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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

It is our mission to be the leading force in the dental prepayment market by offering quality, versatile and affordable dental programs to benefit our purchasers, subscribers, and participating member dentists

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 265,286,250 including grants of \$ ) (Revenue \$ 287,901,034 )

Program services include the processing and payment of claims for dental programs for various organizations, corporations, individuals, and other business enterprises There are approximately 735,100 members included in the various plans and approximately 1,553,600 claims were processed in 2012

4b

(Code ) (Expenses \$ 288,200 including grants of \$ 288,200 ) (Revenue \$ )

Grant made to the Northeast Delta Dental Foundation

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

265,574,450

Form 990 (2012)

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 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 | Yes |    |
| 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c | Yes |    |
| 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, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a |     | No |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .                                                                                           | 35b |     |    |
| 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  |     |    |
| 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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                                                              | Yes    | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | 17,563 |    |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | 0      |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | 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.                                                                                               | 215    |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          | Yes    |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | Yes    |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | Yes    |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |        | 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?                                                                                                                                                                        |        | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |        | No |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           |        |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                                      |        | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |        |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |        |    |
| 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?                                                                                                                              |        |    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |        |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |        |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | 7d     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | 7e     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | 7f     |    |
| 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   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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      |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |        |    |
| a   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | 9a     |    |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | 9b     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> 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  | <b>Section 501(c)(12) organizations.</b> 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 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |        |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | 13a    |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | 13b    |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | 13c    |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | 14a    | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | 14b    |    |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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                                                                                                                                 | 1a | 15  |    |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |    |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 1b | 9   |    |
| 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  |     | No |
| 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 |     | No |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |    |     |    |
| a  | The governing body?                                                                                                                                                                                                 | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9  |     | No |

Section B. Policies

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     | NH                                                                   |
| 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 <input type="checkbox"/> Other (explain in Schedule O) |                                                                      |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                              |                                                                      |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization                                                                                                                                                                                                                                                                                   | Frank Boucher One Delta Drive PO Box 2002 Concord, NH (603) 223-1000 |

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (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) TERENCE A WARDROP<br>CHAIR & DIRECTOR             | 3 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 24,357                                                                | 0                                                                          | 0                                                                                             |
| (2) SHEILA A KENNEDY DDS MPH<br>VICE CHAIR & DIRECTOR | 3 00                                                                                       | X                                                                                                         |                       | X       |              |                              |        | 10,424                                                                | 0                                                                          | 0                                                                                             |
| (3) MARY ANN ALDRICH RN<br>DIRECTOR                   | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 6,380                                                                 | 0                                                                          | 0                                                                                             |
| (4) MICHAEL DEGNAN<br>DIRECTOR                        | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 4,408                                                                 | 0                                                                          | 0                                                                                             |
| (5) DENNIS HANNON DDS<br>DIRECTOR                     | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,937                                                                 | 0                                                                          | 0                                                                                             |
| (6) DOUGLAS J KATZ DMD<br>DIRECTOR                    | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,568                                                                 | 0                                                                          | 0                                                                                             |
| (7) JEFFREY S KIPPERMAN CPA<br>DIRECTOR               | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 6,923                                                                 | 0                                                                          | 0                                                                                             |
| (8) FRANCIS H LABRANCHE DDS<br>DIRECTOR               | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,887                                                                 | 0                                                                          | 0                                                                                             |
| (9) JEFFREY W RODDEN DDS<br>DIRECTOR                  | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,394                                                                 | 0                                                                          | 0                                                                                             |
| (10) NICK S SOGGU<br>DIRECTOR                         | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,887                                                                 | 0                                                                          | 0                                                                                             |
| (11) ELIZABETH SPINDEL DMD<br>DIRECTOR (PART YEAR)    | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 1,479                                                                 | 0                                                                          | 0                                                                                             |
| (12) PHYLLIS W WAGSTAFF DMD<br>DIRECTOR               | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 4,901                                                                 | 0                                                                          | 0                                                                                             |
| (13) SETH P WALL<br>DIRECTOR                          | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 6,873                                                                 | 0                                                                          | 0                                                                                             |
| (14) JEAN-PAUL RABBATH DMD<br>DIRECTOR (PART YEAR)    | 5 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 3,915                                                                 | 0                                                                          | 0                                                                                             |
| (15) SUSAN H WOODS<br>DIRECTOR                        | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 4,901                                                                 | 0                                                                          | 0                                                                                             |
| (16) KATHRYN L YERKES<br>DIRECTOR                     | 3 00                                                                                       | X                                                                                                         |                       |         |              |                              |        | 5,394                                                                 | 0                                                                          | 0                                                                                             |
| (17) THOMAS RAFFIO<br>PRESIDENT & CEO                 | 60 00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 757,918                                                               | 0                                                                          | 154,098                                                                                       |



