

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
Delta Dental of Rhode Island
% GEORGE BEDARD
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
10 Charles Street
City or town, state or province, country, and ZIP or foreign postal code
Providence, RI 02904

D Employer identification number
05-0296998
E Telephone number
(401) 752-6000
G Gross receipts \$ 225,033,866

F Name and address of principal officer
Joseph Nagle
10 Charles Street
Providence, RI 02904

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527
J Website: ▶ www.deltadentalri.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1959 **M** State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COST EFFECTIVE GROUP DENTAL INSURANCE TO THE RHODE ISLAND BUSINESS COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	56
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	200,306,895	205,597,321
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,169,630	2,382,183
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,071	22,960
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,650,596	208,002,464
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	557,920	509,362
14 Benefits paid to or for members (Part IX, column (A), line 4)	179,613,864	183,563,698
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,862,556	11,783,563
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,102,295	7,247,821
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	200,136,635	203,104,444
19 Revenue less expenses Subtract line 18 from line 12	2,513,961	4,898,020

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	114,660,592	118,270,386
21 Total liabilities (Part X, line 26)	21,821,982	28,440,935
22 Net assets or fund balances Subtract line 21 from line 20	92,838,610	89,829,451

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2018-11-13
RICHARD A FRITZ VP Finance & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Scott Thompsett Preparer's signature: Scott Thompsett Date: 2018-11-13 Check if self-employed PTIN: P00741490
Firm's name: GRANT THORNTON LLP Firm's EIN:
Firm's address: 75 State Street Phone no: (617) 723-7900
Boston, MA 02109

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 OUR MISSION IS TO DELIVER IMPECCABLE SERVICE, QUALITY AND INNOVATION THAT EXCEEDS EXPECTATIONS AS EXPERTS IN ORAL HEALTH CARE, WE ARE COMMITTED TO ACCESSIBLE, AFFORDABLE CARE THAT DRIVES IMPROVED HEALTH OUTCOMES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 183,563,698 including grants of \$) (Revenue \$ 205,597,321)
 See Additional Data

4b (Code) (Expenses \$ 8,091,199 including grants of \$ 0) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 509,362 including grants of \$ 509,362) (Revenue \$ 0)
 See Additional Data

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

4e Total program service expenses ▶ 192,164,259

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		0			
Program Service Revenue		Business Code				
	2a PREMIUMS	524114	205,597,321	205,597,321		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		205,597,321				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,899,293		1,899,293	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	17,514,292			
		(ii) Other				
		b Less cost or other basis and sales expenses	17,031,402			
		c Gain or (loss)	482,890			
	d Net gain or (loss)		482,890		482,890	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0		
		b Less direct expenses		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19	a		0			
	b Less direct expenses		0			
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a		0			
	b Less cost of goods sold		0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a INCOME FROM SUBSIDIARIES	900099	18,347		18,347		
b OTHER INCOME	900099	4,613		4,613		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		22,960				
12 Total revenue. See Instructions		208,002,464	205,597,321		2,405,143	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	509,362	509,362		
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	183,563,698	183,563,698		
5 Compensation of current officers, directors, trustees, and key employees	3,140,621	762,306	2,378,315	
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	7,151,610	4,018,637	3,132,973	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	385,353	216,538	168,815	
9 Other employee benefits	389,269	218,738	170,531	
10 Payroll taxes	716,710	349,633	367,077	
11 Fees for services (non-employees)				
a Management	0			
b Legal	134,823		134,823	
c Accounting	308,883		308,883	
d Lobbying	63,000	63,000		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	655,275		655,275	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,146,249	329,554	816,695	
12 Advertising and promotion	498,417		498,417	
13 Office expenses	749,956	526,375	223,581	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	835,603	432,106	403,497	
17 Travel	108,782	6,211	102,571	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	11,556		11,556	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	563,930		563,930	
23 Insurance	177,724		177,724	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & MAINT	1,157,884	1,157,884		0
b BOARD & ASSOCIATION FEES	474,584	8,462	466,122	0
c FACILITIES EXPENSES	113,952		113,952	0
d LICENSES & FEES	25,500		25,500	0
e All other expenses	221,703	1,755	219,948	
25 Total functional expenses. Add lines 1 through 24e	203,104,444	192,164,259	10,940,185	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	250	1	250
	2 Savings and temporary cash investments	7,733,838	2	13,185,150
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	10,456,635	4	12,077,362
	5 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
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,344,899	9	2,942,034
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	11,836,585		
	b Less accumulated depreciation	11,221,909		
		929,800	10c	614,676
	11 Investments—publicly traded securities	81,864,937	11	77,810,966
	12 Investments—other securities See Part IV, line 11	10,694,024	12	11,064,664
	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	636,209	15	575,284	
16 Total assets. Add lines 1 through 15 (must equal line 34)	114,660,592	16	118,270,386	
Liabilities	17 Accounts payable and accrued expenses	14,845,989	17	21,166,777
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,975,993	25	7,274,158
	26 Total liabilities. Add lines 17 through 25	21,821,982	26	28,440,935
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	92,838,610	32	89,829,451
	33 Total net assets or fund balances	92,838,610	33	89,829,451
	34 Total liabilities and net assets/fund balances	114,660,592	34	118,270,386

