efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Return of Organization Exempt From Income Tax

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

2016

DLN: 93493314003117OMB No 1545-0047

Doen to Public

Department of the Treasury Internal Revenue Service foundations)

▶ Do not enter social security numbers on this form as it may be made public

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▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Open to Public Inspection

<u>Λ</u>	or th	o 2016 ^	 alendar year, or tax year begin	ning 01-01-2016 and and	na 12-21	-2016			
		e 2016 c pplicable	C Name of organization	ining of-of-zoto , and endi	ny 1∠-31		D Employ	er identif	ıcatıon number
□ Ad	dress	change	Delta Dental of Rhode Island				05-029		
☐ Address change ☐ Name change ☐ Initial return Final ☐ Deturn/terminated		-	% GEORGE BEDARD Doing business as						
		minated					E Telepho	ne number	
☐ An	nendec	d return	10 Charles Street	ail is not delivered to street address)	Room/sur	te		52-6000	
□Ар	plication	on pending	City or town, state or province, cour	try, and ZIP or foreign postal code			(152)		
			Providence, RI 02904				G Gross re	eceipts \$ 22	23,550,482
			F Name and address of principal Joseph Nagle	l officer			this a group re	turn for	
			10 Charles Street Providence, RI 02904				ubordinates? re all subordina	tes	☐Yes ☑No
I Ta	x-exen	npt status	☐ 501(c)(3) ☑ 501(c) (4) ◀	(insert no.)	7 527	ìí	icluded? "No," attach a		Yes No
J W	ebsit	:e:▶ ww	w deltadentalrı com	(Insert no)	32/		roup exemption	•	•
K Forr	n of or	rganızatıon	✓ Corporation ☐ Trust ☐ Asso	ciation Other ►		L Year of t	formation 1959	M State	of legal domicile RI
Pa	rt I	Sum	mary						
	1 E		scribe the organization's mission o						
ce	-	io provide	e cost effective group dental insura	ince to the knode Island busines	ss commu	nities			
nan	-								
Governance	,	Check th	ıs box ▶ 🔲 ıf the organization dis	continued its operations or dispo	osed of m	ore than	25% of its net a	ssets	
			of voting members of the governin					3	15
Activities &	1		of independent voting members of		•			4	14
Ĭ	1		mber of individuals employed in ca	, , ,	•			5	59
Actı			mber of volunteers (estimate if ned related business revenue from Part	• •				6 7a	0
	1		lated business taxable income from	• • • • • • • • • • • • • • • • • • • •				7a 7b	0
				,			Prior Year		Current Year
Q,	8	Contribut	tions and grants (Part VIII, line 1h)				0	0
Rəvenue	9	Program	service revenue (Part VIII, line 2g)	•		196,524,	961	200,306,895
P.	1		ent income (Part VIII, column (A),		-		3,147,	_	2,169,630
	1		venue (Part VIII, column (A), lines		no 17\		169, 199,842,		174,071 202,650,596
	_		enue—add lines 8 through 11 (mu nd similar amounts paid (Part IX, o		-		545,		557,920
	1		paid to or for members (Part IX, c	, ,,			177,440,		179,613,864
82	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines	5-10)		11,724,	651	11,862,556
Expenses	16a	Profession	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0	0
άX	1		raising expenses (Part IX, column (D), li						
ш	1		penses (Part IX, column (A), lines		•		9,070,		8,102,295
		·	penses Add lines 13-17 (must equ less expenses Subtract line 18 fro				198,781, 1,061,		200,136,635
χ φ φ χ		1,0701100	Toos expenses subtract mile 10 m		-	Begin	ning of Current \		End of Year
anc									
Net Assets or Fund Balances	1		ets (Part X, line 16)		•		107,812,		114,660,592
Z Š	1		oilities (Part X, line 26) ts or fund balances Subtract line 2				18,698, 89,114,		21,821,982 92,838,610
			ature Block		-		05/11./	-	72,030,010
			erjury, I declare that I have examer, it is true, correct, and complete						
	nowle		er, it is true, correct, and complete	Deciaration of preparer (other	chair offic		eu on an miorin	acion or v	vilicii preparei ilas
		****	*				2017-11-15		
Sign	l	Signat	ure of officer				Date		
Here			RD A FRITZ VP Finance & CFO						
		17	or print name and title	T-					
Dai	_		Print/Type preparer's name ROBERT J BUTLER JR mdirector	Preparer's signature ROBERT J BUTLER JR mdirector		ate)17-11-15	Check 🔲 ıf	PTIN P00037953	3
Paid Pre	a pare	_{2r}	Firm's name FGRANT THORNTON LLF)			self-employed Firm's EIN ►		
	On	1 -	Firm's address > 75 State Street				Phone no (617)	723-7900	
	J 11	,	Boston, MA 02109						
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions) .	<u>.</u> .	<u></u> .	<u></u>	V	es 🗆 No
For P	aper	work Re	duction Act Notice, see the sep	arate instructions.		Cat N	lo 11282Y		Form 990 (2016)

Form	990 (2	016)					Pa	ge 2
Par	t III	Statement o	f Program Servi	ce Accomplis	hments			
		Check if Schedu	ule O contains a resp	onse or note to	any line in this Part III			
1	Briefly	describe the org	ganızatıon's mıssıon					
			eccable service, qual at drives improved h			tions As experts in oral health ca	re, we are committed t	0
2		-	, -		vices during the year wh			
	-						🗌 Yes 🗹 No	
_		•	e new services on Sc					
3		_	<u>.</u>	_	changes in how it condu	icts, any program		
							☐ Yes 🗹 N	0
_			e changes on Schedu					
4	Sectio	n 501(c)(3) and		ons are required	to report the amount o	largest program services, as mea: f grants and allocations to others,		
4a	(Code) (Expenses \$	180,171,784	including grants of \$	557,920) (Revenue \$	200,184,887)	—
	See Ad	ditional Data						
4b	(Code	ditional Data) (Expenses \$	8,050,575	ıncludıng grants of \$) (Revenue \$	141,694)	
	Jee Au	uitional Data						
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
								<u> </u>
								_
								\equiv
								_
								<u> </u>
4d	Other	program service	s (Describe in Sched	ule O)				—
	(Expe	nses \$	Inc	luding grants of	\$) (Revenue \$)	
4e	Total	program servi	ce expenses 🟲	188,222,3	59			

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11a

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11d

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Yes

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Page 3

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Form 990 (2016)

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

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

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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? assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, to provide advice on the distribution or investment of amounts in such funds or accounts?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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 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 🕏

or X as applicable

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 🥞

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

business, investment, and program service activities outside the United States, or aggregate foreign investments

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

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 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2016)								
Par	Part IV Checklist of Required Schedules (continued)							
			Yes	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
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	21	Yes					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No				
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							

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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			

24c

24d

25a

25b

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28a

28b

28c

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Yes

Yes

Yes

Yes

Form 990 (2016)

No

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Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

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instructions for applicable filing thresholds, conditions, and exceptions)

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

٥rm	990 (2016)			Page 5
Par	t 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	<u> </u>	<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 15	-l l		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	-l I	\ _{\/-} -	
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	
За	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? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 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?	6 a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
£	Did the everywhere divine the year may promy me divertily ar individuly on a negonal handle continue?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-"		
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?			
0-	Did the approxima arganization make any tayable distributions under section 40652	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	1 20		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
_	which the organization is licensed to issue qualified health plans]		
			. '	
	Enter the amount of reserves on hand	J I	1	
L4a	Enter the amount of reserves on hand	14a		No

