

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
Delta Dental of 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 \$ 220,591,514

F Name and address of principal officer
Joseph R Perroni
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 2018 (Part V, line 2a)	54
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	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	205,597,321	205,401,185
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,382,183	2,191,006
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,960	168,957
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,002,464	207,761,148
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	509,362	561,225
14 Benefits paid to or for members (Part IX, column (A), line 4)	183,563,698	183,141,875
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,783,563	11,941,359
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)	7,247,821	7,156,251
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	203,104,444	202,800,710
19 Revenue less expenses Subtract line 18 from line 12	4,898,020	4,960,438
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	118,270,386	118,476,917
21 Total liabilities (Part X, line 26)	28,440,935	22,860,154
22 Net assets or fund balances Subtract line 21 from line 20	89,829,451	95,616,763

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-11-05

RICHARD A FRITZ CFO & VP Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-11-05 Check if self-employed PTIN: P01270238

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 \$ 192,052,583 including grants of \$ 0) (Revenue \$ 205,401,185)
See Additional Data

4b (Code) (Expenses \$ 561,225 including grants of \$ 561,225) (Revenue \$ 0)
See Additional Data

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

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

4e Total program service expenses ▶ 192,613,808

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and various organizational transactions.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	54		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GEORGE BEDARD 10 CHARLES STREET Providence, RI 02904 (401) 752-6240

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position (with sub-columns for Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), and (F) Estimated amount of other compensation from the organization and related organizations.

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like EDGEWATER FULLSCOPE INC, DUFFY SHANLEY INC, etc.

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

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	2a PREMIUMS	Business Code					
		524114	205,401,185	205,401,185	0	0	
	b _____						
	c _____						
	d _____						
	e _____						
f All other program service revenue							
g Total. Add lines 2a-2f			205,401,185				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,042,744			2,042,744	
	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	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	12,978,628	12,830,366			
		d Net gain or (loss)		148,262			148,262
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code						
11a INCOME FROM SUBSIDIARIES	900099	164,388	0	0	164,388		
b OTHER INCOME	900099	4,569	0	0	4,569		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			168,957				
12 Total revenue. See Instructions			207,761,148	205,401,185	0	2,359,963	

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.	561,225	561,225		
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.	183,141,875	183,141,875		
5 Compensation of current officers, directors, trustees, and key employees.	2,795,354	433,769	2,361,585	
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.	7,658,398	5,172,397	2,486,001	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	426,048	236,404	189,644	
9 Other employee benefits.	348,385	193,310	155,075	
10 Payroll taxes.	713,174	360,287	352,887	
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	132,617		132,617	
c Accounting.	201,077		201,077	
d Lobbying.	63,000	63,000		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	664,085		664,085	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,360,393	211,337	1,149,056	
12 Advertising and promotion.	428,723		428,723	
13 Office expenses.	763,926	509,779	254,147	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	924,672	501,428	423,244	
17 Travel.	90,687	6,535	84,152	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	9,617		9,617	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	450,623		450,623	
23 Insurance.	164,402		164,402	
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	1,209,833	1,209,833	0	0
b BOARD & ASSOCIATION FEES	452,643	9,832	442,811	0
c FACILITIES EXPENSES	156,479	0	156,479	0
d LICENSES & FEES	34,691	969	33,722	0
e All other expenses	48,783	1,828	46,955	
25 Total functional expenses. Add lines 1 through 24e.	202,800,710	192,613,808	10,186,902	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	13,185,150	2	9,431,992
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	12,077,362	4	11,553,561
	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	2,942,034	9	3,570,368
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,313,470		
	b Less accumulated depreciation	10b 11,672,533	614,676	10c 640,937
	11 Investments—publicly traded securities	77,810,966	11	73,943,007
	12 Investments—other securities See Part IV, line 11	11,064,664	12	18,761,759
	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	575,284	15	575,043
16 Total assets. Add lines 1 through 15 (must equal line 34)	118,270,386	16	118,476,917	
Liabilities	17 Accounts payable and accrued expenses	21,166,777	17	16,032,984
	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	7,274,158	25	6,827,170
	26 Total liabilities. Add lines 17 through 25	28,440,935	26	22,860,154
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	89,829,451	32	95,616,763
33 Total net assets or fund balances	89,829,451	33	95,616,763	
34 Total liabilities and net assets/fund balances	118,270,386	34	118,476,917	