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	208,002,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	203,104,444
3	Revenue less expenses Subtract line 2 from line 1	3	4,898,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,838,610
5	Net unrealized gains (losses) on investments	5	1,653,359
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,560,538
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	89,829,451

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

Form 990 (2017)

Form 990, Part III, Line 4a:

DENTAL BENEFITS FOR 608,875 MEMBERS UNDER 294,800 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

Form 990, Part III, Line 4b:

OPERATIONS EXPENSE INCURRED TO ADMINISTER THE PAYMENT OF DENTAL BENEFITS

Form 990, Part III, Line 4c:

At Delta Dental, we have a long-standing tradition of helping our state's most vulnerable citizens. In 2005, we established the Delta Dental of Rhode Island Fund, formalizing our commitment to dental health initiatives in our community. As a vested community partner, we leverage the Delta Dental of Rhode Island Fund, as well as our robust employee volunteer program, to support critical oral health needs across the state.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John T Ruggien Chair	1 0	X		X				12,850	0	0
Joseph J MarcAurele Vice Chair	1 0	X		X				11,650	0	0
Julie G Duffy Director	1 0	X						6,600	0	0
Dr Thomas Enright Director	1 0	X						4,200	0	0
Francis J Flynn Director	1 0	X						7,200	0	0
William G Foulkes Director	1 0	X						7,300	0	0
Jonathan W Hall Director	1 0	X						8,800	0	0
Almon Hall Director (thru 04/17)	1 0	X						5,500	0	0
Edward O Handy III Director	1 0	X						10,150	0	0
Steven J Issa Director (thru 04/17)	1 0	X						10,900	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda R McGoldrick Director	1 0	X						8,200	0	0
James F McManus Director (thru 04/17)	1 0	X						4,500	0	0
Marc A Paulhus Director	1 0	X						9,400	0	0
Cynthia S Reed Director	1 0	X						9,400	0	0
James V Rosati Director	1 0	X						9,900	0	0
Edwin J Santos Director	1 0	X						5,400	0	0
Mark Shaw Director	1 0	X						4,200	0	0
Vanessa Toledo-Vickers Director	1 0	X						8,300	0	0
JOSEPH NAGLE President & CEO	40 0			X				1,018,622	0	67,238
RICHARD FRITZ VP Finance & CFO	40 0			X				373,030	0	49,344

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KERRIE BENNETT VP Marketing & Sec (thru 2/17)	40 0 1 0			X				207,206	0	10,914
GEORGE BEDARD Controller	40 0 1 0			X				146,673	0	31,486
MELISSA GENNARI Director Compliance	40 0 1 0			X				117,476	0	13,277
WILLIAM LANDRY SECRETARY	1 0 0 0			X				0	0	0
THOMAS CHASE VP & COO	40 0 1 0				X			0	415,542	48,447
JOSEPH PERRONI VP Bus Rel & Chief Sales Off	40 0 1 0				X			361,889	0	49,019
BLAINE CARROLL VP Strategic Initiatives	40 0 1 0				X			300,561	0	50,838
CYNTHIA WARD-VIEIRA VP Market&Ex Aff (AS OF 5/17)	40 0 1 0				X			195,798	0	2,800
ANGELO PEZZULO Director Major Accounts	40 0 1 0					X		188,280	0	34,986
ELLEN HENDRIX AVP Underwriting	40 0 1 0					X		164,782	0	35,849