Section A. Governance, Management, and Disclosurer's each "res" response to lines 2 through 7b below, and for a "No" response to lines 8 8.8 y. or 10 below, describe the criminations, processes or change an Schedule O See attractions. Check if Schedule D contents a response or note to any line in this Part VI. Section A. Governing Body and Management. It fees are statistical differences in using rights among members of the governing body and the process of the governing body in the gov		990 (2010)			Page C
Section A. Governing Body and Management 1a Enter the number of vicing members of the governing body at the end of the tax year 1a Enter the number of vicing members of the governing body at the end of the tax year 1f if there are material differences in victing rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, spoil in in Sendals 0 1b Enter the number of vicing members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family reliationably or a business relationship with any other officer, director, frustee, or key employee? 3 Did the organization delegate corror of over management dutes customarily performed by or under the direct supervision officer, director, frustee, or key employee? 4 Did the organization become award during the year of a significant diversion of the organization search and the properties of the organization become award during the year of a significant diversion of the organization is assets? 5 Did the organization become award during the year of a significant diversion of the organization is assets? 5 Did the organization become award during the year of a significant diversion of the organization is assets? 5 Did the organization on have members or stockholders, or other persons who had the poper to elect or appoint one or more have a second or the properties of the organization on have members or stockholders, or other persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 6 Did the organization may always the properties and provide by the internal Revenuer Code.) 7 Did the properties of the properties of the poperties before the properties of the prope	Par		" respo	nse to li	nes
Is Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body get the governing body deglegate broad authority to an executive committee or similar committee, septa in in Schedule 0 B Enter the number of voting members included in line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management company or other person* Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person* Did the organization become aware during the year of a significant diversion of the organization is assets? Did the organization have members or stocholders or the powering body and the organization have members, stocholders, or other persons who had the power to elect or appoint one or more members of the governing body? A war yog swernace decisions of the organization reserved to (or subject to approva by) members, stocholders, or person other than the governing body? The governing body? The governing body? The governing body? The governing body and the proving body? The governing body and the proving body? The governing body and the proving body? The governing body are the proving body? The governing body are the proving body? The governing body are the governing body are governing body before fining the governing body are governing body are governing body before fining the governing		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
Yes No It is not the number of voting members of the governing body at the end of the tax year 1					
It bere are material differences in voting members of the governing body at the end of the tax year If there are material differences in voting neiths among members of the governing body or if the governing body of the governing body delayated broad authority to an excutive committee or similar committee, explain in Schedule 0 Either the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a bus ness relationship with any other officer, director, trustee, or key employees to a management divides customanly performed by or under the direct supervision of officers, director, trustees, or key employees to a management divides customanly performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 5 Did the organization have members or stockholders? 5 No 6 Vess 5 No 6 Vess 5 No No 5 Did the organization have members or stockholders? 7 No 7 Yes Parameters of the governing body? 8 No 8 No 9 No 10 Did the organization contemporametourly document the meetings held or written actions undertaken curing the year by persons other than the governing body? 9 Is there any officer, director, trustee, or key employee lated in Part VII, Section A, who cannot be reached at the organization contemporametourly document the meetings held or written actions undertaken curing the year by a state and prinches of the governing body? 10 Did the organization named and officers, provide the rankes and addresses in Schedule O 9 No 10 No 10 Did the organization have written poli	Se	ction A. Governing Body and Management			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b criter the number of voting members included in line ia, above, who are independent 1.4 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3. Did the organization delegate control over management durines customarily performed by or under the direct supervision of officers, directors of trustees, or key employees to a management company or other person? 4. Did the organization have members as officer thanking some and appropriate the direct supervision of officers, directors of trustees, or key employees to a management company or other persons? 5. Did the organization have members as officeroliders? 6. Obt the organization have members as officeroliders? 7. Did the organization have members as officeroliders? 8. Did the organization have members, associated several to for subject to approve to election appoint one or more members of the government of the organization of the organization reserved to for subject to approve by) members, stockholders, or zeros soft the government before than the government body? 8. Did the organization have members as officeroliders, or other persons who had the power to election appoint one or more members of the government before than the government body? 8. Each committee with authority to act on behalf of the government beh				Yes	No
If there are material differences in voting inghts among members of the governing body of the governing body delegated broad authority to an executive committee or armain committee, ordine in Shedale O british the properties of the governing body delegated broad authority to an executive committee or armain committee, ordine in Shedale O british the properties of the governing body or under the direct supervisor of officers, director, trustees, or key employees to a management output of ordiners, directors or trustees, or key employees to a management company or other person? 5. Did the organization become aware during the year of a significant diversion of the organization have members of ordiners, directors or trustees, or key employees to a management company or other person? 5. Did the organization become aware during the year of a significant diversion of the organization have members of the person of the organization have members of the person of the organization have members of the person of the properties of the person of the power of the	1a	Enter the number of voting members of the governing body at the end of the tax year 15			
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12b Yes 12b Yes 12c Yes 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 Did the organization's CEO, Executive Director, or top management official 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 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? 16 Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶ 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply □ Own website □ Another's website ☑ Upon request □ 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		form?	11a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Yes 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 16 Other officers or key employees of the organization 17 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 18 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 Is the States with which a copy of this Form 990 is required to be filed 19 Own website Another's website Upon request 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	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed Section 6.104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Dipon request 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	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
Schedule Ö how this was done		conflicts?	12b	Yes	
13	c				
14 Yes 15 Did the organization have a written document retention and destruction policy?					
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	13	Did the organization have a written whistleblower policy?	13	Yes	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official	14		14	Yes	
b Other officers or key employees of the organization	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?			
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?	а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	b	Other officers or key employees of the organization	15b	Yes	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
taxable entity during the year?	16a				
In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			16a		No
In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	b				
Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶ 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ 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					
List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records		status with respect to such arrangements/	16b		
Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records	Se	ction C. Disclosure			
available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records.	17	List the States with which a copy of this Form 990 is required to be filed▶			
Own website Another's website Upon request 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	18				
 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 State the name, address, and telephone number of the person who possesses the organization's books and records 					
policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records	19				
		policy, and financial statements available to the public during the tax year			
	20				

orm 990 (2	2016)	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax

year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

(B)

(A)

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

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

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

(C)

(D)

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

(F)

(E)

GRIFFIN TECHNOLOGY PARK ROME, NY 13441 EDGEWATER TECHNOLOGY INC,

PO BOX 845183 BOSTON, MA 02284

Name and Title

Part VII

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

Reportable

Reportable

Page 8

hours per week (list any hours any hours director/trustee)		ss pers	son a	comp fro organiz	ensation m the zation (W-	tion compensation e from related n (W- organizations (W-		amount of othe compensation from the				
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	rs-MISC)	2/1099-1413C		relati organiza	ed
						T						
	<u> </u>	<u> </u>	<u></u>	$oxed{igspace}$	<u> </u>	lacksquare						
		_	<u> </u> -	\vdash	<u> </u>	-						
	<u> </u>	_	 	⊬	<u> </u>							
		_	+	\vdash		\vdash						
		+		\vdash		+						
			\Box									
art VII, Section	nΑ.				*		3.	869.502	388.88	18		638,700
but not limited	to thos				e) who	rece	· · · · · ·			<u>~1</u>		
											Yes	No
		ee, k	ey er	mplo •	oyee,	or hi	ghest co	mpensate	d employee on	3		No
									m the			110
		•	•	٠	•					4	Yes	
										5		No
ors			_	_								_
•									' '	mpen	sation 	
(A) ind business addre	ess							Des	(B) cription of services		(C Compen	
								IT CONSUL	TING			762,481
								MARKETIN	G SERVICES			427,305
								PRINTING .	AND MAIL			349,437
	week (list any hours for related organizations below dotted line) Art VII, Section but not limited organization for such individual the sum of reposes greater than some organization for the confirmation of	hours per week (list any hours for related organizations below dotted line) The section A but not limited to thosorganization ▶ 16 Difficer, director or trust for such individual the sum of reportable is greater than \$150,000 The or accrue compensated indeposation for the calendar indepo	hours per week (list any hours for related organizations below dotted line) than one bout south a direct or climble or line to those list organization > 16 but not limited to those list organization > 16 but not limited to those list organization > 16 organization > 16 organization for the sum of reportable composition for the calendar year (A)	hours per week (list any hours for related organizations below dotted line) Individual true true true true true true true true	than one box, unler is both an officer director/trust or ching the line) than one box, unler is both an officer director/trust or ching the line of	than one box, unless per is both an officer and a director/trustee) than one box, unless per is both an officer and a director/trustee) Institutional Trustee Institutional Trustee	than one box, unless person is both an officer and a director/trustee) than one box, unless person is both an officer and a director/trustee) Individual trustee or director Trustee In stitutional Trustee or director Trustee, key employee, or him for such individual the sum of reportable compensation and other is greater than \$150,000? If "Yes," complete Schedule J for such person or or accrue compensation from any unrelated off "Yes," complete Schedule J for such person or or accrue compensation from any unrelated off "Yes," complete Schedule J for such person or or accrue compensation from any unrelated off "Yes," complete Schedule J for such person or or accrue compensated independent contractors that is action for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station for the calendar year ending with or with the station of the station for the calendar year ending with or with the station of the station	than one box, unless person is both an officer and a director/trustee) or clated organizations below dotted line) Individual trustee or cliector or cliector	than one box, unless person is both an officer and a director/trustee) Individual trustee Individual tru	hours per week (list any hours for related organizations below dotted line) Dot Dot	hours per week (list any hours for related organizations is both an officer and a director/trustee) is organizations below dotted line) Origination Ori	hours per week (list any hours for related organizations is both an officer and a director/trustee) of the compensation from the organizations (W-2/1099-MISC) The compensation of the compensation or the compensation or the calculations (W-2/1099-MISC)