Part VII

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line)                                                                         | (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 |                                                                       |                                                                            |                                                                                               |
| (18) FRANCIS BOUCHER<br>TREASURER & SR VP FINANCE              | 40 00                                                                                                                                                              |                                                                                                           |                       | X       |              |                              |        | 175,934                                                               | 0                                                                          | 23,409                                                                                        |
| (19) SARA M BREHM<br>SECRETARY                                 | 40 00                                                                                                                                                              |                                                                                                           |                       | X       |              |                              |        | 85,747                                                                | 0                                                                          | 8,840                                                                                         |
| (20) WILLIAM H LAMBRUKOS<br>SENIOR VP OPERATIONS               | 40 00                                                                                                                                                              |                                                                                                           |                       |         |              | X                            |        | 194,520                                                               | 0                                                                          | 40,766                                                                                        |
| (21) SHANNON MILLS<br>VP PROFESSIONAL RELATIONS                | 40 00                                                                                                                                                              |                                                                                                           |                       |         |              | X                            |        | 198,951                                                               | 0                                                                          | 22,643                                                                                        |
| (22) CONSTANCE ROY-CZYZOWSKI<br>VP HUMAN RESOURCES             | 40 00                                                                                                                                                              |                                                                                                           |                       |         |              | X                            |        | 186,406                                                               | 0                                                                          | 28,795                                                                                        |
| (23) JODIE L HITTLE<br>VP MARKETING                            | 40 00                                                                                                                                                              |                                                                                                           |                       |         |              | X                            |        | 185,508                                                               | 0                                                                          | 34,120                                                                                        |
| (24) MICHAEL D BOURBEAU<br>VP INFORMATION SYSTEMS              | 40 00                                                                                                                                                              |                                                                                                           |                       |         |              | X                            |        | 178,446                                                               | 0                                                                          | 18,787                                                                                        |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                                                                                                    |                                                                                                           |                       |         |              |                              |        | 2,072,058                                                             | 0                                                                          | 331,458                                                                                       |
| <b>2</b>                                                       | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶17 |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |

|          |                                                                                                                                                                                                                                     | Yes | No |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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 |
|   | Combined Services LLC 2 Delta Drive Concord NH 03302                                                                                                                                                                                              | Insurance broker commissions   | 914,714             |
|   | Stephen McCarty (The Concept Group) 114 Spofford Road Boxford MA 01921                                                                                                                                                                            | Consulting Services            | 502,880             |
|   | New England Employee Benefits 15 Chenell Drive Concord NH 03301                                                                                                                                                                                   | Insurance broker commissions   | 330,888             |
|   | Encara Inc 4818 Starkey Road Roanoke VA 24018                                                                                                                                                                                                     | Printing vendor                | 229,409             |
|   | Cronin Gervino & Warlick Inc 171 Londonderry Turnpike Hooksett NH 03106                                                                                                                                                                           | Insurance broker commissions   | 212,045             |
| 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 ▶9                                                                               |                                |                     |