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	207,761,148
2	Total expenses (must equal Part IX, column (A), line 25)	2	202,800,710
3	Revenue less expenses Subtract line 2 from line 1	3	4,960,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,829,451
5	Net unrealized gains (losses) on investments	5	278,220
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	548,654
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,616,763

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 05-0296998

Name: Delta Dental of Rhode Island

Form 990 (2018)

Form 990, Part III, Line 4a:

DENTAL BENEFITS FOR 597,497 MEMBERS UNDER 291,956 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:

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. GRANTS ARE AWARDED TO QUALIFYING CHARITABLE ORGANIZATIONS FOR PROGRAMS OR CAPITAL EXPENDITURES THAT INCREASE ACCESS TO DENTAL CARE FOR AT-RISK, VULNERABLE RHODE ISLANDERS.

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				21,300	0	0
Joseph J MarcAurele Vice Chair	1 0	X		X				16,800	0	0
Francis J Flynn Director	1 0	X						7,800	0	0
Jonathan W Hall Director	1 0	X						9,600	0	0
Edward O Handy III Director	1 0	X						14,400	0	0
Pete Hayes Director	1 0	X						0	0	0
Colin P Kane Director	1 0	X						4,800	0	0
Dr Thomas Enright Director	1 0	X						8,400	0	0
Linda R McGoldrick Director	1 0	X						8,400	0	0
Mark A Paulhus Director	1 0	X						10,200	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			
Heather A Provino Director	1 0	X						4,200	0	0
James V Rosati Director	1 0	X						14,250	0	0
Julie G Duffy Director	1 0	X						9,600	0	0
Edwin J Santos Director	1 0	X						13,800	0	0
Mark Shaw Director	1 0	X						9,600	0	0
Cynthia Reed Director - (THRU 4/18)	1 0	X						7,500	0	0
Vanessa Toledo-Vickers Director - (THRU 4/18)	1 0	X						7,650	0	0
William G Foulkes Director (THRU 5/18)	1 0	X						5,700	0	0
Joseph Nagle CEO & President	40 0			X				1,072,697	0	77,282
Richard Fritz CFO & VP Finance	40 0			X				390,005	0	62,690

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			
George Bedard Controller	40 0			X				150,589	0	39,181
Melissa Gennari Director Compliance	40 0			X				141,440	0	18,417
William Landry Secretary	1 0			X				0	0	0
Thomas Chase VP & COO	40 0				X			0	423,149	64,272
Joseph Perroni VP Bus Rel & Chief Sales Off	40 0				X			375,765	0	58,004
Wendy Duncan VP - Chief Marketing Officer	40 0				X			210,037	0	25,247
Angelo Pezzulo Director Major Accounts	40 0					X		182,621	0	44,030
Ellen Hendrix AVP Underwriting	40 0					X		169,022	0	45,384
Timothy Fitzgibbons Sr Director Actuarial	40 0					X		173,821	0	40,202
Duane Easter Director of Corp Reporting	40 0					X		143,333	0	40,373

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			
Cynthia Ward-Vieira Thru 118 VP Marketing & External Affair	40 0 0 0					X		137,973	0	1,015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Delta Dental of 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,826,722	2,703,831	122,891
d Equipment		6,407,016	5,970,584	436,432
e Other		3,079,732	2,998,118	81,614
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				640,937

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	14,465,026	C
(B) INVESTMENT-OTHER	4,296,733	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	18,761,759	

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
CLAIMS INCURRED BUT UNPAID	4,186,000
ADVANCED SUBSCRIBER PREMIUMS	1,775,584
ACCRUED CLAIMS ADJUSTMENT EXPENSE	396,539
ADVANCED DEPOSITS	469,047
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,827,170