(C)

Position (do not check more

Average

IT PRODUCT DEVELOP

248,592

Part \			onse or note to any l	ine in this Part VIII			\square
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a Federated campaign	ıs 1a			revenue		312 314
Contributions, Giffs, Grants and Other Similar Amounts	b Membership dues .	. 1b					
3 E	c Fundraising events	1c					
tts. ≓A	d Related organization	ns 1d					
:5 <u>=</u>	e Government grants (co	ntributions) 1e					
Sin	f All other contributions, and similar amounts no	t included					
ig ig	above	1f					
₹ ₹	g Noncash contribution in lines 1a-1f \$	ns ıncluded					
Cont and	h Total.Add lines 1a-1f		_				
1	n Total.Add lines 1a-11		Business	Code 0			
Program Service Revenue	2a PREMIUMS				306,895 200,30	06,895	
4							
ر د	ь —						
<u>₹</u>	d						
Ę	е ———				+		
ogra	f All other program ser	vice revenue	200.3	06 805			
ď	gTotal. Add lines 2a-2f		>	06,895			
	3 Investment income (in similar amounts)		interest, and other	1,860,173	3		1,860,173
	4 Income from investme		ond proceeds	[
	5 Royalties						
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	- Dontal magma or	(0				
	c Rental income or (loss)						
	d Net rental income or	(loss)					
	7. Cross amount	(ı) Securities	(II) Other				
	7a Gross amount from sales of assets other	21,209,343	3				
	than inventory						
	b Less cost or	22,000,000					
	other basis and sales expenses	20,899,886					
	C Gain or (loss)	309,457		 309,457	7		309,457
	d Net gain or (loss)8a Gross income from fu		•	309,437	<u> </u>		309,437
e l	(not including \$	of					
Other Revenue	contributions reported See Part IV, line 18		0				
Re	b Less direct expenses	ь	0				
ē	c Net income or (loss) f	from fundraising ev	vents				
⊕	9a Gross income from ga See Part IV, line 19						
	,	а	0				
	b Less direct expenses						
	c Net income or (loss) f		ties	(
ľ	10aGross sales of invento returns and allowance						
		a					
	b Less cost of goods so						
}	C Net income or (loss) f		Business Code		7		
	11aINCOME FROM SUBS		900099	154,385	5		154,385
	MOONE I NOM 30B3	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			,,,,,
	b OTHER INCOME		900099	19,686	19,686	5	
	OTHER INCOME			·			
	c		+				
	d All other revenue .						
	e Total. Add lines 11a-	-11d		174,071			
	12 Total revenue. See	Instructions		·			0 2
				202,650,596	200,326,58	4	0 2,324,015

Part IX Statement of Funct	tional Expenses
----------------------------	-----------------

a EQUIPMENT RENTAL & MAINT

b BOARD & ASSOCIATION FEES

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

c FACILITIES EXPENSES

d LICENSES & FEES

e All other expenses

Fori	m 990 (2016)				Page 10
	ITLIX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	557,920	557,920		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	179,613,864	179,613,864		
5	Compensation of current officers, directors, trustees, and key employees	3,031,552	738,887	2,292,665	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,395,071	4,119,323	3,275,748	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	389,716	217,086	172,630	
9	Other employee benefits	340,551	189,699	150,852	
10	Payroll taxes	705,666	348,193	357,473	
11	Fees for services (non-employees)				
;	a Management	0			
ı	b Legal	155,960		155,960	
	c Accounting	277,149		277,149	
	d Lobbying	60,000	60,000		
	e Professional fundraising services See Part IV, line 17	0			
1	f Investment management fees	722,292		722,292	
,	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,072,929	285,398	787,531	
12	Advertising and promotion	506,165		506,165	
13	Office expenses	872,698	621,382	251,316	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	810,615	406,355	404,260	
17	Travel	111,114	3,694	107,420	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,085		6,085	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	934,025		934,025	
23	Insurance	162,511		162,511	
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)				

1,049,102

379,937

184,166

21,660

775,887

200,136,635

1,049,102

9,346

965

1,145

188,222,359

370,591

184,166

20,695

774,742

0

Form **990** (2016)

11,914,276

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	250	1	250
2 Savings and temporary cash investments	-1,358,237	2	7,733,838
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	11,805,775	4	10,456,635
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	0	5	0
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	0	6	0
7 Notes and loans receivable, net	0	7	0

s		voluntary employees' beneficiary organizations Part II of Schedule L			0	6	
et	7	Notes and loans receivable, net			0	7	
Assets	8	Inventories for sale or use			0	8	
A	9	Prepaid expenses and deferred charges			2,714,640	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,587,778			
	ь	Less accumulated depreciation	10 b	10,657,978	1,566,512	10c	
	11	Investments—publicly traded securities .			80,960,681	11	8
	12	Investments—other securities See Part IV, line	11 .		10,344,305	12	1
	13	Investments—program-related See Part IV, line	≥ 11 .		0	13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			1,779,032	15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	107,812,958	16	11
					44 504 000		

	basis Complete Part VI of Schedule D	10a	11,587,778			
Ь	Less accumulated depreciation	10 b	10,657,978	1,566,512	10 c	929,800
11	Investments—publicly traded securities .			80,960,681	11	81,864,937
12	Investments—other securities See Part IV, line	11 .		10,344,305	12	10,694,024
13	Investments—program-related See Part IV, line	≥ 11 .		0	13	0
14	Intangible assets			0	14	0
15	Other assets See Part IV, line 11			1,779,032	15	636,209
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	107,812,958	16	114,660,592
17	Accounts payable and accrued expenses			11,594,232	17	14,845,989
18	Grants payable			0	18	0

2.344.899

0

0

0

0

0

0

6.975.993

21,821,982

92,838,610

92,838,610

114.660.592

Form **990** (2016)

0 19

0

0 22

0

7.103.890

18,698,122

89,114,836

89,114,836

107,812,958

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21

23

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31

32

33

34

14
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19
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22
23
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26

Liabilities

Fund Balances

Assets or

Net

27 28

29

30

31

32

33

34

Deferred revenue

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form 990 (2016)

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 Consolidated basis Separate basis ☐ Both consolidated and separate basis

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Yes

3b

No

Form 990 (2016)

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?

