

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
DELTA DENTAL OF PENNSYLVANIA

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE DELTA DRIVE

City or town, state or province, country, and ZIP or foreign postal code
MECHANICSBURG, PA 17055

D Employer identification number
23-1667011

E Telephone number
(717) 766-8500

G Gross receipts \$ 778,166,910

F Name and address of principal officer
JEANNE M FOSTER
ONE DELTA DRIVE
MECHANICSBURG, PA 17055

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

J Website: ▶ WWW DELTADENTALINS COM

K 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)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	5
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	724
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	126,932

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	691,591,503	764,965,499
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,934,111	4,070,996
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,913,153	1,070,360
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	697,438,767	770,106,855
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,147,250	2,934,445
14 Benefits paid to or for members (Part IX, column (A), line 4)	615,097,678	680,293,424
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,135,464	31,101,101
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,102,717	38,366,870
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	681,483,109	752,695,840
19 Revenue less expenses Subtract line 18 from line 12	15,955,658	17,411,015
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	228,010,155	255,721,013
21 Total liabilities (Part X, line 26)	72,583,225	84,429,977
22 Net assets or fund balances Subtract line 21 from line 20	155,426,930	171,291,036

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: *****
Date: 2019-11-06

JEANNE FOSTER V P, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2019-11-08

Check if self-employed PTIN: P00538614

Firm's name: ▶ CBIZ MHM LLC Firm's EIN: ▶ 34-1851358

Firm's address: ▶ 530 HOWELL ROAD SUITE 209 GREENVILLE, SC 29615 Phone no: (864) 241-2001

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 O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 744,144,198 including grants of \$) (Revenue \$ 770,106,855)

See Additional Data

4b (Code) (Expenses \$ 2,934,445 including grants of \$ 2,934,445) (Revenue \$)

See Additional Data

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 747,078,643

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9 Did the organization report an amount in Part X, line 21 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 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	Yes	
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 		No
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 		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 	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 		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	95,417
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	724			
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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
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?	7a				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 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?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (5); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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: Own website, Another's website, Upon request (checked), 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: JEANNE M FOSTER VP FINANCE ONE DELTA DRIVE MECHANICSBURG, PA 17055 (717) 766-8500

Part VIII Statement of Revenue

Check 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			Business Code				
	2a DIRECT PREMIUMS		524114	764,965,499	764,965,499		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			764,965,499				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,048,774	4,048,774			
	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						
		c Gain or (loss)						
		d Net gain or (loss)			22,222	22,222		
	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 DRC DIVIDEND	524114		12,384,000	12,384,000				
b BAD DEBT EXPENSE	524114		-215,564	-215,564				
c EQUITY LOSS IN DRC	524114		-10,095,527	-10,095,527				
d All other revenue			-1,002,549	-1,002,549				
e Total. Add lines 11a-11d			1,070,360					
12 Total revenue. See Instructions			770,106,855	770,106,855	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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,934,445	2,934,445		
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, line 15 and 16				
4 Benefits paid to or for members	680,293,424	680,293,424		
5 Compensation of current officers, directors, trustees, and key employees	4,122,387	4,122,387		
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	18,842,269	16,765,064	2,077,205	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,058,462	2,781,817	276,645	
9 Other employee benefits	3,606,280	3,280,084	326,196	
10 Payroll taxes	1,471,703	1,338,584	133,119	
11 Fees for services (non-employees)				
a Management				
b Legal	44,174		44,174	
c Accounting	327,966		327,966	
d Lobbying				
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)	318,535		318,535	
12 Advertising and promotion	263,815	239,952	23,863	
13 Office expenses	3,352,910	3,049,632	303,278	
14 Information technology	11,164,284	10,154,449	1,009,835	
15 Royalties				
16 Occupancy	1,184,315	1,077,191	107,124	
17 Travel	811,471	738,072	73,399	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,937	12,937		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	502,364	456,924	45,440	
23 Insurance	539,420	490,628	48,792	
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	12,521,296	12,521,296		
b ADMINISTRATIVE FEES	2,219,949	2,019,150	200,799	
c ACA TAXES	1,777,608	1,777,608		
d DDPA DUES, MEMBERSHIPS	908,766	826,566	82,200	
e All other expenses	2,417,060	2,198,433	218,627	
25 Total functional expenses. Add lines 1 through 24e	752,695,840	747,078,643	5,617,197	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,626,107	1	10,562,389
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	49,623,889	4	52,946,182
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,981,178	9	1,999,892
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,648,497		
	b Less accumulated depreciation	10b 13,325,821	9,026,369	10c 8,322,676
	11 Investments—publicly traded securities	130,676,005	11	158,823,843
	12 Investments—other securities See Part IV, line 11	31,352,040	12	21,256,512
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,724,567	15	1,809,519
16 Total assets. Add lines 1 through 15 (must equal line 34)	228,010,155	16	255,721,013	
Liabilities	17 Accounts payable and accrued expenses	63,275,614	17	72,856,296
	18 Grants payable		18	
	19 Deferred revenue	4,046,006	19	5,043,192
	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	5,261,605	25	6,530,489
	26 Total liabilities. Add lines 17 through 25	72,583,225	26	84,429,977
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	155,426,930	32	171,291,036
33 Total net assets or fund balances	155,426,930	33	171,291,036	
34 Total liabilities and net assets/fund balances	228,010,155	34	255,721,013	

