                             | 15                                                                                                                             | Other assets. See Part IV, line 11 . . . . .                                                                                                                                    |     |           | 0                 | 15        | 0           |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                            |                                                                                                                                                                                 |     | 1,174,551 | 16                | 1,006,442 |             |
| Liabilities                 | 17                                                                                                                             | Accounts payable and accrued expenses . . . . .                                                                                                                                 |     |           | 0                 | 17        | 0           |
|                             | 18                                                                                                                             | Grants payable . . . . .                                                                                                                                                        |     |           | 0                 | 18        | 0           |
|                             | 19                                                                                                                             | Deferred revenue . . . . .                                                                                                                                                      |     |           | 0                 | 19        | 0           |
|                             | 20                                                                                                                             | Tax-exempt bond liabilities . . . . .                                                                                                                                           |     |           | 0                 | 20        | 0           |
|                             | 21                                                                                                                             | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                 |     |           | 0                 | 21        | 0           |
|                             | 22                                                                                                                             | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |     |           | 0                 | 22        | 0           |
|                             | 23                                                                                                                             | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                        |     |           | 0                 | 23        | 0           |
|                             | 24                                                                                                                             | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                          |     |           | 0                 | 24        | 0           |
|                             | 25                                                                                                                             | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . |     |           | 0                 | 25        | 0           |
|                             | 26                                                                                                                             | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                            |     |           | 0                 | 26        | 0           |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                 |     |           |                   |           |             |
|                             | 27                                                                                                                             | Unrestricted net assets . . . . .                                                                                                                                               |     |           |                   | 27        |             |
|                             | 28                                                                                                                             | Temporarily restricted net assets . . . . .                                                                                                                                     |     |           |                   | 28        |             |
|                             | 29                                                                                                                             | Permanently restricted net assets . . . . .                                                                                                                                     |     |           |                   | 29        |             |
|                             | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.    |                                                                                                                                                                                 |     |           |                   |           |             |
|                             | 30                                                                                                                             | Capital stock or trust principal, or current funds . . . . .                                                                                                                    |     |           | 0                 | 30        | 0           |
|                             | 31                                                                                                                             | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                       |     |           | 5,000             | 31        | 5,000       |
|                             | 32                                                                                                                             | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                      |     |           | 1,169,551         | 32        | 1,001,442   |
|                             | 33                                                                                                                             | Total net assets or fund balances . . . . .                                                                                                                                     |     |           | 1,174,551         | 33        | 1,006,442   |
| 34                          | Total liabilities and net assets/fund balances . . . . .                                                                       |                                                                                                                                                                                 |     | 1,174,551 | 34                | 1,006,442 |             |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |           |
|---|---------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 932,900   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 1,101,009 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -168,109  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 1,174,551 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 |           |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,006,442 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                                       |                                              |
|-----------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>DELTA DENTAL OF NEW JERSEY FOUNDATION INC | Employer identification number<br>22-2764745 |
|-----------------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | No |
| 11g(ii)  |     | No |
| 11g(iii) |     | No |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
| (A) DELTA DENTAL OF NEW JERSEY INC    | 221896118   | 0                                                                                               | Yes                                                                       |    | Yes                                                                |    | Yes                                                           |    | 0                           |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    | 0                           |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                    |                                                                                                                                                                      |          |          |          |          |          |           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) |                                                                                                                                                                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7                                           | Amounts from line 4                                                                                                                                                  |          |          |          |          |          |           |
| 8                                           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                       |          |          |          |          |          |           |
| 9                                           | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                   |          |          |          |          |          |           |
| 10                                          | Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 11                                          | Total support (Add lines 7 through 10)                                                                                                                               |          |          |          |          |          |           |
| 12                                          | Gross receipts from related activities, etc (See instructions )                                                                                                      |          |          |          |          | 12       |           |
| 13                                          | First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 14                                                  | Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                                   | 14                       |
| 15                                                  | Public Support Percentage for 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                        | 15                       |
| 16a                                                 | <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                           | <input type="checkbox"/> |
| b                                                   | <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization                                                                                                                                                                    | <input type="checkbox"/> |
| 17a                                                 | <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization      | <input type="checkbox"/> |
| b                                                   | <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| 18                                                  | <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                                | <input type="checkbox"/> |