3a

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: Software Version:

DENTAL BENEFITS FOR 602,183 MEMBERS UNDER 288,236 CONTRACTS THE COMPANY OFFERS A BROAD RANGE OF PREPAID DENTAL CARE COVERAGE OPTIONS AND ADMINISTRATIVE SERVICES TO ORGANIZATIONS PROVIDING SUCH BENEFITS TO THEIR EMPLOYEES ON A CONTRIBUTORY OR A NONCONTRIBUTORY BASIS

EIN: 05-0296998

Name: Delta Dental of Rhode Island

Form 990 (2016)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: OPERATIONS EXPENSE INCURRED TO ADMINISTER THE PAYMENT OF DENTAL BENEFITS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

Julie G Duffy	1 0	l ↓			6,500	0	
Director	1 0	_ ^			0,300	- Company	
Francis J Flynn	1 0	,			6 500		
Director	1 0	×			6,500	0	
William G Foulkes	1 0	.,			0.000		
Director	1 0	×			8,000	0	
Jonathan W Hall	1 0	v			3 500	0	

William G Foulkes		l x			8,000	0	
Director	1 0	l			0,000		
Jonathan W Hall	1 0				3,500		
Director	1 0	_ ^			3,300	0	
Almon C Hall	1 0	×			8,500	0	
Director	1 0	^			0,300		
	1 0						

Director	1 0				·		
Jonathan W Hall	1 0	×			3,500	0	
Director	1 0				3,333		
Almon C Hall	1 0	×			8,500	0	
Director	1 0				0,300		

0

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Jonathan W Hall		l x			3,500	0	
Director	1 0	''			3,300	,	·
Almon C Hall	1 0	l ,			8,500	0	
Director	1 0	^			0,300		
Edward O Handy III	1 0						

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1 0							0,300	, and the second	
							8 200	0	0
	,						0,200	,	
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Edward O Handy III	1 0	×			8,200	0	
Director	1 0	,			5,255	, and the second	
Steven J Issa	1 0	x	Х		11,000	0	

8,000

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Chair

Director

Director

Director

Joseph J MarcAurele

Linda R McGoldrick

James F McManus DDS

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		นธษะ	Trustee	ĢĢ	npensated			
Marc A Paulhus	1 0	×				3,000	0	
Director	1 0					3,000	, and the second	
Cynthia S Reed	1 0	×				9,500	0	
Director	1 0					3,300	9	
James V Rosatı	1 0							

		I X	ı			9,500	I O	
Director	1 0	, ,				2,555		
James V Rosatı	1 0	×				3,000	0	
Director	1 0	^				3,000	J	
John T Ruggieri	1 0	.,	Ų,			0.000		
Vice Chair	1 0	X	×			8,000	0	
Vanessa Toledo-Vickers	1 0							
	•••••	X				7,500	0	

Director	1 0						
John T Ruggieri	1 0	>	<		8.000	0	
Vice Chair	1 0	×	^		8,000	0	
Vanessa Toledo-Vickers	1 0	X			7,500	0	
Director	1 0	^			7,300		
Fred K Butler	1 0	>	<	·	6,000	0	

vice Chair	1 0						
Vanessa Toledo-Vickers	1 0	×			7,500	0	
Director	1 0				,,300	Ů	
Fred K Butler	1 0	×	х		6,000	0	
Vice Chair (Thru 04/16)	1.0	^	^		0,000	Ŭ	

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Chair (Thru 04/16)

Director (Thru 04/16)

VP Finance, CFO & Treasurer

Edwin J Santos

JOSEPH NAGLE

President & CEO

RICHARD FRITZ

Director	1 0	^			7,300	0	
Fred K Butler	1 0	×	X		6,000	0	(
Vice Chair (Thru 04/16)	1 0	,	^		5,555	Ŭ	,
William A Mekrut	1 0						

Х

Х

10,500

6,200

1,438,636

359,305

0

0

0

0

138,260

57,053

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

40,884

36,104

16,375

39,806

40,156

36,761

36,721

				-			
KERRIE BENNETT	40 0		х		246,577	0	Π
VP Marketing & Secretary	1 0		^		240,377	0	
GEORGE BEDARD	40 0		х		139,318	0	Γ
Controller & Asst Treasurer	1 0		^		139,316	0	
MELISSA GENNARI	40 0		х		139,371	0	
Director Compliance & Asst Sec	1.0		^		139,3/1	U	l

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

MELISSA GENNARI	40 0					139,371	_	
Director Compliance & Asst Sec	1 0		^			139,371	0	
THOMAS CHASE	40 0							
VP Technology & CIO	_			X		0	388,888	
10CEDIL DEDDONI	10							

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10 40 0

10 40 0

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VP Sales

ELLEN HENDRIX

AVP Underwriting

TIMOTHY FITZGIBBONS

Director of Corp Reporting

Sr Director Actuarial

DUANE EASTER

THOMAS CHASE	40 0		x		0	388,888	
VP Technology & CIO	1 0		^			300,000	
JOSEPH PERRONI	40 0		X		351,889	0	

VP Technology & CIO	1 0		^		0	388,888	36,796
JOSEPH PERRONI VP Sales-Dental & Altus Dental	40 0		x		351,889	0	54,782

JOSEPH PERRONI	400		x		351,889	0	54,782
VP Sales-Dental & Altus Dental	1 0		^		331,003	0	34,762
BLAINE CARROLL	40 0						
VP Strategic Initiatives	1.0		X		276,954	0	55,262

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205,497

158,323

159,987

134,583

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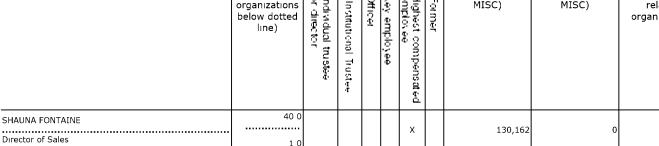
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VP Sales-Dental & Altus Dental	1 0						
BLAINE CARROLL	40 0		¥		276,954	0	55
VP Strategic Initiatives	1 0		<		270,334		33

BLAINE CARROLL	40 0	1		x		276,954	0	55
VP Strategic Initiatives	1 0			^		270,554		33,
ANGELO PEZZULO	40 0							

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors(E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and organizations MISC) MISC) related below dotted organizations

29,740



efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

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As Filed Data -

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.

DLN: 93493314003117 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Delta Dental of Rhode Island 05-0296998 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 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2016

