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2014

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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable	C Name of organization DELTA DENTAL OF PENNSYLVANIA		D Employer identification number 23-1667011
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (717) 766-8500
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) ONE DELTA DRIVE	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MECHANICSBURG, PA 17055		G Gross receipts \$ 606,710,181
<input type="checkbox"/> Application pending	F Name and address of principal officer JEANNE FOSTER ONE DELTA DRIVE MECHANICSBURG, PA 17055		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527J Website: ► WWW.DELTADENTALINS.COMK Form of organization Corporation Trust Association Other ► L Year of formation 1964 M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY, AND PROFESSIONAL SUPPORT

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 Total number of volunteers (estimate if necessary)	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b Net unrelated business taxable income from Form 990-T, line 34	3	19
						4	11
						5	804
						6	0
						7a	0
						7b	0

8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
					0	0
					609,161,909	590,175,575
					2,363,360	1,772,431
					5,558,605	7,863,917
					617,083,874	599,811,923

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)	16b Total fundraising expenses (Part IX, column (D), line 25) ►0	Prior Year	Current Year
					0	0
					24,909,845	30,678,459
					0	0
					28,659,290	27,281,177
					600,747,249	584,958,228
					16,336,625	14,853,695

20 Total assets (Part X, line 16)	21 Total liabilities (Part X, line 26)	22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
			155,538,388	162,188,871
			61,732,154	60,278,769
			93,806,234	101,910,102

Part II Signature Block

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

Sign Here	***** Signature of officer JEANNE FOSTER VP, FINANCE Type or print name and title	2015-11-03 Date
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Paid Preparer Use Only	Print/Type preparer's name CRAIG T WILLIAMS	Preparer's signature CRAIG T WILLIAMS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00621386
	Firm's name ► CBIZ MHM LLC			Firm's EIN ► 34-1851358	
	Firm's address ► 3625 CUMBERLAND BLVD STE 800 ATLANTA, GA 30082			Phone no (770) 858-4500	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY, AND PROFESSIONAL SUPPORT

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 Q.

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

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 \$ 579,427,150 including grants of \$) (Revenue \$ 599,811,923

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 2,186,630 BENEFICIARIES IN 2014 PRIMARY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS SERVING 3,039 PURCHASING GROUPS. THE ORGANIZATION PAID MORE THAN \$526 MILLION FOR DENTAL CARE DURING 2014.

4b (Code) (Expenses \$ 628,549 including grants of \$ 628,549) (Revenue \$

THE ORGANIZATION MADE GRANTS DURING 2014 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION, AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$

Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 580,055,699

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

4 **Section 501(c)(3) organizations.** 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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	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? If "Yes," complete Schedule J	<input type="checkbox"/>	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<input type="checkbox"/>	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	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? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	25b	No	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	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? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	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? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	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? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	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? If "Yes," complete Schedule R, Part I	<input type="checkbox"/>	33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<input type="checkbox"/>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	35b	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	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? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/>	37	No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a 82,948		
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c Yes		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a 804		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a Yes		
b If "Yes," enter the name of the foreign country BB See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5b	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	6a	No	
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? . . .	6b		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	7a		
7 Organizations that may receive deductible contributions under section 170(c).	7b		
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? . . .	7c		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7d		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7e		
d If "Yes," indicate the number of Forms 8282 filed during the year	7f		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7g		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7h		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	8		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	9a		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .	9b		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	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? <i>If "No," provide an explanation in Schedule O</i> . . .	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 or note to any line 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	19	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	11	
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		
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		
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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	No
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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	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
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 <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, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> JEANNE FOSTER VP FINANCE

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

 Check if Schedule O contains a response or note to any line in this Part VII
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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated Employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	3,256,779	22,476,356	12,081,898