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                       |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                    | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                          |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                        |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                 |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                             |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                                |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                     |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                               | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                                    | 18 |  |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization         |    |  |
| b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                                  |    |  |

**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

|                                                                          |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>DELTA DENTAL OF NEW JERSEY FOUNDATION INC | <b>Employer identification number</b><br>22-2764745 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

Part I

Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                      |
|------------|-----------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | DELTA DENTAL OF NEW JERSEY INC<br>1639 ROUTE 10<br><br>PARSIPPANY, NJ 07054 | \$ 900,000                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution ) |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |
|            |                                                                             | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution )            |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 22-2764745  
**Name:** DELTA DENTAL OF NEW JERSEY FOUNDATION INC

**Form 990, Special Condition Description:**

|                                      |
|--------------------------------------|
| <b>Special Condition Description</b> |
|--------------------------------------|

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public  
Inspection

**Name of the organization**  
DELTA DENTAL OF NEW JERSEY FOUNDATION INC

**Employer identification number**  
22-2764745

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                                                                                        |                              |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                            |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                               |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                    |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                         |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

|   |                                                                                    |
|---|------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                        |
| a | Total number of conservation easements                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

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

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

**4** Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                                   | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|-------------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                 |               |                   |                     |                    |
| <b>b</b> Contributions . . . . .                                  |                 |               |                   |                     |                    |
| <b>c</b> Investment earnings or losses . . . . .                  |                 |               |                   |                     |                    |
| <b>d</b> Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| <b>f</b> Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| <b>g</b> End of year balance . . . . .                            |                 |               |                   |                     |                    |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property                                                                                    | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                   |                                      |                                |                              |                |
| <b>b</b> Buildings . . . . .                                                                               |                                      |                                |                              |                |
| <b>c</b> Leasehold improvements . . . . .                                                                  |                                      |                                |                              |                |
| <b>d</b> Equipment . . . . .                                                                               |                                      |                                |                              |                |
| <b>e</b> Other . . . . .                                                                                   |                                      |                                |                              |                |
| <b>Total.</b> Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶ |                                      |                                |                              |                |



| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |    |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----|--|
| 1                                                                                    | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  |  |
| 2                                                                                    | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  |  |
| 3                                                                                    | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  |  |
| 4                                                                                    | Net unrealized gains (losses) on investments                                    | 4  |  |
| 5                                                                                    | Donated services and use of facilities                                          | 5  |  |
| 6                                                                                    | Investment expenses                                                             | 6  |  |
| 7                                                                                    | Prior period adjustments                                                        | 7  |  |
| 8                                                                                    | Other (Describe in Part XIV)                                                    | 8  |  |
| 9                                                                                    | Total adjustments (net) Add lines 4 - 8                                         | 9  |  |
| 10                                                                                   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |  |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |    |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----|--|
| 1                                                                                           | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  |  |
| 2                                                                                           | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |  |
| a                                                                                           | Net unrealized gains on investments . . . . .                                              | 2a |  |
| b                                                                                           | Donated services and use of facilities . . . . .                                           | 2b |  |
| c                                                                                           | Recoveries of prior year grants . . . . .                                                  | 2c |  |
| d                                                                                           | Other (Describe in Part XIV) . . . . .                                                     | 2d |  |
| e                                                                                           | Add lines 2a through 2d . . . . .                                                          | 2e |  |
| 3                                                                                           | Subtract line 2e from line 1 . . . . .                                                     | 3  |  |
| 4                                                                                           | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |  |
| a                                                                                           | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |  |
| b                                                                                           | Other (Describe in Part XIV) . . . . .                                                     | 4b |  |
| c                                                                                           | Add lines 4a and 4b . . . . .                                                              | 4c |  |
| 5                                                                                           | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  |  |