Part XI Reconciliation of Net Assets

Check 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	770,106,855
2	Total expenses (must equal Part IX, column (A), line 25)	2	752,695,840
3	Revenue less expenses Subtract line 2 from line 1	3	17,411,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,426,930
5	Net unrealized gains (losses) on investments	5	-1,546,909
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	171,291,036

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-1667011

Name: DELTA DENTAL OF PENNSYLVANIA

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 2,485,481 BENEFICIARIES IN 2018 PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS SERVING 2,387 PURCHASING GROUPS THE ORGANIZATION PAID MORE THAN \$680.3 MILLION FOR DENTAL CARE DURING 2018

Form 990, Part III, Line 4b:

THE ORGANIZATION MADE GRANTS DURING 2018 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION,
AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS

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 employee	Former			
MAHER DEBRA G CHAIR	2 00	X						28,581	90,149	0
WENGER PHILIP R VICE CHAIR	2 00	X						17,400	38,500	0
KOTCHICK CHRISTOPHER J DMD SECRETARY	1 00	X						0	0	0
BECK JR JOSEPH P TREASURER	2 00	X						27,000	0	0
BERGERT GLEN F CPA DIRECTOR	2 00	X						29,185	244,348	0
BLACK JANICE R DIRECTOR	5 00	X						6,250	0	0
BRUNO MICHELLE A DIRECTOR	1 00	X						17,400	0	0
CARTER JR EUGENE F DIRECTOR	2 00	X						31,004	51,000	0
JUST GEORGE M DDS DIRECTOR	2 00	X						6,250	0	0
KOBAYASHI LORI L DIRECTOR	1 00	X						7,450	0	0

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 employee	Former			
LITTLE SCOTT Q DDS DIRECTOR	1 00	X						7,450	0	0
SHIRLEY ERIC L DMD DIRECTOR	1 00	X						17,400	0	0
SMELTZER JAMES A CPA DIRECTOR	2 00	X						12,250	0	0
SMIGA ERIC R DMD DIRECTOR	1 00	X						17,185	0	0
SNYDER FRANK DIRECTOR	1 00	X						17,400	0	0
VEIHDEFFER L WILLIAM DMD DIRECTOR	1 00	X						17,400	0	0
WOLGIN JOSHUA B DMD DIRECTOR	1 00	X						7,450	0	0
CASTRO MICHAEL J PRESIDENT/CEO/FORMER CFO	4 00 46 00			X				0	2,206,274	-193,287
BARTH ANTHONY S PRESIDENT/CEO	4 00 46 00			X				0	6,137,004	-30,959,975
CHAVARRIA SARAH EXE VICE PRES/CPO	4 00 46 00			X				0	754,029	58,785