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY FITZGIBBONS Sr Director Actuarial	40 0 1 0					X		168,114	0	32,972
DUANE EASTER Director of Corp Reporting	40 0 1 0					X		140,615	0	30,391
SHAUNA FONTAINE Director of Sales	40 0 1 0					X		149,178	0	27,860

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
Delta Dental of Rhode Island

Employer identification number
05-0296998

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,699,551	2,672,168	27,383
d Equipment		6,108,900	5,616,186	492,714
e Other		3,028,134	2,933,555	94,579
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				614,676

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SUBSIDIARIES	7,965,026	C
(B) INVESTMENT-OTHER	3,099,638	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	11,064,664	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
CLAIMED INCURRED BUT UNPAID	4,342,000
ADVANCED SUBSCRIBER PREMIUMS	2,164,909
ACCRUED CLAIMS ADJUSTMENT EXPENSE	403,303
ADVANCED DEPOSITS	363,946
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,274,158

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

Supplemental Information

Return Reference	Explanation
ASC 470	SCHEDULE D, PART X DELTA DENTAL OF RHODE ISLAND IS A NOT-FOR-PROFIT CORPORATION PURSUANT TO SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE (IRC) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE IRC 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 UNCERTAIN TAX 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 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 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, 2017 AND 2016, THE COMPANY HAD NO UNCERTAIN TAX POSITIONS

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Delta Dental of Rhode Island

Employer identification number
05-0296998

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 13

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	THE COMPANY DOES NOT ISSUE SPECIFIC GRANTS, HOWEVER, AS PART OF THE CORPORATE RESPONSIBILITY PROGRAM, DELTA DENTAL OF RHODE ISLAND SUPPORTS LOCAL CHARITABLE ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 05-0296998
Name: Delta Dental of Rhode Island

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMOS HOUSE 415 FRIENDSHIP STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	6,750				PROGRAM SUPPORT
BRYANT UNIVERSITY 1150 DOUGLAS TURNPIKE SMITHFIELD, RI 02908	05-0258810	501(C)(3)	6,750				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR INC 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	22-2882549	501(C)(3)	10,000				PROGRAM SUPPORT
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVE PROVIDENCE, RI 02905	22-2485332	501(C)(3)	7,280				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS RHODE ISLAND 160 BROAD STREET PROVIDENCE, RI 02903	05-0259094	501(C)(3)	15,150				PROGRAM SUPPORT
CVS CHARITY CLASSIC INC ONE CVS DRIVE WOONSOCKET, RI 02895	05-0508742	501(C)(3)	26,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF RHODE ISLAND 134 THURBERS AVENUE PO BOX 6688 PROVIDENCE, RI 02940	05-0258858	501(C)(3)	26,500				PROGRAM SUPPORT
JEFFREY OSBORNE CELEBRITY CLASSIC P O BOX 27815 PROVIDENCE, RI 02907	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNSON & WALES UNIVERSITY 8 ABBOT PARK PLACE PROVIDENCE, RI 02903	05-0306206	501(C)(3)	15,000				PROGRAM SUPPORT
JUNIOR ACHIEVEMENT 57 GREENE STREET WARWICK, RI 02886	05-0263443	501(C)(3)	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA SALLE ACADEMY 612 ACADEMY AVE PROVIDENCE, RI 02908	05-0258897	501(C)(3)	7,550				PROGRAM SUPPORT
LEARNING COMMUNITY 21 LINCOLN AVE CENTRAL CENTRAL FALL, RI 02863	47-0942849	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH MASSACHUSETT AND RHODE ISLAND 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	15,500				PROGRAM SUPPORT
MCAULEY MINISTRIES 622 ELMWOOD AVE PROVIDENCE, RI 02907	05-0440470	501(C)(3)	7,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN STATE JOB LOT CHARITABLE 375 COMMERCE PARK RD N KINGSTOWN, RI 02852	20-0959438	501(C)(3)	6,000				PROGRAM SUPPORT
PROVIDENCE COLLEGE 1 CUNNING SQUARE PROVIDENCE, RI 02908	05-0258932	501(C)(3)	10,900				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE, RI 02914	22-2604963	501(C)(3)	40,000				PROGRAM SUPPORT
RHODE ISLAND NGA 2017 INC ONE PARK ROW 5TH FLOOR PROVIDENCE, RI 02903	81-3811966	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RI COMMUNITY FOOD BANK 200 NIANTIC AVE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	15,000				PROGRAM SUPPORT
RI PHILHARMONIC 667 WATERMAN AVE EAST PROVIDENCE, RI 02914	05-0267451	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	05-0259080	501(C)(3)	16,000				PROGRAM SUPPORT
SAN MIGUEL SCHOOL 52S BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	35,900				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	11,831				PROGRAM SUPPORT
UNITED WAY OF RI 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	41,460				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER SCHOOL 216 HOPE STREET PROVIDENCE, RI 02906	05-0259101	501(C)(3)	10,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Rhode Island