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE | SCHEDULE D, PART X | AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF DELTA DENTAL OF NEW JERSEY, INC. AND ITS AFFILIATES, WHICH INCLUDES THIS ORGANIZATION FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. THE FIN 48 FOOTNOTE BELOW IS FROM THE ORGANIZATION'S 2011 CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THE PLAN FOLLOWS THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THIS STANDARD, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE PLAN HAS EVALUATED THE LIKELIHOOD OF THEIR TAX POSITIONS BEING CHALLENGED AS REMOTE AND, ACCORDINGLY, HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS. THE PLAN HAS NO OPEN YEARS PRIOR TO 2008. |

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

OMB No 1545-0047

# 2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990**

Name of the organization

DELTA DENTAL OF NEW JERSEY FOUNDATION INC

Employer identification number

22-2764745

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

- |          |                                                                                                           |           |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . | <b>34</b> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            | <b>0</b>  |

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier            | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                |
|-----------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRANT FUND MONITORING | SCHEDULE I, PART I, QUESTION 2 | FROM TIME TO TIME, THE ORGANIZATION PARTICIPATES INDIRECTLY IN THE GRANTING OF SCHOLARSHIPS FOR PROGRAMS TO EDUCATE DENTISTS AND DEVELOP DENTAL ASSISTANTS WHEN THIS IS DONE, IT TAKES THE FORM OF A GRANT TO THE DIRECT ADMINISTERING ORGANIZATION WHICH WILL DETERMINE RECIPIENTS BASED UPON DEMONSTRATED FINANCIAL NEED |