Part VIII

Statement of Revenue

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

|                                                           |                                                                       |                                                                                                                                            | (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                   |                                                    |                                         |                                                                                 |
|                                                           | b                                                                     | Membership dues . . . . .                                                                                                                  | 1b                   |                                                    |                                         |                                                                                 |
|                                                           | c                                                                     | Fundraising events . . . . .                                                                                                               | 1c                   |                                                    |                                         |                                                                                 |
|                                                           | d                                                                     | Related organizations . . . .                                                                                                              | 1d                   |                                                    |                                         |                                                                                 |
|                                                           | e                                                                     | Government grants (contributions)                                                                                                          | 1e                   |                                                    |                                         |                                                                                 |
|                                                           | f                                                                     | All other contributions, gifts, grants, and<br>similar amounts not included above                                                          | 1f                   |                                                    |                                         |                                                                                 |
|                                                           | g                                                                     | Noncash contributions included in lines<br>1a-1f \$                                                                                        |                      |                                                    |                                         |                                                                                 |
|                                                           | h                                                                     | Total. Add lines 1a-1f . . . . .                                                                                                           |                      |                                                    |                                         |                                                                                 |
| Program Service Revenue                                   |                                                                       |                                                                                                                                            | Business Code        |                                                    |                                         |                                                                                 |
|                                                           | 2a                                                                    | Admin Service Contract Fees                                                                                                                | 524292               | 234,428,412                                        | 234,428,412                             |                                                                                 |
|                                                           | b                                                                     | Premium Revenue                                                                                                                            | 524114               | 53,472,622                                         | 53,472,622                              |                                                                                 |
|                                                           | c                                                                     | Management Fee - CSLLC                                                                                                                     | 524298               | 100,000                                            | 100,000                                 |                                                                                 |
|                                                           | d                                                                     |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
|                                                           | e                                                                     |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
|                                                           | f                                                                     | All other program service revenue                                                                                                          |                      |                                                    |                                         |                                                                                 |
|                                                           | g                                                                     | Total. Add lines 2a-2f . . . . .                                                                                                           |                      | 288,001,034                                        |                                         |                                                                                 |
| Other Revenue                                             | 3                                                                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                  |                      | 903,056                                            |                                         | 903,056                                                                         |
|                                                           | 4                                                                     | Income from investment of tax-exempt bond proceeds . .                                                                                     |                      |                                                    |                                         |                                                                                 |
|                                                           | 5                                                                     | Royalties . . . . .                                                                                                                        |                      |                                                    |                                         |                                                                                 |
|                                                           | 6a                                                                    | (i) Real                                                                                                                                   |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | (ii) Personal                                                                                                                              |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | Gross rents                                                                                                                                |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | Less rental expenses                                                                                                                       |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                     | 283,632                                                                                                                                    |                      |                                                    |                                         |                                                                                 |
|                                                           | c                                                                     | -44,634                                                                                                                                    |                      |                                                    |                                         |                                                                                 |
|                                                           | d                                                                     | Net rental income or (loss) . . . . .                                                                                                      |                      | -44,634                                            |                                         | -44,634                                                                         |
|                                                           | 7a                                                                    | (i) Securities                                                                                                                             |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | (ii) Other                                                                                                                                 |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | Gross amount from sales of assets other than inventory                                                                                     |                      |                                                    |                                         |                                                                                 |
|                                                           |                                                                       | Less cost or other basis and sales expenses                                                                                                |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                     | 15,816,047                                                                                                                                 |                      | 0                                                  |                                         |                                                                                 |
|                                                           | c                                                                     | 946,867                                                                                                                                    |                      | 2,706                                              |                                         |                                                                                 |
|                                                           | d                                                                     | Net gain or (loss) . . . . .                                                                                                               |                      | 949,573                                            |                                         | 949,573                                                                         |
|                                                           | 8a                                                                    | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                                 |
|                                                           | a                                                                     |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
|                                                           | b                                                                     | Less direct expenses . . . . .                                                                                                             |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from fundraising events . .                      |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| 9a                                                        | Gross income from gaming activities<br>See Part IV, line 19 . . . . . |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| a                                                         |                                                                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| b                                                         | Less direct expenses . . . . .                                        |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from gaming activities . .                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . .    |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| a                                                         |                                                                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| b                                                         | Less cost of goods sold . . . . .                                     |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| c                                                         | Net income or (loss) from sales of inventory . .                      |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| Miscellaneous Revenue                                     |                                                                       | Business Code                                                                                                                              |                      |                                                    |                                         |                                                                                 |
| 11a                                                       |                                                                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| b                                                         |                                                                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| c                                                         |                                                                       |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| d                                                         | All other revenue . . . . .                                           |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| e                                                         | Total. Add lines 11a-11d . . . . .                                    |                                                                                                                                            |                      |                                                    |                                         |                                                                                 |
| 12                                                        | Total revenue. See Instructions . . . . .                             |                                                                                                                                            | 289,809,029          | 287,901,034                                        | 100,000                                 | 1,807,995                                                                       |