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, 2018 AND 2017, THE COMPANY HAD NO UNCERTAIN TAX POSITIONS

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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
THE GREATER PROVIDENCE CHAMBER 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	05-0203250	501(C)(3)	65,300	0			PROGRAM SUPPORT
YMCA OF GREATER PROVIDENCE 371 PINE STREET PROVIDENCE, RI 02903	05-0258878	501(C)(3)	36,150	0			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)	35,000	0			PROGRAM SUPPORT
MAKE A WISH MASSACHUSETTS & RHODE ISLAND 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	22-2867371	501(C)(3)	33,700	0			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
UNITED WAY OF RHODE ISLAND 50 VALLEY STREET PROVIDENCE, RI 02909	05-0276059	501(C)(3)	28,756	0			PROGRAM SUPPORT
CVS CHARITY CLASSIC INC ONE CVS DRIVE WOONSOCKET, RI 02895	05-0508742	501(C)(3)	26,500	0			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
SAN MIGUEL SCHOOL 525 BRANCH AVENUE PROVIDENCE, RI 02904	22-3232973	501(C)(3)	23,350	0			PROGRAM SUPPORT
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	05-0259080	501(C)(3)	16,000	0			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)	15,000	0			PROGRAM SUPPORT
RI COMMUNITY FOOD BANK 200 NIANTIC AVE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	13,275	0			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
HASBRO CHILDR'S HOSPITAL 139 POINT STREET PROVIDENCE, RI 02903	05-0377502	501(C)(3)	12,000	0			PROGRAM SUPPORT
FAMILY SERVICE OF RI 55 HOPE STREET PROVIDENCE, RI 02904	05-0258858	501(C)(3)	11,500	0			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
FIRSTWORKS 270 WESTMINSTER STREET PROVIDENCE, RI 02903	22-2597014	501(C)(3)	11,000	0			PROGRAM SUPPORT
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVE PROVIDENCE, RI 02905	22-2485332	501(C)(3)	10,250	0			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	0			PROGRAM SUPPORT
GREAT CHICAGO GOOD DEPOSITORY 4100 W 42ND PL CHICAGO, RI 60632	36-2971864	501(C)(3)	10,000	0			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 INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 02917	05-0377867	501(C)(3)	10,000	0			PROGRAM SUPPORT
RI HOSPITAL FOUNDATION 167 POINT STREET PROVIDENCE, RI 02903	05-0468736	501(C)(3)	9,500	0			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
MCAULEY MINISTRIES 622 ELMWOOD AVE PROVIDENCE, RI 02907	05-0440470	501(C)(3)	9,370	0			PROGRAM SUPPORT
PROVIDENCE COLLEGE 1 CUNNING SQUARE PROVIDENCE, RI 02908	05-0258932	501(C)(3)	9,200	0			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
JEFFREY OSBORNE CELEBRITY CLASSIC PO BOX 27815 PROVIDENCE, RI 02907	05-0510492	501(C)(3)	7,500	0			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT 57 GREENE STREET WARWICK, RI 02886	05-0263443	501(C)(3)	7,500	0			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
BRYANT UNIVERSITY 1150 DOUGHLAS TURNPIKE SMITHFIELD, RI 02908	05-0258810	501(C)(3)	6,850	0			PROGRAM SUPPORT
AMOS HOUSE 415 FRIENDSHIP STREET PROVIDENCE, RI 02907	05-0387218	501(C)(3)	6,750	0			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	0			PROGRAM SUPPORT
TOMORROW FUND 593 EDDY STREET PROVIDENCE, RI 02903	05-0450569	501(C)(3)	5,250	0			PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	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>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	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>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	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 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)

Return Reference	Explanation
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

Return Reference	Explanation
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A THE VP OF MARKETING & EXTERNAL AFFAIRS RECEIVED A SEVERANCE PAYMENT OF \$78,373 IN 2018 THIS IS REPORTED AS TAXABLE COMPENSATION ON FORM 990 PART VII COLUMN (D) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SCHEDULE J, PART I, LINE 4B THE CEO PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN IN 2018, THE CEO RECEIVED PLAN CONTRIBUTIONS TOTALING \$75,797, THESE PAYMENTS HAVE BEEN REPORTED ON SCHEDULE J, PART II COLUMN B(III)