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **68**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARMANINO MCKENNA LLP 12667 ALCOSTA BLVD SUITE 500 SAN RAMON, CA 94583	AUDITING	367,000
AEROTECK PROFESSIONAL SERVICES 3689 COLLECTION CENTER DRIVE CHICAGO, IL 60693	TEMP EMPLOYEES	294,948
NAUMAN SMITH SHISSLER & HALL LLP 200 NORTH THIRD STREET 18TH FLOOR HARRISBURG, PA 17108	LEGAL	279,974
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 3		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2a DIRECT PREMIUMS	Business Code 524114	590,175,575	590,175,575	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		590,175,575		
	3 Investment income (including dividends, interest, and other similar amounts)		1,735,180	1,735,180	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses		6,935,509			
c Gain or (loss)		6,898,258			
d Net gain or (loss)		37,251	37,251	37,251	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a EQUITY GAIN IN DRC	524114	8,151,395	8,151,395		
b MISC INCOME	524114	149,386	149,386		
c LOSS ON DISPOSALS	524114	-110,893	-110,893		
d All other revenue		-325,971	-325,971		
e Total. Add lines 11a-11d		7,863,917			
12 Total revenue. See Instructions		599,811,923	599,811,923	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	628,549	628,549		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members	526,370,043	526,370,043		
5 Compensation of current officers, directors, trustees, and key employees	4,302,318	3,921,133	381,185	
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	16,902,031	15,404,511	1,497,520	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,430,722	3,126,760	303,962	
9 Other employee benefits	4,834,501	4,406,164	428,337	
10 Payroll taxes	1,208,887	1,101,780	107,107	
11 Fees for services (non-employees)				
a Management				
b Legal	150,923		150,923	
c Accounting	320,352		320,352	
d Lobbying	241,735		241,735	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	251,217	228,959	22,258	
13 Office expenses	3,075,667	2,803,163	272,504	
14 Information technology	5,222,008	4,759,338	462,670	
15 Royalties				
16 Occupancy	1,228,899	1,120,019	108,880	
17 Travel	552,950	503,959	48,991	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,971	54,658	5,313	
20 Interest	2,784	2,784		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	509,779	464,613	45,166	
23 Insurance	369,172	336,463	32,709	
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 COMMISSIONS	9,958,062	9,958,062		
b ADMINISTRATIVE FEES	3,347,796	3,051,181	296,615	
c ACA TAXES	964,232	878,801	85,431	
d BANK CHARGES	570,061	519,554	50,507	
e All other expenses	455,569	415,205	40,364	
25 Total functional expenses. Add lines 1 through 24e	584,958,228	580,055,699	4,902,529	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	5,070,782	2
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	41,888,306	4
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	1,360,000	7
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	1,319,848	9
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	31,437,230
b	Less accumulated depreciation	10b	20,259,236
11	Investments—publicly traded securities	10,507,719	11
12	Investments—other securities See Part IV, line 11	35,120,616	12
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	564,424	15
16	Total assets. Add lines 1 through 15 (must equal line 34)	155,538,388	16
Liabilities			
17	Accounts payable and accrued expenses	56,273,770	17
18	Grants payable	18	
19	Deferred revenue	2,886,073	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	23	
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	25	2,404,790
26	Total liabilities. Add lines 17 through 25	61,732,154	26
Net Assets or Fund Balances			
27	Unrestricted net assets	27	
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
30	Capital stock or trust principal, or current funds	0	30
31	Paid-in or capital surplus, or land, building or equipment fund	0	31
32	Retained earnings, endowment, accumulated income, or other funds	93,806,234	32
33	Total net assets or fund balances	93,806,234	33
34	Total liabilities and net assets/fund balances	155,538,388	34
			162,188,871

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	599,811,923
2	Total expenses (must equal Part IX, column (A), line 25)	2	584,958,228
3	Revenue less expenses Subtract line 2 from line 1	3	14,853,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,806,234
5	Net unrealized gains (losses) on investments	5	776,607
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	-7,526,434
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	101,910,102

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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 _____ 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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? 3b 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	3a	No
	3b	

Additional Data

Software ID:
Software Version:
EIN: 23-1667011
Name: DELTA DENTAL OF PENNSYLVANIA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated			
(26) PATRICK S STEELE EVP, CIO	4 00 46 00			X			0	11,166,136	2,441,976
(1) BELINDA MARTINEZ SR VICE PRES	4 00 46 00			X			0	980,396	2,489,983
(2) ALICIA WEBER SVP, CONTROLLER	4 00 46 00			X			0	800,642	62,779
(3) RUSSELL K BRADLEY VP, CLAIMS PROCESSING	4 00 46 00			X			179,365	0	15,617
(4) PHILIP N ENGLE VP, INFORMATION TECHNOLOGY	4 00 46 00			X			353,232	0	58,225
(5) RENEE A FISHER VP, QUALITY ASSURANCE AND TRAINING	2 00 23 00			X			244,558	0	30,813
(6) JEANNE M FOSTER VP, FINANCE	4 00 46 00			X			356,795	0	55,077
(7) RICHARD C GRAYBILL VP, UNDERWRITING	4 00 46 00			X			287,097	0	44,172
(8) MARTY A SHEETZ VP, IMPLEMENTATION & EXCHANGES	4 00 46 00			X			165,109	162,222	72,716
(9) WHITNEY H SHERBOCKER DIRECTOR, REGULATORY	25 00 21 00				X		223,350	0	47,212
(10) ROBERT D COOVER DIRECTOR SALES	40 00				X		286,921	0	50,619
(11) ALVIN SHEETZ DIRECTOR SALES	40 00				X		256,212	0	48,719
(12) TIMOTHY MCKEE SALES ACCOUNT EXECUTIVE	40 00				X		267,672	0	44,249
(13) MICHAEL ROHRBAUGH SALES ACCOUNT EXECUTIVE	40 00				X		307,748	0	46,211
(14) CHARLES LAMONT ESQ FORMER EVP/CLO	0 00 0 00					X	0	585,615	6,503