**Software ID:**  
**Software Version:**  
**EIN:** 22-2764745  
**Name:** DELTA DENTAL OF NEW JERSEY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BLOOMFIELD HEALTH CAREERS FOUNDATION504 WATCHUNG AVENUE BLOOMFIELD,NJ 07003        | 22-3134467 | 501(C)(3)                          | 27,500                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| BURLINGTON COMMUNITY COLLEGE FDN601 PEMBERTON BROWNS MILLS ROAD PEMBERTON,NJ 08068 | 23-7292149 | 501(C)(3)                          | 10,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| CATHEDRAL SOUP KITCHEN INC1514 FEDERAL STREET CAMDEN,NJ 08105               | 22-3114500     | 501(C)(3)                                 | 30,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| CORNELL SCOTT-HILL HEALTH CORPORATION400 COLUMBUS AVENUE NEW HAVEN,CT 06519 | 06-0870990     | 501(C)(3)                                 | 15,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CONNECTICUT FOUNDATION FOR DENTAL OUTREACH<br>835 WEST QUEEN STREET<br>SOUTHINGTON,CT 06489 | 26-1437861 | 501(C)(3)                          | 20,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| EASTCONN HEAD START376 HARTFORD TURNPIKE HAMPTON,CT 06247                                   | 06-1023768 | 501(C)(3)                          | 21,114                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| EAST ORANGE DENTAL CLINIC<br>143 NEW STREET<br>EAST ORANGE, NJ 07017          |                | 501(C)(3)                                 | 15,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| ERIC B CHANDLER HEALTH CENTER<br>277 GEORGE STREET<br>NEW BRUNSWICK, NJ 08901 | 22-2881265     | 501(C)(3)                                 | 29,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| EVA'S VILLAGE<br>393 MAIN STREET<br>PATERSON, NJ<br>07501              | 22-<br>2424542 | 501(C)(3)                                 | 30,000                          |                                          |                                                              |                                               | PROGRAM<br>SUPPORT                        |
| HENRY J AUSTIN<br>CENTER321 N<br>WARREN STREET<br>TRENTON, NJ<br>08618 | 22-<br>2682708 | 501(C)(3)                                 | 20,000                          |                                          |                                                              |                                               | PROGRAM<br>SUPPORT                        |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                 | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| HORIZON HEALTH CENTER INC714 BERGEN AVENUE JERSEY CITY, NJ 07306   | 22-1831695 | 501(C)(3)                          | 20,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVENUE NEW BRITAIN, CT 06053 | 06-1464179 | 501(C)(3)                          | 15,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION4900 ROUTE 33 NEPTUNE,NJ 07753 | 22-2342452 | 501(C)(3)                          | 20,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY,NJ 08861        | 22-3780067 | 501(C)(3)                          | 35,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government        | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| JFK MEDICAL CENTER65 JAMES STREET EDISON,NJ 08818                | 22-6019101     | 501(C)(3)                                 | 20,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| KINDERSMILE FOUNDATION248 LORRAINE AVE UPPER MONTCLAIR, NJ 07043 | 56-2635166     | 501(C)(3)                                 | 20,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| LAKEVIEW SCHOOL<br>- NJ INSTITUTE FOR DISABILITIES10 OAK DRIVE<br>EDISON,NJ 08837 | 22-1554528 | 501(C)(3)                          | 24,262                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| MATHENY MEDICAL & EDUCATIONAL CTRHIGHLAND AVE<br>PO BOX 339<br>PEAPACK,NJ 07977   | 22-1482276 | 501(C)(3)                          | 50,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| MCSWEENEY REGIONAL SENIOR CENTER47 CRESCENT STREET WILLIMANTIC,CT 06226               | 06-1002490 | 501(C)(3)                          | 20,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| MIDDLESEX COUNTY COLLEGE FOUNDATION2600 WOODBRIDGE AVENUE PO BOX 3050 EDISON,NJ 08818 | 22-6079662 | 501(C)(3)                          | 10,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|------------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| MORRISTOWN<br>MEMORIAL<br>HOSPITAL100<br>MADISON AVENUE<br>MORRISTOWN, NJ<br>07962 | 65-<br>1301877 | 501(C)(3)                                 | 75,000                          |                                          |                                                              |                                               | PROGRAM<br>SUPPORT                        |
| NEWARK<br>COMMUNITY<br>HEALTH CENTERS<br>741 BROADWAY<br>NEWARK, NJ 07104          | 22-<br>2747589 | 501(C)(3)                                 | 20,000                          |                                          |                                                              |                                               | PROGRAM<br>SUPPORT                        |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government     | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| NEWARK PUBLIC SCHOOLS230 BROADWAY NEWARK,NJ 07104             |                | 501(C)(3)                                 | 10,380                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| NEW JERSEY FOUNDATION OF DENTISTRYPO BOX 2117 EDISON,NJ 08818 | 22-2469940     | 501(C)(3)                                 | 25,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|-----------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| OCEAN HEALTH INITIATIVES500 RIVER AVENUE SUITE 200 LAKEWOOD, NJ 08701 | 06-1691342     | 501(C)(3)                                 | 20,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| PATERSON PUBLIC SCHOOLS176 BROADWAY PATERSON, NJ 07505                |                | 501(C)(3)                                 | 45,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| TRI-COUNTY COMMUNITY ACTION PARTNERSHIP110 COHANSEY STREET BRIDGETON,NJ 08302 | 22-1942357 | 501(C)(3)                          | 25,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| TUNXIS COMMUNITY COLLEGE271 SCOTT SWAMP ROAD FARMINGTON,CT 06032              | 06-6268897 | 501(C)(3)                          | 30,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government           | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FOUNDATION OF UMDNJ120 ALBANY STREET NEW BRUNSWICK, NJ 08901 | 23-7313160 | 501(C)(3)                          | 70,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| UNIVERSITY OF BRIDGEPORT126 PARK AVENUE BRIDGEPORT,CT 06604  | 06-0646936 | 501(C)(3)                          | 25,000                   |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| VIRTUA WEST JERSEY HEALTH SYSTEM INC<br>1000 ATLANTIC AVENUE<br>CAMDEN,NJ 08104 | 21-0634532     | 501(C)(3)                                 | 40,650                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| WATERBURY ORAL HEALTH COLLABORATIVE80 PHOENIX AVENUE<br>WATERBURY,CT 06702      | 22-3160873     | 501(C)(3)                                 | 10,361                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| YALE-NEW HAVEN HOSPITAL20 YORK STREET NEW HAVEN, CT 06504      | 06-0646652     | 501(C)(3)                                 | 100,000                         |                                          |                                                              |                                               | PROGRAM SUPPORT                           |
| ZUFALL HEALTH CENTER INC17 SOUTH WARREN STREET DOVER, NJ 07801 | 22-3125397     | 501(C)(3)                                 | 30,000                          |                                          |                                                              |                                               | PROGRAM SUPPORT                           |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