Part IX

Statement of Functional Expenses

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

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

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| 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.                                                                                                                                       | 288,200               | 288,200                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                         |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                            |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                               | 255,765,007           | 255,765,007                     |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                      | 1,314,574             |                                 | 1,314,574                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 10,516,957            | 3,877,114                       | 6,639,843                              |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 120,469               | 114,789                         | 5,680                                  |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 2,221,027             | 997,462                         | 1,223,565                              |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 793,648               | 335,012                         | 458,636                                |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 88,698                |                                 | 88,698                                 |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    | 41,605                |                                 | 41,605                                 |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    | 82,765                |                                 | 82,765                                 |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                    | 1,006,580             | 673,353                         | 333,227                                |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 1,707,994             |                                 | 1,707,994                              |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 2,572,748             | 1,643,889                       | 928,859                                |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        | 896,590               | 896,590                         |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 772,344               | 339,831                         | 432,513                                |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 91,960                | 15,633                          | 76,327                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 423,444               | 27,524                          | 395,920                                |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 4,389                 | 1,931                           | 2,458                                  |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 1,280,899             | 558,133                         | 722,766                                |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 115,259               | 39,982                          | 75,277                                 |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                              |                       |                                 |                                        |                             |
| a                                                                              | Brokers' Commissions                                                                                                                                                                                                                           | 3,688,841             |                                 | 3,688,841                              |                             |
| b                                                                              | Direct to Consumer                                                                                                                                                                                                                             | 1,707,747             |                                 | 1,707,747                              |                             |
| c                                                                              | Premium Taxes                                                                                                                                                                                                                                  | 885,830               |                                 | 885,830                                |                             |
| d                                                                              | Strategic Initiatives                                                                                                                                                                                                                          | 58,158                |                                 | 58,158                                 |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                             | 714,233               |                                 | 714,233                                |                             |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 287,159,966           | 265,574,450                     | 21,585,516                             | 0                           |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

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|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |               | (A)               |     | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----|-------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |               | Beginning of year |     | End of year |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |               | 5,618,179         | 1   | 4,744,755   |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |               | 439,711           | 2   | 625,055     |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |               |                   | 3   |             |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |               | 4,468,494         | 4   | 4,027,765   |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |               |                   | 5   |             |
|                             | 6                                                                                                                                                                 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |               |                   | 6   |             |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |               |                   | 7   |             |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |               |                   | 8   |             |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |               | 288,952           | 9   | 447,609     |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a21,172,770 |                   |     |             |
|                             | b                                                                                                                                                                 | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b11,814,675 | 8,128,431         | 10c | 9,358,095   |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |               | 29,691,616        | 11  | 31,508,069  |
|                             | 12                                                                                                                                                                | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |               |                   | 12  |             |
|                             | 13                                                                                                                                                                | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |               | 1,392,668         | 13  | 1,378,313   |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                            |               |                   | 14  |             |
|                             | 15                                                                                                                                                                | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |               | 107,640           | 15  | 106,080     |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                             |               | 50,135,691        | 16  | 52,195,741  |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |               | 6,019,739         | 17  | 5,803,994   |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                               |               | 152,200           | 18  |             |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                             |               |                   | 19  |             |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |               |                   | 20  |             |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |               |                   | 21  |             |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |               |                   | 22  |             |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |               | 1,680,000         | 23  | 1,470,000   |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |               |                   | 24  |             |
|                             | 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                                                                                                                                                         |               | 4,191,750         | 25  | 4,036,364   |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                            |               | 12,043,689        | 26  | 11,310,358  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                              |               |                   |     |             |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |               | 38,092,002        | 27  | 40,885,383  |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |               |                   | 28  |             |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |               |                   | 29  |             |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                              |               |                   |     |             |
|                             | 30                                                                                                                                                                | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |               |                   | 30  |             |
|                             | 31                                                                                                                                                                | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |               |                   | 31  |             |
|                             | 32                                                                                                                                                                | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |               |                   | 32  |             |
|                             | 33                                                                                                                                                                | <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                     |               | 38,092,002        | 33  | 40,885,383  |
|                             | 34                                                                                                                                                                | <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                        |               | 50,135,691        | 34  | 52,195,741  |