2014

Open to Public
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(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**
DELTA DENTAL OF PENNSYLVANIA**Employer identification number**

23-1667011

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" 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
2a	
2b	
2c	
2d	

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

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,620,279			1,620,279
b Buildings		9,684,214	3,974,505		5,709,709
c Leasehold improvements		2,209,276	1,816,421		392,855
d Equipment		6,305,855	5,227,380		1,078,475
e Other		11,617,606	9,240,930		2,376,676
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					11,177,994

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DELTA DENTAL INSURANCE COMPANY	4,885	C
(B) DELTA REINSURANCE CORPORATION	32,260,872	F
(C) DENTEGRA INSURANCE COMPANY	2,610,788	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	34,876,545	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO SUBSIDIARIES AND AFFILIATES	2,404,790
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,404,790

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	209,868,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	209,868,576
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	389,943,347
c	Add lines 4a and 4b	4c	389,943,347
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	599,811,923

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	195,014,881
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	195,014,881
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	389,943,347
c	Add lines 4a and 4b	4c	389,943,347
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	584,958,228

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE COMPANY IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. CURRENT ACCOUNTING GUIDANCE CLARIFIES HOW UNCERTAINTIES IN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A FINANCIAL STATEMENT RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. POSITIONS INCLUDE THOSE WITH RESPECT TO THE COMPANY'S TAX EXEMPT STATUS AND WITH RESPECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE COMPANY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION.
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE
PART XII, LINE 4B - OTHER ADJUSTMENTS	CLAIMS ACCRUED FOR ADMINISTRATIVE SERVICE CONTRACTS

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation

2014

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InspectionSCHEDULE F
(Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

DELTA DENTAL OF PENNSYLVANIA

Employer identification number

23-1667011

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. Yes No

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN DELTA REINSURANCE CORPORATION		32,260,872
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			32,260,872
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			32,260,872

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 23-1667011

Name: DELTA DENTAL OF PENNSYLVANIA

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**Schedule I
(Form 990)****Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
DELTA DENTAL OF PENNSYLVANIAEmployer identification number
23-1667011**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105	37-1570764	501(C)(3)	557,100	0			TO PROVIDE DENTAL EDUCATION
(2) TRES BONNE ANNE 6426 ONE NORTH SECOND STREET HARRISBURG, PA 17101	25-1888180	501(C)(3)	10,000	0			TO PROVIDE DENTAL EDUCATION
(3) CHILDREN'S MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	5,000	0			TO PROVIDE DENTAL EDUCATION
(4) UNITED WAY OF THE CAPITAL REGION 2235 MILLENIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	45,091	0			TO PROVIDE DENTAL EDUCATION
(5) MISC SMALL DONATIONS LESS THAN 5000			11,358	0			TO PROVIDE DENTAL EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