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Delta Dental of 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) BLISH CAVANAGH	LANDRY - SECRETARY	155,903	PAYMENT FOR LEGAL SERVICES		No
(2) EAST BAY DENTAL ASSO INC	ENRIGHT - BOARD MEMBER	653,493	PAYMENT FOR DENTAL 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 (2) HAS A CONTROLLING INTEREST THE TRANSACTION IS ENTERED INTO IN THE ORDINARY COURSE OF BUSINESS AND AT FAIR MARKET VALUE THE TRANSACTION WITH THIS ENTITY IS 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 (1), 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.

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

2018**Open to Public Inspection**

Department of the Treasury

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 76 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 BY-LAW CHANGES AND TO ELECT INDIVIDUALS TO THE 15 MEMBER BOARD OF DIRECTORS WHICH IS THE ORGANIZATION'S GOVERNING BODY ALL 15 MEMBERS OF THE BOARD OF DIRECTORS ALSO SERVE AS REPRESENTATIVES 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 OTHER CHANGES IN NET ASSETS INCLUDES AN ADJUSTMENT OF \$544,861 FOR INCOME AND OVERACCRUED EXPENSES RELATED TO JOINT VENTURES WITH OTHER DELTA PLANS AND A NET UNREALIZED VALUATION GAIN OF \$3,793 TOTAL OTHER CHANGES IN NET ASSETS EQUAL 548,654

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of 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	5,368,244	100,162,117	100 000 %	Yes	
(2) Altus Dental Inc 10 Charles Street Providence, RI 029042208 05-0502612	DENTAL NETWORK	RI	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 Systems Inc 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 029042208 81-4567207	Software PLATFORM	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(7) First Circle Realty Inc 10 CHARLES STREET Providence, RI 029042208 83-2724654	MGMT PROP	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 Yes	
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)	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 Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
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	No

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) The Altus Group Inc 10 Charles Street Providence, RI 029042208 05-0502610	Holding Company	RI	DDRI	C Corp	5,368,244	100,162,117	100 000 %	Yes	
(1) Altus Dental Inc 10 Charles Street Providence, RI 029042208 05-0502612	DENTAL NETWORK	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(2) Altus Ventures Inc 10 Charles Street Providence, RI 029042208 46-5627174	INVESTMENT MGMT	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(3) Altus Dental Insurance Co Inc 10 Charles Street Providence, RI 029042208 05-0513223	Insurance	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(4) Altus Systems Inc 10 Charles Street Providence, RI 029042208 05-0502611	CLAIMS PROCESSING	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(5) First Circle Inc 10 Charles Street Providence, RI 029042208 81-4567207	Software PLATFORM	RI	Altus Group	C Corp	0	0	100 000 %	Yes	
(6) First Circle Realty Inc 10 CHARLES STREET Providence, RI 029042208 83-2724654	MGMT PROP	RI	Altus Group	C Corp	0	0	100 000 %	Yes	

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

(a)	Name of related organization	(b)	Transaction type(a-s)	(c)	Amount Involved	(d)	Method of determining amount involved
(1)	ALTUS DENTAL INSURANCE COMPANY INC	N		234,593	FMV		
(1)	ALTUS DENTAL INC	A(i)		103,666	FMV		
(2)	ALTUS REALTY INC	A(i)		41,259	FMV		
(3)	ALTUS REALTY INC	d		1,575,560	FMV		
(4)	ALTUS REALTY INC	k		924,672	FMV		
(5)	ALTUS SYSTEMS INC	l		5,684,309	FMV		
(6)	ALTUS DENTAL INSURANCE COMPANY INC	m		1,126,048	FMV		
(7)	ALTUS DENTAL INSURANCE COMPANY INC	o		985,292	FMV		
(8)	FIRST CIRCLE REALTY INC	B		6,500,000	FMV		