Par	t III	Organizations Maint	aining Col	lections o	f Art, H	Iistori	cal Tr	easu	res, or	Other	Similar <i>i</i>	Assets (c	ontınued	')
3		ig the organization's acquisiti is (check all that apply)	on, accessioi	n, and other	records,	check	any of	the fol	llowing tl	hat are a	significant	t use of its	collectio	n
а		Public exhibition				d		Loan	or excha	ange prog	rams			
b		Scholarly research				е		Other						
С		Preservation for future ger	erations											
4		ride a description of the orga XIII	nızatıon's col	lections and	explain l	how the	ey furth	er the	organiz	ation's ex	empt pur	oose in		
5		ng the year, did the organiza									ular	☐ Yes	. 🗆	No
Pa	rt IV	Escrow and Custodia Complete if the organi X, line 21.			" on For	m 990	, Part	IV, lıı	ne 9, or	reporte	ed an amo			
1a		ne organization an agent, trui uded on Form 990, Part X?	stee, custodi	an or other	intermed	ary for	contril	outions	s or othe	er assets	not	☐ Yes	, [No
b	If "Y	es," explain the arrangemen	t in Part XIII	and comple	te the fo	llowing	table		Γ			Amount		
c		inning balance	t iii i dit Alli	ana compi	ice the re		table		ŀ	1c				
d	_	itions during the year							F	1d				
е		ributions during the year							Ī	1e				
f		ng balance							Ī	1f				
2 a		the organization include an a	mount on Fo	rm 990, Par	t X, line i	21, for	escrow	or cu	stodial a	ccount lia	bility?	☐ Yes		No.
b		es," explain the arrangemen			•]
Pā	rt V	Endowment Funds.	Complete if			answer	ed "Ye							
	D			(a)Curren	t year	(b) P	rıor yeaı	- '	(c)Two ye	ears back	(d)Three y	ears back	(e) Four y	ears back
	_	ning of year balance						-						
		nvestment earnings, gains, ai	ad loccos					-+						
		s or scholarships	iu 105565					+						
	Other	expenditures for facilities												-
f	Admir	nistrative expenses												
g	End o	f year balance												
2	Prov	ride the estimated percentage	e of the curre	ent vear end	balance	(line 1	a. colur	mn (a)) held as	s				
а		rd designated or quasi-endov		,		(,	,		,					
Ь	Pern	nanent endowment 🕨												
c	Tem	porarily restricted endowmei	nt ▶											
Ĭ		percentages on lines 2a, 2b,		ld equal 100)%									
За		there endowment funds not a	n the posses	sion of the o	organızat	on that	t are he	eld and	d admini	stered fo	r the		Yes	s No
	(i) t	unrelated organizations .										3a	• •	<u> </u>
b		related organızatıons 'es" on 3a(ıı), are the related		 Is listed as r	· · · equired o	 on Sche	dule R	· .	• •			. 3a	(ii) b	
4	Des	cribe in Part XIII the intended			n's endov	vment f	unds							
Pa	rt VI					- 000	David 1	D. ()		C	000 B	ant V. Inna	10	
	Desc	ription of property	(a) Cost or oth (investme	er basıs	(b)Cost						epreciation		d)Book va	ilue
1a	Land													
b	Buıldı	ngs												
c	Lease	hold improvements					2,68	9,561			2,599,768	3		89,793
d	Equip	ment					5,93	4,895			5,209,413	3		725,482
е	Other						2,96	3,322			2,848,797	7		114,525
Tota	al Ada	l lines 1a through 1e (Colum	n (d) must a	qual Form 0	90 Part	X colur	nn (B)	line 1	10(c))					020 800

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organ	nization ansv	wered 'Yes' on	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)	(b)B	look value	Cos	(c)Method of to or end-of-yea	
(1)Financial	derivatives					
(3)Other (A) SUBSIDI			7,965,026		C	
(B) INVESTM			2,728,998		F	
(B)	in the state of th		2,,,23,,,,		·	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if	the eres	10,694,024		n Form 000 [Oart IV line 11c
Part VIII	See Form 990, Part X, line 13.					
	(a) Description of investment	(b) Book value		(c) Method of t or end-of-yea	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) ————						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	b d 'Yes' on	Form 990. Pa	art IV. line 11d	See Form 990.	Part X. line 15
	(a) Description					(b) Book value
(1)						
(2)						_
(3)						_
(4)						
(5)						
(6) (7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)					
Part X	Other Liabilities. Complete if the organization a	nswere	d 'Yes' on Fo	orm 990, Part	IV, line 11e o	- 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	Book value		
(1) Federal ı	ncome taxes			0		
CLAIMS INC	URRED BUT UNPAID			4,267,000		
ADVANCED :	SUBSCRIBER PREMIUMS			1,754,524		
ACCRUED CL	AIMS ADJUSTMENT EXPENSE			394,381		
ADVANCED I	DEPOSITS			560,088		
(6)						
(7)						
(8)						
(9)						
	n (h) must agual Form 2000 Park V (m) (m) (m) 250		1	6.075.00		
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text o		note to the o	6,975,993 rganization's fina	 ancıal statemen	
organization	's liability for uncertain tax positions under FIN 48 (ASC 7	740) Che	ck here if the	text of the foot	note has been p	rovided in Part XIII 💆

1

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2

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d

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b

C 5

Part XIII

Part XII

Other losses .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2016

Page 4

Investmen Other (Des Add lines 4

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Donated services and use of facilities .

Recoveries of prior year grants . . . Other (Describe in Part XIII) . .

	Co	mplete	if the o	raanızat	ion answ	e
XIII Rec	onciliatio	n of E	xpense	s per A	udited F	i
Total revenue Add lines	3 and 4c.	(This mi	ust equal	Form 99	0, Part I, l	11
Add lines 4a and 4b .						
Other (Describe in Part >	(III)					
Investment expenses no	t ıncluded	on Form	990, Par	t VIII, lın	e 7b .	
Amounts included on For	m 990, Pa	rt VIII, I	ıne 12, b	ut not on	lıne 1	

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

			•	•				
	4a							
	4b							
ine 12)								
inanci	al St	ate	me	nts	Wi	th	Expe	2

2a

2b

2c

2d

4b

Explanation

2a

2b

2c

2d

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

4c	
5	
i ses p e 12a) (
1	

4c

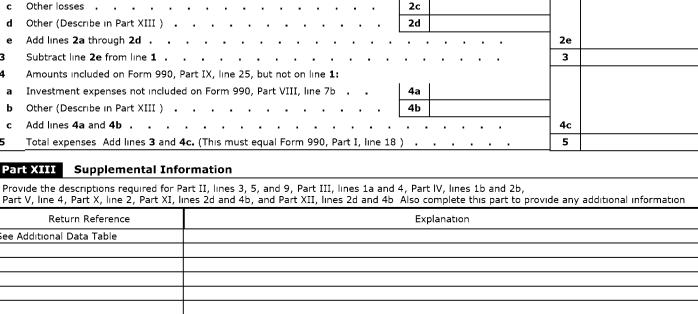
2e

3

es p 12a	er Return.
1	
2e	
3	

				_
_	_	_	_	_
				_

Schedule D (Form 990) 2015



Complete if the organization answered 'Yes' on Form 990, Part IV, li Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments Other (Describe in Part XIII) . Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total revenue, gains, and other support per audited financial statements

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

Explanation

Supplemental Information

Return Reference

SCHEDULE D, PART X Delta Dental of Rhode Island is a not-for-profit corporation pursuant t o Section 501(c)(4) of the Internal Revenue Code (IRC) and is generally exempt from federa I income taxes on related income under Section 501(a) of the IRC and, accordingly, no prov ision for income taxes relative to Delta Dental of Rhode Island has been made in the accompanying consolidated financial statements. The Company evaluates its uncertain tax position in swith a two-step process in accordance with GAAP. First, the Company determines whether it is more likely than not that an uncertain tax position will be sustained upon examination based on the technical merits of the position. Second, an uncertain tax position that meets the more likely than not threshold is measured to determine the amount of benefit to recognize in the financial statements. The position is measured at the largest amount of benefit that is greater than 50% likely of being realized upon ultimate settlement. Uncertain tax positions that previously failed to meet the more likely than not recognition threshold are recognized uncertain tax positions that no longer meet the more likely than not recognition threshold is met. Previously recognized uncertain tax positions that no longer meet the more likely than not recognition threshold is no longer met. Should interest or penalities be assessed, such expenses would be reflected in selling, general and administrative expenses. As of December 31, 201 6 and 2015, the Company had no uncertain tax positions.	11000111111101011010	
	ASC 470	o Section 501(c)(4) of the Internal Revenue Code (IRC) and is generally exempt from federa I income taxes on related income under Section 501(a) of the IRC and, accordingly, no provision for income taxes relative to Delta Dental of Rhode Island has been made in the accompanying consolidated financial statements. The Company evaluates its uncertaintax positions with a two-step process in accordance with GAAP. First, the Company determines whether it is more likely than not that an uncertain tax position will be sustained upon examination based on the technical merits of the position. Second, an uncertaintax position that meets the more likely than not threshold is measured to determine the amount of benefit to recognize in the financial statements. The position is measured at the largest amount of benefit that is greater than 50% likely of being realized upon ultimate settlement. Uncertain tax positions that previously failed to meet the more likely than not recognition threshold are recognized in the first subsequent reporting period in which the threshold is met. Previously recognized uncertain tax positions that no longer meet the more likely than not recognition threshold are derecognized in the first subsequent reporting period in which the threshold is no longer met. Should interest or penalties be assessed, such expenses would be reflected in selling, general and administrative expenses. As of December 31, 201