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 employee	Former			
GAREN KIRSTEN E EXE VICE PRES/CIO	4 00 46 00			X				0	934,801	58,785
HANKINSON MICHAEL G EXE VICE PRES /CLO	4 00 46 00			X				0	1,752,026	47,586
JACKSON KEVIN L EXE VICE PRES/CGO	4 00 46 00			X				0	1,280,259	61,466
MARTINEZ BELINDA EXE VICE PRES/CAO	4 00 46 00			X				0	1,927,726	-2,811,508
PATEL NILESH C EXE VICE PRES /COO	4 00 46 00			X				0	4,422,623	18,238
WEBER ALICIA F EXE VICE PRES/CFO/FORMER SVP	4 00 46 00			X				0	1,321,654	56,352
YALE KENNETH P DDS SR VICE PRES /CCO	4 00 46 00			X				0	1,963,502	33,175
FOSTER JEANNE M VICE PRES	29 00 21 00			X				593,413	0	49,691
GRAYBILL RICHARD C VICE PRES	29 00 21 00			X				502,965	0	37,585
RODZINKA BARBARA A VICE PRES	29 00 21 00			X				489,125	0	47,822

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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" on 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on 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 on 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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" on 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		1,484,639		1,484,639
b Buildings		10,059,010	4,768,385	5,290,625
c Leasehold improvements		2,329,238	2,222,999	106,239
d Equipment		2,325,747	1,800,932	524,815
e Other		5,449,863	4,533,505	916,358
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				8,322,676

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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	21,251,627	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	21,256,512	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO SUBSIDIARIES AND AFFILIATES	4,711,605
GROUP PREFUND DEPOSITS	1,818,884
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,530,489

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	259,704,285
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	259,704,285
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	510,402,570	
c	Add lines 4a and 4b		4c	510,402,570
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	770,106,855

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	242,293,270
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	242,293,270
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	510,402,570	
c	Add lines 4a and 4b		4c	510,402,570
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	752,695,840

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
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 23-1667011

Name: DELTA DENTAL OF PENNSYLVANIA

Supplemental 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.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CLAIMS ACCRUED FOR ADMINISTRATIVE SERVICE CONTRACTS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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.

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? Yes No

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN DELTA REINSURANCE CORPORATION		21,251,627
3a Sub-total	0	0			21,251,627
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			21,251,627

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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 ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

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 separately 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, don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3 (E)	THE ORGANIZATION'S INVESTMENT IN DELTA REINSURANCE CORPORATION IS \$21,251,627

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
DELTA DENTAL OF PENNSYLVANIA

Employer 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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9