DELTA DENTAL OF NEW JERSEY FOUNDATION INC

Employer identification number

22-2764745

Part I

Questions Regarding Compensation

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

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

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

[illegible]

Part IIISupplemental Information

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

| Identifier               | Return Reference                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPENSATION INFORMATION | SCHEDULE J, PART I, QUESTION 4B                        | THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. WALTER VANBRUNT, \$180,924, JAMES SULESKI, \$22,018 AND DOUGLAS G. SANBORN, ESQ., \$35,508. PLEASE NOTE THAT THE AMOUNTS REFLECTED INCLUDE A GROSS UP FOR 50% OF THE TAX LIABILITY WITH RESPECT TO THE SERP PAYMENTS. |
| COMPENSATION INFORMATION | SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII | CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.                                                                                                                                                         |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                                       |                                              |
|-----------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>DELTA DENTAL OF NEW JERSEY FOUNDATION INC | Employer identification number<br>22-2764745 |
|-----------------------------------------------------------------------|----------------------------------------------|

| Identifier                | Return Reference                                     | Explanation                                                                                                                                                                                                     |
|---------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE<br>INFORMATION | CORE FORM, PART VI,<br>SECTION A, QUESTIONS<br>6 & 7 | DELTA DENTAL OF NEW JERSEY FOUNDATION, INC IS AN AFFILIATE OF DELTA DENTAL OF<br>NEW JERSEY, INC DELTA DENTAL OF NEW JERSEY, INC HAS THE RIGHT TO ELECT THE<br>MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES |

| Identifier             | Return Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 11B | THE ORGANIZATION IS AN AFFILIATE OF DELTA DENTAL OF NEW JERSEY, INC. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED WITHUMSMITH+BROWN, PC, A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION, TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S SENIOR MANAGEMENT AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. DELTA DENTAL OF NEW JERSEY, INC.'S SENIOR MANAGEMENT AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO DELTA DENTAL OF NEW JERSEY, INC.'S SENIOR MANAGEMENT AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF THIS ORGANIZATION'S GOVERNING BODY. |

| Identifier             | Return Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 12 | DELTA DENTAL OF NEW JERSEY FOUNDATION, INC IS AN AFFILIATE OF DELTA DENTAL OF NEW JERSEY, INC THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, SENIOR MANAGEMENT AND OTHER KEY PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO MEMBERS OF DELTA DENTAL OF NEW JERSEY, INC 'S SENIOR MANAGEMENT TEAM DELTA DENTAL OF NEW JERSEY, INC 'S SENIOR MANAGEMENT PROVIDES THE COMPLETED QUESTIONNAIRES TO DELTA DENTAL OF NEW JERSEY, INC 'S AUDIT COMMITTEE FOR ITS REVIEW AND DISCUSSION WITH RESPECT TO CONFLICTS AND ANY ASSOCIATED MITIGATING BEHAVIOR THE AUDIT COMMITTEE THEN REPORTS TO THE ORGANIZATION'S BOARD OF TRUSTEES |

| Identifier             | Return Reference                           | Explanation                                                                                                                                                                                                                                                                                          |
|------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 14 | THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF ADOPTING A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY FOR 2011, THE ORGANIZATION CURRENTLY FOLLOWS STATE AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS WITH RESPECT TO DOCUMENT RETENTION AND DESTRUCTION POLICIES AND PROCEDURES |