18

3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION AWARDS GRANTS FOR PROGRAMS THAT FOSTER DENTAL HEALTH AND EDUCATION THROUGH THESE GRANTS THE ORGANIZATION HELPS FINANCE HEALTH, EDUCATION, AND RESEARCH PROJECTS IN DENTISTRY, HEALTH AND HUMAN SERVICES, AND CIVIC AND COMMUNITY AFFAIRS. THE TWO GRANTS ARE (1) THE DENTAL HEALTH AND EDUCATION CONTRIBUTION, WHICH SUPPORTS DENTAL HEALTH AND AWARENESS PROGRAMS AND (2) THE STANDARD DENTAL RESEARCH GRANT, WHICH SUPPORTS PROFESSIONAL RESEARCH RELATED TO DENTAL HEALTH. GRANTS ARE AWARDED TO GROUPS THAT (1) PROVIDE DENTISTRY FOR INDIGENTS, (2) PROVIDE DENTISTRY FOR GROUPS THAT ARE DENTALLY UNDERSERVED, (3) PROVIDE EDUCATION TO ADVANCE THE AWARENESS OR THE SCIENCE OF DENTISTRY, (4) PROMOTE PUBLIC DENTAL HEALTH, AND (5) ARE INVOLVED IN COMMUNITY ACTIVITIES RELATED TO DENTAL CARE. GRANT GUIDELINES PRIORITY WILL GO TO PROJECTS THAT FOCUS ON ISSUES RELATED TO THE DELIVERY OF ORAL HEALTH CARE, INCLUDING THOSE WITH SIGNIFICANT POTENTIAL FOR IMPROVING ORAL HEALTH AND REDUCING TREATMENT COSTS. PRIORITY CONSIDERATION WILL GO TO RESEARCHERS FROM THE DENTAL SCHOOLS IN THE ENTERPRISE STATES, BUT WILL NOT BE LIMITED TO THESE INSTITUTIONS. PRIORITY WILL GO TO TWO TYPES OF STUDIES (1) PILOT OR FEASIBILITY STUDIES LIKELY TO ENHANCE THE INVESTIGATOR'S CHANCE FOR LONG-TERM FUNDING FROM OTHER SOURCES, AND (2) COMPLETE PROJECTS CONSIDERED TO BE OF INTEREST TO THE HEALTH, EDUCATION, AND RESEARCH FUND, FOR WHICH OTHER SOURCES OF FUNDS ARE TRADITIONALLY UNAVAILABLE OR INSUFFICIENT. PRIORITY WILL GO TO STUDIES THAT EVALUATE THE OUTCOME OF PREVENTATIVE AND TREATMENT PROCEDURES. RETROSPECTIVE STUDIES OR THOSE INVOLVING ANALYSIS OF EXISTING DATA SHOULD BE CONSIDERED, RATHER THAN LONG-TERM FOLLOW-UP STUDIES, IN ORDER TO REDUCE THE YEARS REQUIRED TO OBTAIN DATA. OVERHEAD CHARGES WITHIN EACH ELIGIBLE GRANT WILL BE LIMITED TO EIGHT PERCENT. THE FUND WILL NORMALLY MAKE ONE TO TWO STANDARD RESEARCH GRANTS PER YEAR. INDIVIDUAL GRANTS WILL GENERALLY NOT EXCEED \$40,000. GRANTS WILL BE LIMITED TO ONE-YEAR PROJECTS, SUBJECT TO RENEWAL EXCEPT IN SPECIAL CASES. AN ORGANIZATION/ENTITY WILL NOT BE ELIGIBLE FOR MORE THAN ONE GRANT DURING ANY YEAR. A SCREENING COMMITTEE REVIEWS ALL APPLICATIONS, WITH FINAL GRANT DECISIONS MADE BY THE FUND'S ADMINISTRATIVE COMMITTEE.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
► Attach to Form 990.► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
DELTA DENTAL OF PENNSYLVANIA

Employer identification number

23-1667011

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** 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