3 Enter total number of other organizations listed in the line 1 table ▶ 16

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 AND PROVIDES OTHER ASSISTANCE THROUGH CONTRIBUTIONS AND/OR SPONSORSHIPS FOR PROGRAMS THAT FOSTER DENTAL HEALTH AND EDUCATION, AS WELL AS COMMUNITY SUPPORT THROUGH THESE GRANTS, CONTRIBUTIONS AND SPONSORSHIPS, THE ORGANIZATION HELPS FINANCE HEALTH, EDUCATION, AND RESEARCH PROJECTS IN DENTISTRY, HEALTH AND HUMAN SERVICES, AND CIVIC AND/OR COMMUNITY ACTIVITIES. INDIVIDUAL GRANTS, CONTRIBUTIONS AND/OR SPONSORSHIPS WILL GENERALLY NOT EXCEED \$100,000 WITH EXCEPTION OF THE CONTRIBUTION MADE TO THE DELTA DENTAL COMMUNITY CARE FOUNDATION. 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.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET ST 1300 SAN FRANCISCO, CA 94105	37-1570764	501(C)(3)	2,860,400				TO PROVIDE DENTAL EDUCATION
THE FOUNDATION FOR ENHANCING COMMUNITIES 200 N 3RD ST 8TH FL HARRISBURG, PA 17101	01-0564355	501(C)(3)	10,600				TO PROVIDE DENTAL EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRES BONNE ANNEE 6426 ONE NORTH SECOND STREET HARRISBURG, PA 17101	25-1888180	501(C)(3)	10,000				TO PROVIDE DENTAL EDUCATION
COOL CARS FOR KIDS INC 424 BRENTWOOD RD BALA CYNWYD, PA 19004	81-3917740	501(C)(3)	10,000				TO PROVIDE DENTAL EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SISTERS OF THE HUMILITY OF MARY PO BOX 354 VILLA MARIA, PA 16155	25-0989253	501(C)(3)	5,000				TO PROVIDE DENTAL EDUCATION
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL RD PITTSBURGH, PA 16155	20-1163755	501(C)(3)	5,000				TO PROVIDE DENTAL EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN ONLINE GIVING FOUNDATION PO BOX 1010 SAFETY HARBOR, FL 34695	81-0739440	501(C)(3)	11,378				TO PROVIDE DENTAL EDUCATION
VISTA FOUNDATION 1021 SPRINGBOARD DR HERSHEY, PA 17033	80-0113235	501(C)(3)	5,000				TO PROVIDE DENTAL EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOWNTOWN DAILY BREAD 234 S ST HARRISBURG, PA 17101	23-1433867	501(C)(3)	5,000				TO PROVIDE DENTAL EDUCATION
MISC SMALL DONATIONS LESS THAN 5000			12,067				TO PROVIDE DENTAL EDUCATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DELTA DENTAL OF PENNSYLVANIA

Employer identification number
23-1667011

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes			
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on 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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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	ALL EMPLOYEES WHO WORK AT LEAST 30 HOURS PER WEEK AND HAVE COMPLETED AT LEAST 30 DAYS OF SERVICE ARE OFFERED A FITNESS REIMBURSEMENT PLAN THAT ENCOURAGES OUR EMPLOYEES TO BE HEALTHY AND ACTIVE BY PROVIDING THE ACCESS THEY NEED TO HELP THEM ACHIEVE THEIR FITNESS GOALS AND LIVE THEIR BEST LIVES. THE PLAN INCLUDES A MONTHLY REIMBURSEMENT, UP TO \$35, FOR INDIVIDUAL MEMBERSHIP FEES AT A FITNESS CENTER/STUDIO, HEALTH CLUB, OR SWIM AND TENNIS CLUB, ALONG WITH A ONE-TIME REIMBURSEMENT OF UP TO \$100 FOR AN ANNUAL ENROLLMENT FEE. IN ADDITION, THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS MAY BE REIMBURSED FOR ONE SOCIAL CLUB UPON THE APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ONE SENIOR EXECUTIVE RECEIVED THE SOCIAL CLUB BENEFIT AND SEVEN EXECUTIVES RECEIVED THE FITNESS REIMBURSEMENT BENEFIT IN 2018. BOTH THE HEALTH AND SOCIAL CLUB REIMBURSEMENTS ARE 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.