Employer identification number
05-0296998

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
Gross-Up Payments	Schedule J, Part I, Line 1a THE CEO'S EMPLOYMENT AGREEMENT CONTAINS PROVISIONS FOR HIM TO RECEIVE PAYMENTS SO THAT HE CAN PERSONALLY PROCURE CERTAIN FRINGE BENEFITS SUCH AS LIFE INSURANCE AND LONG TERM DISABILITY POLICIES, AND PENSION AND RETIREMENT 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, 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.
Supplemental nonqualified retirement plan	SCHEDULE J, PART I, LINE 4A THE VP OF MARKETING & SECRETARY RECEIVED A SEVERANCE PAYMENT OF \$46,253 IN 2017. THIS IS REPORTED AS TAXABLE COMPENSATION ON SCHEDULE J PART II COLUMN B(III). Schedule J, Part I, Line 4b The CEO participates in a 457(F) deferred compensation plan but has not met the vesting criteria in 2016 and began receiving payments last year (as disclosed on the prior year Form 990). In 2017, the CEO received plan Contributions totaling \$72,188, these payments have been reported on schedule J, part II column B(III)

Additional Data

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH NAGLE President & CEO	(i)	638,499	216,531	163,592	53,600	13,638	1,085,860	0
	(ii)	0	0	0	0	0	0	0
1RICHARD FRITZ VP Finance & CFO	(i)	306,777	61,497	4,756	35,706	13,638	422,374	0
	(ii)	0	0	0	0	0	0	0
2KERRIE BENNETT VP Marketing & Sec (thru 2/17)	(i)	54,361	37,281	115,564	9,766	1,148	218,120	0
	(ii)	0	0	0	0	0	0	0
3GEORGE BEDARD Controller	(i)	133,889	10,961	1,823	16,851	14,635	178,159	0
	(ii)	0	0	0	0	0	0	0
4THOMAS CHASE VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	338,859	73,284	3,399	35,859	12,588	463,989	0
5JOSEPH PERRONI VP Bus Rel & Chief Sales Off	(i)	277,693	76,710	7,486	35,381	13,638	410,908	0
	(ii)	0	0	0	0	0	0	0
6BLAINE CARROLL VP Strategic Initiatives	(i)	245,902	52,130	2,529	35,250	15,588	351,399	0
	(ii)	0	0	0	0	0	0	0
7ANGELO PEZZULO Director Major Accounts	(i)	153,417	26,720	8,143	20,351	14,635	223,266	0
	(ii)	0	0	0	0	0	0	0
8ELLEN HENDRIX AVP Underwriting	(i)	147,899	16,164	719	19,610	16,239	200,631	0
	(ii)	0	0	0	0	0	0	0
9TIMOTHY FITZGIBBONS Sr Director Actuarial	(i)	156,336	11,022	756	16,733	16,239	201,086	0
	(ii)	0	0	0	0	0	0	0
10DUANE EASTER Director of Corp Reporting	(i)	124,868	15,152	595	15,756	14,635	171,006	0
	(ii)	0	0	0	0	0	0	0
11SHAUNA FONTAINE Director of Sales	(i)	112,697	31,194	5,287	13,225	14,635	177,038	0
	(ii)	0	0	0	0	0	0	0
12CYNTHIA WARD-VIEIRA VP Market&Ex Aff (AS OF 5/17)	(i)	160,000	0	35,798	2,800	0	198,598	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Delta Dental of Rhode Island	Employer identification number 05-0296998
----------------------------------------------------------	----------------------------------------------