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS BUSINESS TRAVEL IS REIMBURSED TO THE EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND GROUP VICE PRESIDENTS. FIRST CLASS BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. TRAVEL FOR COMPANION IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND CERTAIN MEMBERS OF THE EXECUTIVE STAFF WHEN THEIR ATTENDANCE IS REQUIRED AT THE DELTA REINSURANCE CORPORATION BOARD MEETING. THE COST OF THIS BENEFIT IS INCLUDED IN TAXABLE COMPENSATION. THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS MAY BE REIMBURSED FOR ONE HEALTH OR SOCIAL CLUB UPON APPROVAL BY THE PRESIDENT. TWO SENIOR EXECUTIVES RECEIVED THIS BENEFIT IN 2014. THE COST OF THIS BENEFIT IS INCLUDED IN TAXABLE COMPENSATION. FINANCIAL AND TAX PLANNING EXPENSES ARE REIMBURSED TO EMPLOYEES AT THE DIRECTOR OR ABOVE LEVELS OF MANAGEMENT. A COMPANY POLICY OUTLINES THE MAXIMUM REIMBURSEMENT ALLOWED FOR EACH MANAGEMENT LEVEL. THESE REIMBURSEMENTS ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED EMPLOYEES.
PART I, LINE 4B	CERTAIN EXECUTIVES PAID BY A RELATED ORGANIZATION PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PROGRAM. THE RELATED ORGANIZATION PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO CERTAIN OF ITS SENIOR EXECUTIVES AS SELECTED BY THE BOARD OF DIRECTORS. THE SUPPLEMENTAL RETIREMENT BENEFIT IS BASED ON EACH EXECUTIVE'S COMPENSATION AND YEARS OF SERVICE TO THE ENTERPRISE. THE BENEFIT IS SUBJECT TO THE RISK OF FORFEITURE IF REQUIRED YEARS OF SERVICE ARE NOT MET. ANNUAL DEFERRED COMPENSATION RELATED TO THIS PLAN IS REPORTED IN SCHEDULE J, PART II, COLUMN (C) FOR EACH PARTICIPANT AND REFLECTS THE CURRENT YEAR INCREASE OR DECREASE IN THE RELATED ORGANIZATION'S PENSION BENEFIT OBLIGATION ("PBO"), CALCULATED PURSUANT TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE PBO INCREASE OR DECREASE INCLUDES CHANGES IN ACTUARIAL ASSUMPTIONS (E.G., APPLICABLE DISCOUNT RATE), AS WELL AS CHANGES IN COMPENSATION AND YEARS OF SERVICE IN 2014. ANTHONY BARTH, MICHAEL CASTRO, BELINDA MARTINEZ, AND PATRICK STEELE PARTICIPATED IN THE PLAN.
PART I, LINE 7	THE PRESIDENT OF THE ORGANIZATION, WITH BOARD OF DIRECTORS APPROVAL, MAY GRANT AN ANNUAL BONUS TO ALL MANAGEMENT EMPLOYEES. THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION.
PART II, LINE (II)	SEVEN OF THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION ACCORDINGLY, THEIR COMPENSATION IS REPORTED IN LINE (II).

Additional Data
Software ID:
Software Version:
EIN: 23-1667011

Name: DELTA DENTAL OF PENNSYLVANIA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GLEN F BERGERT CPA, FORMER CHAIRMAN	(i) 27,972 (ii) 186,878	0 0	0 0	0 0	0 0	0 0	27,972 186,878	0 0
1 GARY D RADINE, PRESIDENT / CEO	(i) 0 (ii) 1,250,004	0 2,889,385	0 193,475	0 418,284	0 17,091	0 4,768,239	0 0	0 0
2 ANTHONY S BARTH, EVP, COO	(i) 0 (ii) 824,004	0 1,026,663	0 112,355	0 3,855,876	0 27,449	0 5,846,347	0 0	0 0
3 MICHAEL J CASTRO, EVP, CFO	(i) 0 (ii) 566,496	0 706,644	0 67,058	0 2,164,603	0 25,558	0 3,530,359	0 0	0 0
4 MICHAEL G HANKINSON, EVP, CLO	(i) 0 (ii) 399,615	0 299,682	0 143,958	0 34,500	0 23,666	0 901,421	0 0	0 0
5 PATRICK S STEELE, EVP, CIO	(i) 0 (ii) 544,916	0 771,706	0 9,849,514	0 2,422,183	0 19,793	0 13,608,112	0 9,780,574	0 0
6 BELINDA MARTINEZ, SR VICE PRES	(i) 0 (ii) 463,396	0 481,662	0 35,338	0 2,470,490	0 19,493	0 3,470,379	0 0	0 0
7 ALICIA WEBER, SVP, CONTROLLER	(i) 0 (ii) 383,123	0 391,883	0 25,636	0 38,491	0 24,288	0 863,421	0 0	0 0
8 RUSSELL K BRADLEY, VP, CLAIMS PROCESSING	(i) 127,211 (ii) 0	0 0	52,154 0	9,847 0	5,770 0	194,982 0	0 0	0 0
9 PHILIP N ENGLE, VP, INFORMATION TECHNOLOGY	(i) 240,222 (ii) 0	102,733 0	10,277 0	41,387 0	16,838 0	411,457 0	0 0	0 0
10 RENEE A FISHER, VP, QUALITY ASSURANCE AND TRAINING	(i) 82,581 (ii) 0	148,030 0	13,947 0	25,321 0	5,492 0	275,371 0	0 0	0 0
11 JEANNE M FOSTER, VP, FINANCE	(i) 248,368 (ii) 0	94,722 0	13,705 0	38,239 0	16,838 0	411,872 0	0 0	0 0
12 RICHARD C GRAYBILL, VP, UNDERWRITING	(i) 204,996 (ii) 0	73,481 0	8,620 0	37,555 0	6,617 0	331,269 0	0 0	0 0
13 MARTY A SHEETZ, VP, IMPLEMENTATION & EXCHANGES	(i) 106,341 (ii) 115,000	30,000 0	28,768 47,222	25,321 26,500	7,395 13,500	197,825 202,222	0 0	0 0
14 WHITNEY H SHERBOCKER, DIRECTOR, REGULATORY	(i) 165,284 (ii) 0	50,000 0	8,066 0	31,626 0	15,586 0	270,562 0	0 0	0 0
15 ROBERT D COOVER, DIRECTOR SALES	(i) 122,930 (ii) 0	135,796 0	28,195 0	35,949 0	14,670 0	337,540 0	0 0	0 0
16 ALVIN SHEETZ, DIRECTOR SALES	(i) 71,192 (ii) 0	162,105 0	22,915 0	33,448 0	15,271 0	304,931 0	0 0	0 0
17 TIMOTHY MCKEE, SALES ACCOUNT EXECUTIVE	(i) 64,669 (ii) 0	188,170 0	14,833 0	28,676 0	15,573 0	311,921 0	0 0	0 0
18 MICHAEL ROHRBAUGH, SALES ACCOUNT EXECUTIVE	(i) 58,482 (ii) 0	233,331 0	15,935 0	31,800 0	14,411 0	353,959 0	0 0	0 0
19 CHARLES LAMONT ESQ, FORMER EVP/CLO	(i) 0 (ii) 0	0 584,708	0 907	0 6,503	0 0	0 592,118	0 0	0 0