Return Reference	Explanation
PART I, LINE 3	<p>COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE PARENT HOLDING COMPANY OF THE ORGANIZATION, WHICH ALSO SERVES AS THE COMPENSATION COMMITTEE FOR THE ORGANIZATION THE COMPENSATION 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 PRIOR YEAR COMPENSATION PAID TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE 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 2018 COMPENSATION PART I, LINE 4A DURING 2018, TWO EXECUTIVES, KENNETH YALE AND NILESH PATEL, RECEIVED SEVERANCE PAYMENTS UPON THEIR SEPARATION FROM RELATED ORGANIZATIONS THE SEVERANCE PAYMENTS ARE INCLUDED ON SCHEDULE J AND REPORTED IN PART II, COLUMN (B)(III) 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 2018, ANTHONY BARTH, MICHAEL CASTRO, AND BELINDA MARTINEZ PARTICIPATED IN THE PLAN IT SHOULD BE NOTED, HOWEVER, THAT DURING 2018, ANTHONY BARTH WAS TERMINATED AS PRESIDENT & CEO OF DELTA DENTAL OF CALIFORNIA AND RELATED AFFILIATES AS A RESULT OF THE TERMINATION, THE BENEFIT LIABILITY WAS REDUCED FOR THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN, HOWEVER, AN ACCRUAL IS REFLECTED IN THE FINANCIAL STATEMENTS FOR POTENTIAL SETTLEMENT EXPENSE IN CONTEMPLATION OF POTENTIAL LITIGATION PART I, LINES 5A AND 6A DELTA DENTAL OF PENNSYLVANIA MAINTAINS A LONG-TERM INCENTIVE PLAN (LTIP) FOR ELIGIBLE EMPLOYEES OF ORGANIZATION, LINKING COMPENSATION TO THE COMPANY'S PERFORMANCE USING SUCCESS METRICS SUCH AS REVENUES, NET GAIN AS A PERCENTAGE OF REVENUES, AND OTHERS, ALLOWS THE COMPANY TO ACCURATELY MEASURE ITS GROWTH, INFORM ON PROGRESS OF ITS BUSINESS TRANSFORMATION AND EMPOWER CONTINUED SUCCESS THE LTIP IS UNFUNDED AND ALL PAYMENTS FROM THE LTIP ARE DERIVED FROM THE GAINS OF THE COMPANY AS SUCH THERE IS NO GUARANTEE OF INCENTIVE PAYMENTS UNDER THE LTIP UPON DELEGATION OF THE BOARD TO THE EXECUTIVE COMMITTEE, THE CEO, AND THE MANAGEMENT COMMITTEE, THEY HAVE THE SOLE AND ABSOLUTE DISCRETION TO DETERMINE THE PERFORMANCE OBJECTIVES, BOTH FINANCIAL AND NON-FINANCIAL, UPON WHICH PAYMENT OF AWARDS ARE BASED AND THE TIME PERIOD DURING WHICH PERFORMANCE SHALL BE MEASURED EACH LTIP PLAN SPANS THREE YEARS, OVERLAPPING WITH CURRENT PLANS</p>

Return Reference	Explanation
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