| Identifier             | Return Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE INFORMATION | CORE FORM, PART VI, SECTION B, QUESTION 15 | DELTA DENTAL OF NEW JERSEY FOUNDATION, INC HAS NO PAID EMPLOYEES ALL MEMBERS OF THE ORGANIZATION'S SENIOR MANAGEMENT TEAM ARE EMPLOYEES OF DELTA DENTAL OF NEW JERSEY, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(4) TAX-EXEMPT ORGANIZATION PLEASE REFER TO THE DELTA DENTAL OF NEW JERSEY, INC FORM 990 FOR FURTHER EXPLANATION (FEID 22-1896118) |

| Identifier                | Return Reference                              | Explanation                                                                                                                                                            |
|---------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCLOSURE<br>INFORMATION | CORE FORM, PART VI,<br>SECTION C, QUESTION 19 | THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS<br>CAN BE OBTAINED AND REVIEWED THROUGH THE SECRETARY OF STATE FOR THE<br>STATE OF NEW JERSEY |

| Identifier                          | Return Reference                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPENSATION INFORMATION DISCLOSURE | CORE FORM, PART VII AND SCHEDULE J | PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION OR THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES |

| Identifier               | Return Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELATED HOURS DISCLOSURE | CORE FORM, PART VII, SECTION A, COLUMN B | CERTAIN BOARD OF TRUSTEE MEMBERS AND/OR OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER RELATED ORGANIZATIONS THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY , REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE AT THE MINIMUM TWO HOURS THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE ORGANIZATION AND ITS AFFILIATES, NOT SOLELY THIS ORGANIZATION |

| Identifier                   | Return Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AUDITED FINANCIAL STATEMENTS | CORE FORM, PART XII, QUESTION 2 | THE ORGANIZATION IS AN AFFILIATE OF DELTA DENTAL OF NEW JERSEY , INC AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF DELTA DENTAL OF NEW JERSEY , INC AND ITS AFFILIATES, WHICH INCLUDES THIS ORGANIZATION FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY , AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR DELTA DENTAL OF NEW JERSEY INC 'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

**Name of the organization**  
DELTA DENTAL OF NEW JERSEY FOUNDATION INC

**Employer identification number**  
22-2764745

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                             | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                                                                   |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| (1) DELTA DENTAL OF NEW JERSEY INC<br><br>1639 ROUTE 10<br><br>PARSIPPANY, NJ 07054<br>22-1896118 | DENTAL SVCS             | NJ                                               | 501(C)(4)                  | N/A                                                 | N/A                              |                                                   | No |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                   |                         |                                                  |                            |                                                     |                                  |                                                   |    |

Part III

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

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

Part IV

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

| (a)<br>Name, address, and EIN of related organization                                  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
| (1) DDPNJ CORPORATION<br>1639 ROUTE 10<br>PARSIPPANY, NJ 07054<br>22-3085009           | HOLDING COMPANY         | NJ                                                        |                                     | C CORP                                                 |                                 |                                          |                                |
| (2) FLAGSHIP HEALTH SYSTEMS INC<br>1639 ROUTE 10<br>PARSIPPANY, NJ 07054<br>22-2671069 | DENTAL PLAN ORG         | NJ                                                        |                                     | C CORP                                                 |                                 |                                          |                                |
| (3) DENTAL REINSURANCE COMPANY LTD<br>44 CHURCH STREET<br>HAMILTON<br>BD<br>98-0160853 | FOREIGN REINS           | BD                                                        |                                     | C CORP                                                 |                                 |                                          |                                |
|                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |
|                                                                                        |                         |                                                           |                                     |                                                        |                                 |                                          |                                |

Part V

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

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

1

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

a

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

b

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

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1)                               |                                 |                        |                                                 |
| (2)                               |                                 |                        |                                                 |
| (3)                               |                                 |                        |                                                 |
| (4)                               |                                 |                        |                                                 |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |  |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|