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
DELTA DENTAL OF PENNSYLVANIA

Employer identification number

23-1667011

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II**Loans to and/or From Interested Persons.**

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

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

Total

► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

Additional Data

Software ID:
Software Version:

EIN: 23-1667011

Name: DELTA DENTAL OF PENNSYLVANIA

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) ERIC N HODGES DMD	PARTICIPATING PROVIDER	187,131	DENTAL CLAIM PAYMENTS		No
(2) BRUCE R TERRY DMD ENDODONTIC SPE	PARTICIPATING PROVIDER	209,661	DENTAL CLAIM PAYMENTS		No
(3) CHRISTOPHER J KOTCHICK DMD	PARTICIPATING PROVIDER	210,256	DENTAL CLAIM PAYMENTS		No
(4) RICHARD J CLARK III DMD	PARTICIPATING PROVIDER	253,449	DENTAL CLAIM PAYMENTS		No
(5) GODIVA CHOCOLATIER INC	ORGANIZATION DIRECTOR DEBRA MAHER IS AN OFFICER OF GODIVA CHOCOLATIER, INC	697,918	PREMIUM REVENUE		No
(6)					No
(7)					No
(8)					No

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 990-EZ or to provide any additional information.****► Attach to Form 990 or 990-EZ.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2014****Open to Public
Inspection**Name of the organization
DELTA DENTAL OF PENNSYLVANIA**Employer identification number**

23-1667011

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE CLASS OF MEMBERS, DESIGNATED CORPORATE MEMBERS, WHO ARE DIRECTORS OF DENTEGRA GROUP, INC., THE ORGANIZATION'S PARENT HOLDING COMPANY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S DIRECTORS VOTE ON PERSONS NOMINATED AS DIRECTORS FOR ENDORSEMENT TO THE CORPORATE MEMBERS, WHO ELECT THE DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE MEMBERS MUST APPROVE ANY CHANGES TO SPECIFIED BYLAWS PROVISIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S CFO AND LEGAL COUNSEL OVERSEE THE COMPLETION OF THE FORM 990 AND, PRIOR TO FILING, REVIEW IT WITH THE PRESIDENT/CEO AND WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND BETWEEN ANNUAL STATEMENTS IS REQUIRED TO DISCLOSE ANY NEW POSITION OR RELATIONSHIP FORMED THAT POTENTIALLY RAISES A CONFLICT OF INTEREST. LEGAL COUNSEL REVIEWS THESE DISCLOSURES AND REPORTS THE INFORMATION TO THE FULL BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS. THE COMMITTEE APPROVES COMPENSATION FOR THE ENSUING YEAR AFTER REVIEWING COMPARABILITY DATA PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVER THE PRECEDING YEAR, AND THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS FOR THE YEAR. COMPENSATION PAID TO DIRECTORS IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS AFTER REVIEWING COMPARABILITY DATA IN A BENCHMARKING STUDY PREPARED AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR 2014 COMPENSATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION ANNUALLY INCLUDES MAJOR PORTIONS OF ITS FINANCIAL STATEMENT IN A PUBLISHED ANNUAL REPORT THAT IS MADE AVAILABLE TO PERSONS OR ENTITIES KNOWN TO HAVE AN INTEREST IN THE ORGANIZATION, AND IS AVAILABLE TO THE LARGER PUBLIC UPON REQUEST. STATUTORY FINANCIAL STATEMENTS ARE INCLUDED IN QUARTERLY AND ANNUAL RETURNS TO STATE DEPARTMENTS OF INSURANCE REGULATING THE ORGANIZATION WHICH RETURNS ARE AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