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  | 289,809,029 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 287,159,966 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 2,649,063   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 38,092,002  |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 92,147      |
| 6  | Donated services and use of facilities . . . . .                                                              | 6  |             |
| 7  | Investment expenses . . . . .                                                                                 | 7  |             |
| 8  | Prior period adjustments . . . . .                                                                            | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | 52,171      |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 40,885,383  |

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Delta Dental Plan of New Hampshire Inc

Employer identification number  
02-0273013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education) ☐ Preservation of an historically important land area

☒ Protection of natural habitat ☐ Preservation of a certified historic structure

☒ Preservation of open space

2

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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                                                                              |
| a | Total number of conservation easements1                                                                                                  |
| b | Total acreage restricted by conservation easements8 50                                                                                   |
| 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, and not on a historic structure listed in the National Register |

3

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

4

Number of states where property subject to conservation easement is located ▶ 1

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 ▶ \$ 367

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

|    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|------------------------------------------------|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

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

| Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land                                                                                          |                                      | 1,133,345                      |                              | 1,133,345      |
| b Buildings                                                                                      |                                      | 8,925,918                      | 3,953,485                    | 4,972,433      |
| c Leasehold improvements                                                                         |                                      | 384,735                        | 384,735                      | 0              |
| d Equipment                                                                                      |                                      | 10,526,383                     | 7,337,454                    | 3,188,929      |
| e Other                                                                                          |                                      | 202,389                        | 139,001                      | 63,388         |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 9,358,095      |





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                          |    |             |
|---|------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 73,477,106  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       | 2e |             |
| a | Net unrealized gains on investments . . . . .                                            | 2a | 92,147      |
| b | Donated services and use of facilities . . . . .                                         | 2b |             |
| c | Recoveries of prior year grants . . . . .                                                | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                 | 2d | -1,172,742  |
| e | Add lines 2a through 2d . . . . .                                                        | 2e | -1,080,595  |
| 3 | Subtract line 2e from line 1 . . . . .                                                   | 3  | 74,557,701  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      | 4c |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a | 82,765      |
| b | Other (Describe in Part XIII ) . . . . .                                                 | 4b | 215,168,563 |
| c | Add lines 4a and 4b . . . . .                                                            | 4c | 215,251,328 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 289,809,029 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                           |    |             |
|---|-------------------------------------------------------------------------------------------|----|-------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 71,908,638  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          | 2e |             |
| a | Donated services and use of facilities . . . . .                                          | 2a |             |
| b | Prior year adjustments . . . . .                                                          | 2b |             |
| c | Other losses . . . . .                                                                    | 2c |             |
| d | Other (Describe in Part XIII ) . . . . .                                                  | 2d |             |
| e | Add lines 2a through 2d . . . . .                                                         | 2e | 0           |
| 3 | Subtract line 2e from line 1 . . . . .                                                    | 3  | 71,908,638  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        | 4c |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a | 82,765      |
| b | Other (Describe in Part XIII ) . . . . .                                                  | 4b | 215,168,563 |
| c | Add lines 4a and 4b . . . . .                                                             | 4c | 215,251,328 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 287,159,966 |