Schedule I
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Delta Dental of Rhode Island

As Filed Data
Grants and Government Complete if the organization about Schedule Island

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

Grants and Other Assistance to Organizations, Governments and Individuals in the United States omplete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22

2016
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Schedule I (Form 990) 2016

DLN: 93493314003117OMB No 1545-0047

Department of the Treasury nternal Revenue Service			_	► Attach to Form le I (Form 990) and its	990.			Open to Public Inspection
lame of the organization	aland						Employer identific	ation number
Delta Dental of Rhode I							05-0296998	
			and Assistance					
the selection crite	eria used to	award the grants	or assistance?			for the grants or assistance	, and	☐ Yes ☐ No
-	_	•	-	se of grant funds in the Ur		ganization answered "Yes" o	Farm 000 Part IV line	21 for any respective
that receiv	ed more th	an \$5,000 Part II	can be duplicated if add	ditional space is needed	ents. Complete if the or	ganization answered Yes t	on Form 990, Part IV, line	21, for any recipient
(a) Name and addi organization or governmen		(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
See Additional Data Tab	ole							
1)								
(2)								
(3)								
(4)								
(5)								
(6)								
7)								
(8)								
9)								
[10]								
[11]								
[12]								
2 Enter total numb	er of section	n 501(c)(3) and a	l overnment organizations	I slisted in the line 1 table			▶	29
			_					0

Cat No 50055P

Schedule I (Form 990) 2016						Page 2
		Domestic Individua nal space is needed	als. Complete if the org	janization answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or as	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemen	tal Information	on. Provide the info	ormation required in	Part I, line 2, Part III	, column (b), and any other ac	lditional information.
Return Reference	Explanation	on				
Schedule I, Part I, Line 2	The Compa organization		cific grants, however, a	as part of THE corporate r	responsibility program, DELTA DEN	TAL OF RHODE ISLAND supports local charitable

Schedule I (Form 990) 2016

Additional Data

Providence, RI 02914 UNITED WAY OF RI

50 VALLEY STREET Providence, RI 02909

Software ID: **Software Version:**

05-0276059

EIN: 05-0296998

Name: Delta Dental of Rhode Island

<u>Form 990,Schedule I, Part</u>	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
	(I) ETN	() IDC	(1) (())	(C) M II C L	

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,	n
or government			assistance	other)	

501 (C) (3)

RI FOUNDATION ONE UNION STATION	22-2604963	501 (C) (3)	52,500		

_			

(g) Description of (h) Purpose of grant (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (non-cash assistance or assistance

and Other Assistance to Demostic Organizations and Demostic Govern	monte

39,205

Program Support

Program Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ram Support

RI COMMUNITY FOOD BANK 200 NIANTIC AVE Providence, RI 02907	05-0395601	501 (C) (3)	37,050		Progra

27,700

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

501 (C) (3)

LA SALLE ACADEMY

612 ACADEMY AVE Providence, RI 02908 05-0258897

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 05-0508742 501 (C) (3) 26.500 CVS CHARITY CLASSIC INC. Program Support ONE CVS DRIVE WOONSOCKET

21.950

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

501 (C) (3)

Woonsocket, RI 02895

525 BRANCH AVENUE Providence, RI 02904 22-3232973

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26 0462720 FO4 (C) (3) 20.000 Support

SOCIAL ENTERPRISE	26-0163/30	501 (C) (3)	20,000		Program Su
GREENHOUSE					
460 HARRIS AVE 303					
Providence, RI 02909					

16.750

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

501 (C) (3)

05-0259080

SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE Newport, RI 02840

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 05-0259094 501 (C) (3) 16.150 CROSSROADS RHODE ISLAND Program Support 160 BROAD STREET Providence, RI 02903 JOHNSON & WALES 05-0306206 501 (C) (3) 15,000 Program Support

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

UNIVERSITY 8 ABBOT PARK PLACE

Providence, RI 02903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FIRST WORKS 22-2597014 501 (C) (3) 10.000 Program Support 275 WESTMINSTER STREET

10,000

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

501 (C) (3)

Providence, RI 02903
CITY YEAR INC

287 COLUMBUS AVE Boston, MA 02116 22-2882549

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-0942849 501 (C) (3) 10.000 LEARNING COMMUNITY Program Support 21 LINCOLN AVE

Central Fall, RI 02863 VENTURE FOR AMERICA 27-2987904 501 (C) (3) 10,000 Program Support

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

40 WEST 29TH STREET SUITE 301 New York, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance MIDIAM LICCDITAL AE A277EA2 EO1 (C) (2) 0 500 Program Support

9.500

FOUNDATION 167 POINT STREET	05-0377502	501 (C) (3)	9,500		Progran
Providence, RI 02903					

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

501 (C) (3)

RI HOSPITAL FOUNDATION

167 POINT STREET Providence, RI 02903 05-0468736

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 05-0258932 501 (C) (3) 8.720 PROVIDENCE COLLEGE Program Support 1 CUNNING SQUARE 13-3224101 501 (C) (3) 8.550 Program Support

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

Providence, RI 02908 AAACAA FASTERN CONFERENCE 1415 KELLUM PL

Garden City, NY 11530

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 05-0258932 501 (C) (3) 7.830 FRIARS FOREVER FUND Program Support 1 CUNNING SQUARE Providence, RI 02908 JEFFREY OSBORNE CELEBRITY 05-0510492 501 (C) (3) 7,500 Program Support

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

CLASSIC P O BOX 27815 Providence, RI 02907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ram Support

Program Support

7.474

					ı
JUNIOR ACHIEVEMENT 57 GREENE STREET	05-0263443	501 (C) (3)	7,500		Progra

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

501 (C) (3)

Warwick, RI 02886

MCAULEY MINISTRIES

622 FLMWOOD AVE Providence, RI 02907 05-0440470

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 22-2485332 501 (C) (3) 7.080 COMMUNITY PREPARATORY Program Support SCHOOL

Program Support

6.750

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

501 (C) (3)

135 PRAIRIE AVE
Providence, RI 02905
BRYANT UNIVERSITY

1150 DOUGLAS TURNPIKE Smithfield, RI 02908 05-0258810

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 05-0377502 501 (C) (3) 6.750 HASBRO CHILDREN'S Program Support HOSPITAL

139 POINT STREET
Providence, RI 02903

MARCH OF DIMES 13-1846366 501 (C) (3) 6,100

FOUNDATION Program Support

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

1275 MAMARONECK AVE White Plains, NY 10605

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-0959438 501 (C) (3) 6.000 OCEAN STATE JOB LOT Program Support

CHARITABLE 375 COMMERCE PARK RD N Kinaston, RI 02852 05-0387218 501 (C) (3) 5.450 Program Support

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

AMOS HOUSE 415 FRIENDSHIP STREET

Providence, RI 02907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

TOMORROW FUND 501 (C) (3) 5.300 05-0450569 Program Support 593 EDDY STREET

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

Providence, RI 02903

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493314003117

Employer identification number

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule J (Form 990)

Delta Dental of Rhode Island 05-0296998 **Questions Regarding Compensation** Yes No 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Yes 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? 2 Yes 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2015							Page Z
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	ed Employees. Use	duplicate copies if	additional space is	needed.
For each individual whose compensal instructions, on row (ii) Do not list al Note. The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