Return Reference	Explanation
PART II, ROW (II)	THE MAJORITY OF THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION ACCORDINGLY, THEIR COMPENSATION IS REPORTED ON ROW (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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BERGERT GLEN F CPA DIRECTOR	(i)	29,185	0	0	0	0	29,185	0
	(ii)	244,348	0	0	0	0	244,348	0
CASTRO MICHAEL J PRESIDENT/CEO/FORMER CFO	(i)	0	0	0	0	0	0	0
	(ii)	663,860	1,462,000	80,414	-219,246	25,959	2,012,987	0
BARTH ANTHONY S PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	991,346	4,887,500	258,158	-30,985,150	25,175	-24,822,971	0
CHAVARRIA SARAH EXE VICE PRES/CPO	(i)	0	0	0	0	0	0	0
	(ii)	458,750	276,563	18,716	28,875	29,910	812,814	0
GAREN KIRSTEN E EXE VICE PRES/CIO	(i)	0	0	0	0	0	0	0
	(ii)	480,000	427,500	27,301	28,875	29,910	993,586	0
HANKINSON MICHAEL G EXE VICE PRES /CLO	(i)	0	0	0	0	0	0	0
	(ii)	459,996	1,190,000	102,030	28,875	18,711	1,799,612	0
JACKSON KEVIN L EXE VICE PRES/CGO	(i)	0	0	0	0	0	0	0
	(ii)	424,231	810,000	46,028	33,681	27,785	1,341,725	0
MARTINEZ BELINDA EXE VICE PRES/CAO	(i)	0	0	0	0	0	0	0
	(ii)	534,512	1,315,000	78,214	-2,831,736	20,228	-883,782	0
PATEL NILESH C EXE VICE PRES /COO	(i)	0	0	0	0	0	0	0
	(ii)	435,734	2,551,608	1,435,281	11,412	6,826	4,440,861	0
WEBER ALICIA F EXE VICE PRES/CFO/FORMER SVP	(i)	0	0	0	0	0	0	0
	(ii)	421,692	850,000	49,962	31,351	25,001	1,378,006	0
YALE KENNETH P DDS SR VICE PRES /CCO	(i)	0	0	0	0	0	0	0
	(ii)	292,115	517,000	1,154,387	8,250	24,925	1,996,677	0
FOSTER JEANNE M VICE PRES	(i)	266,473	310,798	16,142	28,875	20,816	643,104	0
	(ii)	0	0	0	0	0	0	0
GRAYBILL RICHARD C VICE PRES	(i)	227,748	260,484	14,733	28,875	8,710	540,550	0
	(ii)	0	0	0	0	0	0	0
RODZINKA BARBARA A VICE PRES	(i)	236,297	239,722	13,106	28,875	18,947	536,947	0
	(ii)	0	0	0	0	0	0	0
COOVER ROBERT DIRECTOR SALES	(i)	139,503	238,166	26,183	28,875	23,642	456,369	0
	(ii)	0	0	0	0	0	0	0
KETELSLEGER JAMES DIRECTOR ACCOUNTING & FINA	(i)	155,698	118,214	7,245	23,034	19,454	323,645	0
	(ii)	0	0	0	0	0	0	0
MCKEE TIMOTHY SALES ACCOUNT EXECUTIVE	(i)	70,529	457,642	15,735	28,875	20,301	593,082	0
	(ii)	0	0	0	0	0	0	0
ROHRBAUGH MICHAEL SALES ACCOUNT EXECUTIVE	(i)	68,636	300,599	6,443	28,875	17,798	422,351	0
	(ii)	0	0	0	0	0	0	0
WEIS JOHN DIRECTOR INFRASTRUCTURE ENGINEERING	(i)	162,646	107,994	23,647	24,837	20,159	339,283	0
	(ii)	0	0	0	0	0	0	0
DOERING RICK R FORMER - SR VICE PRES	(i)	0	0	0	0	0	0	0
	(ii)	0	809,996	0	426	0	810,422	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RADINE GARY D FORMER - PRESIDENT/CEO	(i)	0	0	0	0	0	0	
	(ii)	200,000	0	11,776	21,000	0	232,776	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization DELTA DENTAL OF PENNSYLVANIA	Employer identification number 23-1667011
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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	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
ERIC R SMIGA DMD	PARTICIPATING PROVIDER	246,061	DENTAL CLAIM PAYMENTS		No
CHRISTOPHER J KOTCHICK DDS	PARTICIPATING PROVIDER	389,911	DENTAL CLAIM PAYMENTS		No

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
ERIC L SHIRLEY DMD	PARTICIPATING PROVIDER	207,315	DENTAL CLAIM PAYMENTS		No
JOSHUA B WOLGIN DMD	PARTICIPATING PROVIDER	194,809	DENTAL CLAIM PAYMENTS		No

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
GODIVA CHOCOLATIER INC	DIRECTOR DEBRA MAHER IS AN EXECUTIVE OF GODIVA CHOCOLATIER, INC	620,021	PREMIUM REVENUE		No
RUE21	DIRECTOR LORI KOBAYASHI IS AN EXECUTIVE OF RUE21	372,219	PREMIUM REVENUE		No

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
MEMBERS 1ST FEDERAL CREDIT UNION	DIRECTOR JOSEPH P BECK IS AN EXECUTIVE OF MEMBERS 1ST FEDERAL CREDIT UNION	436,635	PREMIUM REVENUE		No

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

DELTA DENTAL OF PENNSYLVANIA

Employer identification number

23-1667011

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BYLAWS IN 2018 TO CLARIFY THAT THE IMMEDIATE PAST CHAIR IS AN ELECTED POSITION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE PARENT HOLDING COMPANY OF THE ORGANIZATION, WHICH ALSO SERVES AS THE COMPENSATION COMMITTEE FOR THE ORGANIZATION. THE COMPENSATION 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 PRIOR YEAR. COMPENSATION PAID TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE 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 2018 COMPENSATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 36 8 MILLION ENROLLEES AND PROCESSING 52 MILLION CLAIMS TOTAL REVENUE FOR THE ENTERPRISE WAS APPROXIMATELY \$9 BILLION IN 2018 THE ORGANIZATION REPRESENTS APPROXIMATELY 9% OF TOTAL ENTERPRISE REVENUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO PRIOR YEAR BALANCES TO CONFORM WITH CURRENT YEAR PRESENTATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF PENNSYLVANIA