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EAST BAY DENTAL ASSOCIATES	ENRIGHT-BOARD MEMBER	544,684	PAYMENT FOR DENTAL SERVICES		No
(2) Blish Cavanagh	Landry-Secretary	118,473	PAYMENT FOR LEGAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L PART IV The organization engages in transactions with dental practices with whom the board member identified on Schedule L, Part IV, Line (1) 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. The organization received legal services from the law firm, Blish & Cavanagh, with whom the Secretary, identified on Schedule L, Part IV, Line (2), has a controlling interest. This transaction is entered into in the ordinary course of business and at fair market value.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Rhode Island

Employer identification number

05-0296998

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OF THE ORGANIZATION	FORM 990, PART VI, SECTION A, LINE 6 THE ORGANIZATION HAS 77 CORPORATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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 MEETING, SHALL ELECT DIRECTORS OF THE CORPORATION THAT HAVE BEEN PROPOSED BY THE BOARD OF DIRECTORS AND SHALL APPROVE AMENDMENTS OR ALTERATIONS OF THE BY-LAWS PROPOSED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11 THE ANNUAL FORM 990 IS PREPARED BY GRANT THORNTON LLP, THE COMPANY'S TAX ADVISOR AND INDEPENDENT AUDITOR, USING INFORMATION PROVIDED BY DELTA 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 CONTROLLER, 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	<p>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 CEO 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 STANDARDS 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-COO 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 EXTERNAL 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</p>

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19 THE COMPANY'S GOVERNING DOCUMENTS, SUCH AS BYLAWS AND 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 INCLUDES AN ADJUSTMENT OF \$400,298 FOR OVERACCRUED EXPENSES RELATED TO A JOINT VENTURE WITH OTHER DELTA DENTAL PLANS AND AN ADJUSTMENT OF \$39,164 FOR A BOND IMPAIRMENT WRITE DOWN DELTA DENTAL RECORDED A RECONCILIATION TO ITS STATUTORY RESERVES THAT RESULTED IN A (\$10,000,000) RESERVE TRANSFER TO THE ALTUS GROUP, INC (A RELATED PARTY) TOTAL OTHER CHANGES IN NET ASSETS EQUAL (\$9,560,538)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Rhode Island

Employer identification number

05-0296998

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Altus Realty Inc 10 Charles Street Providence, RI 02903 03-0396397	Holding Co	RI	501(c)(2)	N/A	DDRI	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) The Altus Group Inc 10 Charles Street Providence, RI 029042208 05-0502610	Holding Company	RI	DDRI	C Corp	0	55,751,197	100 000 %	Yes	
(2) Altus Dental Inc 10 Charles Street Providence, RI 029042208 05-0502612	DENTAL NETWORK	MA	Altus Group	C Corp	0	0	100 000 %	Yes	
(3) Altus Ventures Inc 10 Charles Street Providence, RI 029042208 46-5627174	INVESTMENT MGMT	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(4) Altus Dental Insurance Co Inc 10 Charles Street Providence, RI 029042208 05-0513223	Insurance	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(5) Altus SystemsInc 10 Charles Street Providence, RI 029042208 05-0502611	CLAIMS PROCESSING	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(6) First Circle Inc 10 Charles Street Providence, RI 02904 81-4567207	Software PLATFORM	RI	Altus Group	C Corp	0	0	100 000 %	Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	No
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)	1g	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)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Altus Dental Insurance CoInc	N	248,394	FMV
Altus DentalInc	A(i)	99,113	FMV
Altus RealtyInc	A(i)	51,454	FMV
Altus RealtyInc	d	2,033,155	FMV
Altus RealtyInc	k	835,603	FMV
Altus SystemsInc	l	5,532,566	FMV
Altus Dental Insurance Co Inc	m	1,038,737	FMV
Altus Dental Insurance Co Inc	o	970,993	FMV