PERSONALLY PROCURE CERTAIN FRINGE BENEFITS SUCH AS LIFE INSURANCE AND LONG TERM DISABILITY POLICIES, AND PENSION AND RETTREMENT BENEFITS THAT ARE OTHERWISE AVAILABLE TO ALL OTHER EMPLOYEES. THIS ADDITIONAL INCOME IS GROSSED UP TO ACCOUNT FOR THE TAX IMPACT OF THESE PAYMENTS AND THE GROSS-UP IS INCLUDED IN REPORTABLE COMPENSATION ON SCHEDULE J PART II COLUMN (B)(III) Health or Social Club Dues

Schedule J (Form 990) 2015

Schedule J. Part I. Line 1a The CEO is a member of a local business club. Reimbursement for use of this is exclusively for offsite employee meetings as well as business related meetings with individuals outside the company. The company maintains strict policies regarding substantiation and documentation for all business related expenses incurred. This benefit is NOT reported as taxable compensation. Travel For Companions Schedule J. Part I, Line 1a The CEO's wife accompanies him for various business meetings. This benefit is reported as taxable compensation included on Schedule J Part II column B(III)

Supplemental nonqualified retirement plan

Schedule J, Part I, Line 4b The CEO participates in a 457(F) deferred compensation plan and has met a vesting criteria during 2016. Therefore a payment lof \$538,724 was made to the CEO in 2016 and reported on Schedule J Part II column B(iii) \$448,109 of the payment was previously reported as

Page 3

Schedule J (Form 990) 2015

deferred compensation on prior returns, as such it is disclosed on Schedule J Part II Column F. In addition, contributions of \$66,031 made to the plan. during 2016 have been reported on Schedule J Part II Column (C)

Software ID: Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

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

Form 990, Schedule J, F	Part 1				d Highest Compen	sated Employees	5	
(A) Name and Title		(B) Breakdown of (i) Base Compensation			other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JOSEPH NAGLE President & CEO	(1)	609,084	206,220	623,332	119,031	19,229	1,576,896	448,109
	(11)	0	0	0	0		0	0
1RICHARD FRITZ VP Finance, CFO & Treasurer	(1)	299,070	57,333	2,902	37,074	19,979	416,358	0
Vi Tillance, cro d Treasurer	(11)	0	0	0	0			0
SIZED DIE DENINETT						0	0	
2 KERRIE BENNETT VP Marketing & Secretary	(1)	208,842	37,281	454	29,953	10,931	287,461	0
	(11)	0	0	0	0	0	- 0	0
3 GEORGE BEDARD Controller & Asst Treasurer	(1)	131,527	6,017	1,774	16,954	19,150	175,422	0
	(11)	0	0	0	0			0
4MELISSA GENNARI Director Compliance & Asst	(1)	125,748	13,064	559	14,850	1,525	155,746	0
Sec	(11)	0	0	0	0			0
				3		0	0	
5 THOMAS CHASE VP Technology & CIO	(1)	0	0	0	0	0	0	0
	(11)	324,921	62,275	1,692	37,167	- 19,629	- 445,684	0
6 JOSEPH PERRONI VP Sales-Dental & Altus	(1)	269,122	75,387	7,380	36,153	18,629	406,671	0
Dental	(11)	0	0	0	0		-	0
7 BLAINE CARROLL VP Strategic Initiatives	(1)	229,325	45,453	2,176	33,816	21,446	332,216	0
VI Strategic Initiatives	(11)	0	0	0	0			0
8ANGELO PEZZULOVP Sales	(1)	150,317	47,827	7,353	20,176	19,630	245,303	0
	(11)	0	47,827	,,555 			243,303	
OF LEW HENDRY						0	0	
9 ELLEN HENDRIX AVP Underwnting	(1)	144,433	13,194	696	19,446	20,710	198,479	0
	(11)	0	0	0	0	0	_ 0	0
10TIMOTHY FITZGIBBONS Sr Director Actuarial	(1)	153,994	5,255	738	18,131	18,630	196,748	0
	(11)	0	0	0	0	-	-	0
11DUANE EASTER Director of Corp Reporting	(1)	121,599	12,610	374	15,541	21,180	171,304	0
Director or corp reporting	(11)	0	0	0	0			0
12SHAUNA FONTAINE	(1)	105,195	19,799	5,168	11,134	18,606	159,902	<u> </u>
Director of Sales	(11)	0	15,799	3,100				
	(")	· ·	U	0	0	0	0	0

efile GRAPHI	C print - DO NO	OT PROCES	S As F	iled Data -					DI	-N: 93	4933	1400	3117
Schedule L (Form 990 or 990	-EZ)		▶ Comp	lete if the orga	ganization answered						1545-		
		103 01110	or Form	990-EZ, Part	V, line 38a o	r 40b.	0. 20	- ,			20) 1(b
Department of the Trea	isurv	ormation abo		ch to Form 999 ule L (Form 99 <u>www.irs.gov</u>	90 or 990-EZ		ructio	ns is	at		pen	to Pu ectio	blic
Name of the org							En	nplo	yer ide	entifica	tion r	umbe	r
	ac Iolana						05	-029	6998				
	ss Benefit Tra												
	lete if the organiza Name of disqual			Relationship be					escrip		(d) Corre	ected?
	,	, 	. ,		organization			tr	ansact	ion	Ŷ	es	No
Part II Loa Con rep (a) Name of	ans to and/or	From Interdization answer	ested Perred "Yes" o Part X, line (d) Loan	rsons. n Form 990-EZ, 5, 6, or 22			90, Par			(h) Approved by		ne organization (i)Written agreement?	
			То	From	-		Yes No		1 1 1		Yes	Yes N	
										-			
				+									
Total					\$								
	nts or Assista aplete if the org					line 27							
	rested person (b		between	(c) Amount		(d) Type	of assi	stanc	e	(e) Pu	rpose o	of assis	stance
(organizati	on										
			on										
Car management			on										
(on										
			on										

	person and the organization			organiz rever	zation's nues?
				Yes	No
(1) McManus Pratt	McManus - Board Member	482,358	Payment to Dental Practice		No

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Business Transactions Involving Schedule L Part IV The organization engages in transactions with dental practices of whom the board Interested Persons member identified in Schedule L Part IV has a controlling interest. The transactions are entered into in the

ordinary course of business and at fair market value. Transactions with this entity are subject to the same procedures and review as all dental practices

efile GRAPHIC	print - DO NOT PROCESS A	s Filed Data -	DLN	: 93493314003117		
SCHEDULE	O Supplemental	Information to Forn	n 990 or 990-F7	OMB No 1545-0047		
(Form 990 or 99 EZ))- Complete to provid	e information for responses to 90-EZ or to provide any additio Attach to Form 990 or 990-E	specific questions on nal information.	2016		
Department of the Treasu	Open to Public Inspection					
Internal Revenue Service Name of the organiz Delta Dental of Rhode I		Employer iden 05-0296998	tification number			
990 Schedule O	, Supplemental Information					
Return Reference		Explanation				
MEMBERS OF THE ORGANIZATION HAS 75 CORPORATE MEMBERS ORGANIZATION						

Return Explanation
Reference

MEMBERS
THAT MAY
ELECT THE
GOVERNING
BODY

Form 990, Part VI, section a, LINE 7a The corporate members meet annually to approve any b y-law changes and to elect individuals to the 15 member board of directors which is the or ganization's governing body. All 15 members of the board of directors also serve as repres entatives of the corporate members.