Employer 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		No
(2) DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC		No
(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		No
(4) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC		No
(5) DELTA DENTAL OF CALIFORNIA 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1461312	DENTAL INSURANCE	CA	501(C)(4)		DENTEGRA GROUP INC		No
(6) DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC		No

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

(a) 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		Yes	No	

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

See Additional Data Table

(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

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)	Yes	
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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	No
(1) DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS, ST MICHAEL BB 98-0096711	REINSURANCE	BB	DELTA DENTAL OF PENNSYLVANIA	C			82.690 %	Yes	
(1) DENTEGRA GROUP INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C					No
(2) DENTEGRA INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C					No
(3) DENTEGRA INSURANCE CO OF NEW ENGLAND 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C					No
(4) ALPHA DENTAL OF NEVADA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C					No
(5) ALPHA DENTAL OF UTAH INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C					No
(6) ALPHA DENTAL PROGRAMS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C					No
(7) ALPHA DENTAL OF ALABAMA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C					No
(8) ALPHA DENTAL OF NEW MEXICO INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C					No
(9) ALPHA DENTAL OF ARIZONA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C					No
(10) DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C					No
(11) DELTA DENTAL OF PUERTO RICO 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C					No
(12) 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
(13) DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			0.120 %		No
(14) DDC INSURANCE HOLDINGS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C					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	No
(16) ALLIED ADMINISTRATORS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371	THIRD PARTY ADMIN SERVICES	CA	DDC INSURANCE HOLDINGS INC	C					No
(1) DELTA DENTAL IPA OF NEW YORK 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC INSURANCE HOLDINGS INC	C					No
(2) CONVECTION HUB INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 82-5288274	HEALTH AND WELLNESS	DE	DDC INSURANCE HOLDINGS INC	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
(1) DELTA DENTAL OF CALIFORNIA	L	11,153,582	
(1) DELTA DENTAL OF CALIFORNIA	M	19,094,550	
(2) DELTA DENTAL OF CALIFORNIA	P	16,542,009	
(3) DELTA DENTAL OF CALIFORNIA	Q	28,735	
(4) DELTA DENTAL OF DELAWARE	L	4,633,683	
(5) DELTA DENTAL OF DELAWARE	Q	10,421	
(6) DELTA DENTAL OF DISTRICT OF COLUMBIA	L	2,023,045	
(7) DELTA DENTAL OF DISTRICT OF COLUMBIA	Q	2,345	
(8) DELTA DENTAL OF NEW YORK	L	25,652,904	
(9) DELTA DENTAL OF NEW YORK	M	767,012	
(10) DELTA DENTAL OF NEW YORK	Q	246,288	
(11) DELTA DENTAL OF WEST VIRGINIA	L	2,797,104	
(12) DELTA DENTAL OF WEST VIRGINIA	Q	10,960	
(13) DELTA DENTAL INSURANCE COMPANY	L	2,468,444	
(14) DELTA DENTAL INSURANCE COMPANY	M	1,924,091	
(15) DELTA DENTAL INSURANCE COMPANY	P	601,887	
(16) DELTA DENTAL INSURANCE COMPANY	Q	149,146	
(17) DENTEGRA INSURANCE COMPANY	P	120,829	
(18) ALLIED ADMINISTRATORS INC	M	503,029	
(19) DELTA DENTAL COMMUNITY CARE FOUNDATION	B	2,860,400	
(20) DENTEGRA INSURANCE COMPANY	Q	52,436	
(21) DELTA REINSURANCE CORPORATION	F	12,384,000	