Return Reference	Explanation
FORM 990, PT VII, SEC A, COL (E), SCH J, PT II, LINE 1, COL (B)(III)	<p>A ONE-TIME LUMP SUM PENSION BENEFIT PAYMENT WAS RECEIVED BY THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT/CIO IN 2014, PURSUANT TO THE TERMS OF THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THIS PLAN IS DESIGNED FOR THE LONG-TERM RETENTION OF SENIOR EXECUTIVES (E.G., THE EXECUTIVE VICE PRESIDENT/CIO HAD BEEN WITH THE ORGANIZATION FOR MORE THAN 10 YEARS) AND IS BASED ON A PERCENTAGE OF HIS AVERAGE ANNUAL COMPENSATION RECEIVED FOR THE THREE YEARS PRIOR TO AGE 65 OR RETIREMENT, WHICHEVER COMES FIRST, AND ON HIS LIFE EXPECTANCY AS DETERMINED PURSUANT TO THE INTERNAL REVENUE CODE. THE EXECUTIVE VICE PRESIDENT/CIO'S ANNUAL COMPENSATION, UPON WHICH THE PENSION BENEFIT PAYMENT IS BASED, HAS BEEN ESTABLISHED IN ACCORDANCE WITH THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 FOR ESTABLISHING THE REBUTTABLE PRESUMPTION OF REASONABLENESS. THIS PROCESS INVOLVES REVIEW AND APPROVAL OF COMPENSATION BY THE ORGANIZATION'S BOARD OF DIRECTORS, RELIANCE ON COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, AND CONTEMPORANEOUS DOCUMENTATION OF DELIBERATIONS AND DECISIONS REGARDING COMPENSATION. FEDERAL TAX LAW APPLICABLE TO THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DOES NOT PERMIT A PARTICIPANT TO RECEIVE AND PAY TAX ON ANNUAL PAYMENTS RECEIVED FROM THE PLAN OVER THE COURSE OF A PARTICIPANT'S RETIREMENT. INSTEAD, THE ENTIRE VALUE OF THE BENEFIT BECOMES TAXABLE WHEN THE PARTICIPANT RETIRES OR REACHES AGE 65, WHICHEVER COMES FIRST. THE LUMP SUM PAYMENT SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (B)(III) (AND CARRIED TO FORM 990, PART VII, SECTION A, COLUMN (E)) WAS THEREFORE TRIGGERED IN 2014 WHEN THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT/CIO TURNED 65 AND THE ENTIRE VALUE OF THE RETIREMENT BENEFIT WAS TAXABLE IN THAT YEAR. SEE RELATED NOTE IN SCHEDULE J, PART III, WHICH DESCRIBES THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.</p>

Return Reference	Explanation
FORM 990, PART VII, SCHEDULE J, SCHEDULE R	THE ORGANIZATION, REGULATED BY THE PENNSYLVANIA INSURANCE DEPARTMENT, IS A MEMBER OF THE DELTA DENTAL OF CALIFORNIA ENTERPRISE COMPANIES, WHICH INCLUDE DELTA DENTAL OF CALIFORNIA, DELTA DENTAL OF PENNSYLVANIA AND AFFILIATED COMPANIES OPERATING IN 15 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE U.S. VIRGIN ISLANDS. THE ENTERPRISE COMPANIES COMprise ONE OF THE NATION'S LARGEST DENTAL BENEFITS DELIVERY SYSTEMS COVERING 31.2 MILLION ENROLLEES AND HANDLING 42.5 MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRISE EXCEEDED \$7.9 BILLION IN 2014. THE ORGANIZATION AND ITS SUBSIDIARIES REPRESENT APPROXIMATELY 9% OF TOTAL ENTERPRISE REVENUES