Return Reference	Explanation
DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS	Form 990, Part VI, section a, LINE 7b The members of the corporation, at the annual meetin g, shall elect directors of the corporation that have been proposed by the board of direct ors and shall approve amendments or alterations of the by-laws proposed by the board of directors

Return Explanation

FORM 990	Form 990, Part VI, Section B, Line 11 THE ANNUAL FORM 990 IS PREPARED BY GRANT THORNTON LL
REVIEW	P, THE COMPANY'S TAX ADVISOR AND INDEPENDENT AUDITOR, USING INFORMATION PROVIDED BY DELTA
PROCESS	DENTAL OF RHODE ISLAND AFTER PREPARATION AND REVIEW OF THE RETURN BY GRANT THORNTON, THE
	DRAFT IS REVIEWED BY Delta Dental'S FINANCE DEPARTMENT AND MANAGEMENT, INCLUDING THE CONTR
	OLLER, CFO, AND CEO AS NECESSARY THE COMPLETE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF
	THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990, Part VI, section b, LINE 12c All W-2 employees, interns, temps, dental consultants, and board members complete an annual conflict of interest questionnaire. The review process for complete questionnaires containing disclosures is as follows. For W-2 employees, interns, and temps, disclosures are reviewed by the director of compliance and CFO. Disclosed potential conflicts are discussed and may be elevated in the review process to the CE. O and external legal counsel for advice. Any required actions are immediately implemented in accordance with the company's documented conflict of interest policies. For the CEO and CFO, disclosures are reviewed by external legal counsel. Legal counsel advises of any required actions which are immediately implemented in accordance with the company's documented distandards of conduct and business ethics and conflict of interest policies. For dental consultants, disclosures are reviewed by the director of compliance, the VP-CFO, and the VP-CIO. All conflicts are discussed and may be elevated to external legal counsel for advice. Any required actions are immediately implemented in accordance with the company's documented conflict of interest policies. For board members, disclosures are reviewed by externa. I legal counsel Legal counsel prepares a written memorandum for presentation to board members with the results of the review. All conflicts are discussed and any required actions are immediately implemented in accordance with the company's documented conflict of interest policies. In the case of a conflict, immediate and appropriate action is taken in accordance with the company's policies. Persons with a conflict are recused from discussions and do not vote on resolutions that pertain directly to their conflict.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION POLICY	Form 990, Part VI, SECTION B, LINE 15 The board of directors elects independent members to serve on its compensation committee which is responsible for setting the CEO's compensation and approving pay ranges for the various job tracks within the company as well as approving any fringe benefits. The company and the committee annually contract with independent compensation consultants to help determine appropriate pay ranges and fringe benefits such as health and other insurances and retirement and other benefits. Comparable data is used to determine whether compensation is consistent with similar organizations. Recommendations for the CEO's compensation are made by the compensation committee to the board of directors for review and approval. The review and approval process is contemporaneously documented in the minutes of both the compensation committee and the board of directors.

Return Reference

PUBLIC Form 990, Part VI, SECTION C, LINE 19 The company's governing documents, such as bylaws an

DISCLOSURE d corporate charter, are available upon request from the company and can also be obtained from the secretary of state's office within the state of Rhode Island. The company's conflict of interest policy, as well as the company's audited financial statements, are also available upon request at the company's headquarters. Additionally, all statutory filings completed by the company are available through the insurance division within the Rhode Island department of business regulation. The company's Form 990 is also posted on www guidestar org.

Return Explanation

OTHER
CHANGES
IN NET
ASSETS

FORM 990, PART XI, LINE 9 LINE 9 INCLUDES AN ADJUSTMENT OF \$572,320 FOR OVERACCRUED EXPENS
ES RELATED TO A JOINT VENTURE WITH OTHER DELTA DENTAL PLANS AND AN ADJUSTMENT OF (\$42,956)
FOR A BOND IMPAIRMENT WRITE DOWN TOTAL OTHER CHANGES IN NET ASSETS EQUAL \$529,360

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493314003117 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Delta Dental of Rhode Island 05-0296998 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax ye		ganization answered	l "Yes" on Form 990), Part IV, line 34 b	ecause it had one or	more	
(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	Section (13) cor entr	512(b) ntrolled
						Yes	No
(1)Altus Realty Company 10 Charles Street	Holding Co	RI	501(c)(2)	N/A	DDRI	Yes	
Providence, RI 029042208 03-0396397							
-							
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Cat No 501	35Y	ı	Schedule R (Form	990) 20	16

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 entity (e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	Direct controlling	Predominant income(related, to unrelated, excluded from tax under sections 512-	(f) Share of total income		(F Dispropi allocai	rtionate	onate Code V-UBI			(k) Percentage ownership
				,			Yes	No		Yes	No		
Part IV Identification of Related Organizations Taxab because it had one or more related organizations to					ation answ	vered "Yes	" on Fo	orm 9!	90, Part IV,	line :	34		
(-)	1		1 ,	D 1 /-		/£\	1	<i>-</i> \					

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e)	(f) Share of total	(g) Share of end-of-	(h) Percentage	(ı Section	
related organization	Fillingly activity	domicile (state or foreign country)		(C corp, S corp, or trust)	income	year assets	ownership	(13) controlle entity?	
(1)The Altus Group Inc	Insurance	RI	DDRI	C Corp	66,722,379	43,499,975	100 000 %	Yes	1
10 Charles Street Providence, RI 029042208 05-0502610									<u> </u>
(2)Altus Dental Inc	Insurance	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
10 Charles Street Providence, RI 029042208 05-0502612									
(3)Altus Ventures Inc	Venture Cap	RI	Altus Group	C Corp	0	0	100 000 %	Yes	1
10 Charles Street Providence, RI 029042208 46-5627174									l
(4)Altus Dental Insurance Co Inc	Insurance	RI	Altus Group	C Corp	0	0	100 000 %	Yes	1
10 Charles Street Providence, RI 029042208 05-0513223									l
(5)Altus Systems Inc	Insurance	RI	Altus Group	C Corp	0	0	100 000 %	Yes	,
10 Charles Street Providence, RI 029042208 05-0502611									l
(6)First Circle Inc	SOFTWARE	RI	Altus Group	C Corp	0	0	100 000 %	Yes	1
10 Charles Street Providence, RI 02904 81-4567207									l

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule									
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		1a	Yes						
b Gift, grant, or capital contribution to related organization(s)		1b		No					
c Gift, grant, or capital contribution from related organization(s)		1c		No					
d Loans or loan guarantees to or for related organization(s)		1d	Yes						
e Loans or loan guarantees by related organization(s)		1e		No					
f Dividends from related organization(s)		1f		No					
g Sale of assets to related organization(s)		1 g	$\overline{}$	No					
h Purchase of assets from related organization(s)		1h		No					
i Exchange of assets with related organization(s)		1i		No					
j Lease of facilities, equipment, or other assets to related organization(s)		1 j		No					
k Lease of facilities, equipment, or other assets from related organization(s)	1	1k	Yes						
I Performance of services or membership or fundraising solicitations for related organization(s)		11	Yes						
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	Yes						

i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	j	No
	 - W-	
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)	I Yes	s <u> </u>
Little interface of Services of Membership of Managarding Softenands by Penaced Organization (5)	m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n Yes	s
o Sharing of paid employees with related organization(s)	o Yes	s
p Reimbursement paid to related organization(s) for expenses	р	No
q Reimbursement paid by related organization(s) for expenses	q	No

1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds See Additional Data Table (d) Method of determining amount involved (a) (b) (c) Name of related organization Transaction Amount involved type (a-s)

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

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ng ?	(k) Percentage ownership
			514)	Yes	No	! i		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016



Additional Data

Altus Dental Insurance Co Inc

Altus Dental Inc

Altus Realty Company

Altus Realty Company

Altus Realty Company

Altus Dental Insurance Co Inc

Altus Dental Insurance Co Inc

Altus Systems Inc

(1)

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Software ID: **Software Version:**

EIN:	05-0296998				
Name:	Delta Dental of Rhode Island				
Polated Orga	nizations				

(c)

Amount Involved

266,600

93,783

60,723

2,756,267

810,615

5,553,970

1,308,764

848,273

FMV

FMV

FMV

FMV

FMV

FMV

FMV

FMV

(d) Method of determining amount involved

(b) Transaction

type(a-s)

A(IV)

A(ı)

A(ı)

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

, Part V - Halisactions With Related Organizations	
(a) Name of related organization	