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Explanation of Changes to Conservation Easements    | Part II, Line 3  | DDPNH was granted a conservation easement as part of a zoning-change agreement with the City of Concord. The conservation easement was subsequently donated to the Society for the Protection of New Hampshire Forests in 2013.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Description of Uncertain Tax Positions Under FIN 48 | Part X, Line 2   | Part X, Line 2. The 2012 audited financial statements contain the following verbatim paragraphs pertaining to tax positions under FIN 48: "The Corporation is exempt from federal and state income taxes under the provisions of Section 501(c)(4) of the Internal Revenue Code. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position historically taken on various tax exposure items including unrelated business income or tax status. Assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Management has evaluated the Corporation's tax positions taken on its filed tax returns and concluded that the Corporation has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to or disclosure in the accompanying statutory financial statements. Tax years after December 31, 2008 are open for Internal Revenue Service or state examination." |
| Part XI, Line 2d - Other Adjustments                |                  | Change in nonadmitted assets -1,172,742                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Part XI, Line 4b - Other Adjustments                |                  | Dental claims paid under admin service contracts 215,168,563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Part XII, Line 4b - Other Adjustments               |                  | Dental claims paid under admin service contracts 215,168,563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                     |                  | The Corporation has historically prepared its financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP). Effective January 1, 2012, the Corporation elected to prepare its financial statements to conform with the statutory accounting practices of the National Association of Insurance Commissioners (NAIC), as prescribed or permitted by the New Hampshire Department of Insurance. The change in nonadmitted assets reported here in Part XI is one of the reconciling items to meet the reporting requirements for the Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

OMB No 1545-0047

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

## Open to Public Inspection

Employer identification number

02-0273013

## 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. Part II can be duplicated 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 . . . . . |  | <u>1</u> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            |  | 0        |

**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.  
Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of 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, Part III, column (b), and any other additional information |                  |                                                                                                                                                                                                                                                                                                                                                   |
| Identifier                                                                                                                           | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                      |                  | Delta Dental Plan of New Hampshire, Inc (DDPNH) makes elective annual charitable contributions to the Northeast Dental Foundation equal to 0.05% of the budgeted gross billings, plus 5% of the actual increase in unrestricted net assets from operations each year. DDPNH's elective contributions to the Foundation in 2012 totaled \$288,200. |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Delta Dental Plan of New Hampshire Inc

Employer identification number  
02-0273013

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes |    |
| <div><div>2</div><div>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?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                         |     |    |
| <div><div>4</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |    |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <div><div>5</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | No |
| <div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>6</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <div><div>a</div><div>The organization?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | No |
| <div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>7</div><div>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</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |    |
| <div><div>8</div><div>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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | No |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|---------------------------------------------------------|
|                                                  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                         |
| (1)THOMAS RAFFIO<br>PRESIDENT & CEO              | (i)  | 522,200                                            | 183,900                             | 51,818                              | 129,693                                        | 24,405                  | 912,016                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (2)FRANCIS BOUCHER<br>TREASURER & SR VP FINANCE  | (i)  | 157,265                                            | 12,507                              | 6,162                               | 10,721                                         | 12,688                  | 199,343                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (3)WILLIAM H LAMBRUKOS SENIOR<br>VP OPERATIONS   | (i)  | 167,920                                            | 22,234                              | 4,366                               | 16,805                                         | 23,961                  | 235,286                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (4)SHANNON MILLS<br>VP PROFESSIONAL RELATIONS    | (i)  | 165,086                                            | 22,171                              | 11,694                              | 15,987                                         | 6,656                   | 221,594                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (5)CONSTANCE ROY-CZYZOWSKI VP<br>HUMAN RESOURCES | (i)  | 149,480                                            | 23,421                              | 13,505                              | 14,685                                         | 14,110                  | 215,201                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (6)JODIE L HITTLE<br>VP MARKETING                | (i)  | 142,046                                            | 21,089                              | 22,373                              | 10,120                                         | 24,000                  | 219,628                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |
| (7)MICHAEL D BOURBEAU VP<br>INFORMATION SYSTEMS  | (i)  | 146,135                                            | 19,626                              | 12,685                              | 13,696                                         | 5,091                   | 197,233                         | 0                                                       |
|                                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                       |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                 |
|------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Part I, Line 1a  | Spousal travel for one business trip per year                                                                                                                                                                                                                               |
|            | Part I, Line 4b  | Thomas Raffio (President & CEO) - 2012 total contributions to nonqualified deferred compensation plans = \$104,400 to 457(f) plan                                                                                                                                           |
|            | Part I, Line 7   | The organization has a team bonus program for all employees. Each individual's bonus is based on a combination of the individual's performance, the Organization's performance compared to the predetermined goals, and the individual's job level within the Organization. |