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J	EFFECTIVE JANUARY 1, 2012 DELTA DENTAL OF PENNSYLVANIA ESTABLISHED THE LONG-TERM INCENTIVE PLAN (LTIP) FOR ELIGIBLE EMPLOYEES OF THE COMPANY. THE PURPOSE OF THE LTIP IS TO PROVIDE INCENTIVE FOR ELIGIBLE EMPLOYEES' CONTRIBUTION TO THE COMPANY'S LONG-TERM SUCCESS. THE LTIP IS UNFUNDED AND ALL PAYMENTS FROM THE LTIP ARE DERIVED FROM THE EQUITY GAINS OF THE COMPANY. AS SUCH THERE IS NO GUARANTEE OF INCENTIVE PAYMENTS UNDER THE LTIP. UPON DELEGATION BY CERTAIN OFFICERS OF THE BOARD, THE CEO AND MANAGEMENT COMMITTEE HAS THE SOLE AND ABSOLUTE DISCRETION TO DETERMINE THE PERFORMANCE OBJECTIVES, BOTH FINANCIAL AND NONFINANCIAL, UPON WHICH PAYMENT OF AWARDS ARE BASED AND THE TIME PERIOD DURING WHICH PERFORMANCE SHALL BE MEASURED (LTIP CYCLE). THE CURRENT LTIP CYCLE IS JANUARY 1, 2013 THROUGH DECEMBER 31, 2015.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIVIDENDS PAID -7,526,434

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
InspectionName of the organization
DELTA DENTAL OF PENNSYLVANIAEmployer identification number
23-1667011**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(1) DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC	
(2) DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC	
(3) DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC	
(4) DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC	
(5) DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105 94-1461312	DENTAL INSURANCE	CA	501(C)(4)		DENTEGRA GROUP INC	
(6) DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) PACA MANAGEMENT LLC ONE DELTA DRIVE MECHANICSBURG, PA 17055 94-3277375	INSURANCE MANAGEMENT	DE	DELTA DENTAL OF CALIFORNIA	RELATED				No		No	50 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?
							Yes	No	
See Additional Data Table									

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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See Additional Data Table

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2014

Additional Data

Software ID:
Software Version:
EIN: 23-1667011
Name: DELTA DENTAL OF PENNSYLVANIA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
(1) DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC	Yes No No
(1) DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC	No
(2) DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC	No
(3) DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC	No
(4) DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105 94-1461312	DENTAL INSURANCE	CA	501(C)(4)		DENTEGRA GROUP INC	No
(5) DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC	No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS, ST MICHAEL BB 98-0096711	No REINSURANCE	BB	DELTA DENTAL OF PENNSYLVANIA	C			82 690 %	No
DENTEGRA GROUP INC 100 FIRST STREET SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C				No
DENTEGRA INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			20 000 %	No
DENTEGRA INSURANCE CO OF NEW ENGLAND 100 FIRST STREET SAN FRANCISCO, CA 94105 04-2890218	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL OF NEVADA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL OF UTAH INC 100 FIRST STREET SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL PROGRAMS INC 100 FIRST STREET SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL OF ALABAMA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL OF NEW MEXICO INC 100 FIRST STREET SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C				No
ALPHA DENTAL OF ARIZONA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C				No
DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C				No
DELTA DENTAL OF PUERTO RICO 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C				No
SERVICIOS DENTALES DENTEGRA SA DE CV INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE ADMINISTRATION	MX	DENTEGRA INSURANCE COMPANY	C				No
DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			0 120 %	No
DDC INSURANCE HOLDINGS INC 100 FIRST STREET SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C				No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DELTA DENTAL OF DELAWARE INC	L	3,167,445	
PACA MANAGEMENT LLC	Q	41,087,273	
DELTA DENTAL OF WEST VIRGINIA INC	L	2,030,552	
PACA MANAGEMENT LLC	M	8,535,766	
DELTA DENTAL INSURANCE COMPANY	M	391,563	
DELTA DENTAL OF CALIFORNIA	M	11,528,095	
DELTA DENTAL OF NEW YORK	Q	731,103	
DELTA DENTAL OF CALIFORNIA	L	12,244,466	
DELTA DENTAL OF CALIFORNIA	P	7,301,975	
DELTA DENTAL OF CALIFORNIA	Q	180,467	