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Delta Dental Plan of New Hampshire Inc

Employer identification number  
02-0273013

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction                                                                                                                                                                                                    | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                                                                                                                                                                                                                   | Yes                                     | No |
| (1) Jean-Paul Rabbath DMD     | Director                                                        | 302,095                   | The directors listed here have ownership interests in dental practices that receive insurance reimbursements from Delta Dental in the ordinary course of their business. All transactions are at arm's length and for fair value. |                                         | No |
| (2) Elizabeth S Spindel DMD   | Director                                                        | 365,314                   |                                                                                                                                                                                                                                   |                                         | No |
| (3) Douglas J Katz DMD        | Director                                                        | 214,324                   |                                                                                                                                                                                                                                   |                                         | No |
| (4) Francis H LaBranche DDS   | Director                                                        | 175,314                   |                                                                                                                                                                                                                                   |                                         | No |
| (5) Jeffrey W Rodden DDS      | Director                                                        | 175,892                   |                                                                                                                                                                                                                                   |                                         | No |
| (6) Phyllis W Wagstaff DMD    | Director                                                        | 116,219                   |                                                                                                                                                                                                                                   |                                         | No |

**Part V Supplemental Information**

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

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



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

2012

Open to Public  
Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Delta Dental Plan of New Hampshire Inc | Employer identification number<br>02-0273013 |
|--------------------------------------------------------------------|----------------------------------------------|

| Identifier                             | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | Form 990, Part VI, Section B, line 11  | The Form 990 is reviewed in detail by key finance employees of Northeast Delta Dental. A final draft is presented to the Board before the Form is filed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                        | Form 990, Part VI, Section B, line 12c | A copy of the conflict of interest policy is distributed annually to all officers, directors, and the management team. All are required to report any conflicts and sign, date, and return the policy, whether or not a conflict exists, to confirm compliance. General Counsel reviews the returned policies and reports the results to the entire Board of Directors. Board members are asked to provide updates of any changes that may occur between their annual conflict of interest filings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                        | Form 990, Part VI, Section B, line 15  | CEO's Compensation. Every year, the Board Tri-State Compensation Committee goes through a rigorous evaluation and carefully researches information on which it bases its recommendations for the compensation for the President & CEO. This includes the engagement of independent compensation consultants and advisors. The independent Tri-State Compensation Committee comprises the Chairs of the Boards for the Delta Dental Plans of Maine, Vermont, and New Hampshire and the Executive Committee of the DDPNH Board. In reviewing the compensation and benefits, the Committee considered various sources of comparability data and the analysis of comparability data and market conditions presented by the independent compensation consultant. In February 2012, the Tri-State Compensation Committee reviewed and approved the CEO's proposed compensation, effective April 1, 2012, for the Treasurer and Secretary based on comparability data provided to the Committee. |
|                                        | Form 990, Part VI, Section C, line 19  | Upon request, Delta Dental Plan of New Hampshire, Inc. makes its governing documents, conflict of interest policy, or financial statements available to the public.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 9              | Unrealized gains on bonds 52,171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                        |                                        | The Corporation has historically prepared its financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP). Effective January 1, 2012, the Corporation elected to prepare its financial statements to conform with the statutory accounting practices of the National Association of Insurance Commissioners (NAIC), as prescribed or permitted by the New Hampshire Department of Insurance. This is one of the reconciling items to meet the reporting requirements for the Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Audit Review Process                   | Form 990, Part XII, Line 2c            | The Finance/Audit Committee oversees the audit process for Delta Dental Plan of New Hampshire, Inc. The audit process for the financial statements did not change from the prior year. Independent accountants performed the audit in both 2011 and 2012.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |