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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury

Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

DELTA DENTAL OF NEW JERSEY INC

% JAMES SULESKI

Doing business as

Number and street (or P O box if mail is not delivered to street address)

1639 ROUTE 10 PO BOX 222

Room/suite

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

PARSIPPANY, NJ 070540222

F Name and address of principal officer

DENNIS G WILSON

1639 ROUTE 10

PARSIPPANY, NJ 070540222

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 ▶

D Employer identification number

22-1896118

E Telephone number

(973) 285-4029

G Gross receipts \$ 832,029,002

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 4 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ deltadentalnj.com

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1969

M State of legal domicile NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROMOTE ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE AND VALUE

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

0

619,045,270

9,254,967

970,197

629,270,434

Current Year

0

630,838,749

7,278,689

1,119,475

639,236,913

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

2017-11-14

Date

JAMES SULESKI VP/ASST TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Anthony J Panico

Preparer's signature

Anthony J Panico

Date

Check ☐ if self-employed

PTIN

P00365556

Firm's name ▶ WithumSmithBrown PC

Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400

Phone no (973) 898-9494

Whippany, NJ 079811070

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

TO PROMOTE ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE AND VALUE THE ORGANIZATION ALSO OFFERS AFFORDABLE DENTAL COVERAGE FOR THOSE INDIVIDUALS IN NEW JERSEY WITHOUT ACCESS TO A GROUP DENTAL PLAN THE ORGANIZATION'S PLANS PROVIDE ACCESS TO A BROAD ARRAY OF DENTAL SERVICES THROUGH ITS VAST NETWORK OF PARTICIPATING DENTISTS THE ORGANIZATION'S PLANS OFFER QUALITY COVERAGE OPTIONS AT COMPETITIVE RATES FOR MORE THAN 40 YEARS, DELTA DENTAL OF NEW JERSEY HAS REACHED OUT TO SERVE THE PEOPLE OF NEW JERSEY AND, MORE RECENTLY, IN CONNECTICUT IN 1986, WE FORMED THE DELTA DENTAL OF NEW JERSEY FOUNDATION, INC TO AID IN CREATING ACCESS TO CARE FOR THE UNDER-INSURED AND UN-INSURED, AND SUPPORT DENTAL EDUCATION PROGRAMS FOR CHILDREN, AS WELL AS DENTAL ASSISTING AND DENTAL HYGIENE SCHOLARSHIPS FOR STUDENTS PURSUING A CAREER IN THE DENTAL FIELD EACH YEAR, OUR FOUNDATION AWARDS AT LEAST \$1 MILLION TO SUPPORT WORTHWHILE N

**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 \$ 632,164,850 including grants of \$ 136,000 ) (Revenue \$ 633,843,575 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**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 ▶ 632,164,850

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .	<b>4</b>	
<b>5</b> 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> . . . . .	<b>5</b>	No
<b>6</b> 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> 🗑️ . . . . .	<b>6</b>	No
<b>7</b> 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> 🗑️ . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .	<b>8</b>	No
<b>9</b> 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> 🗑️ . . . . .	<b>9</b>	No
<b>10</b> 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> 🗑️ . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> 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> 🗑️ . . . . .	<b>11a</b>	Yes
<b>b</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> 🗑️ . . . . .	<b>11b</b>	Yes
<b>c</b> 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> 🗑️ . . . . .	<b>11c</b>	No
<b>d</b> 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> 🗑️ . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	<b>11e</b>	Yes
<b>f</b> 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> 🗑️ . . . . .	<b>11f</b>	Yes
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	<b>12a</b>	Yes
<b>b</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> 🗑️ . . . . .	<b>12b</b>	Yes
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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> . . . . .	<b>14b</b>	No
<b>15</b> 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> . . . . .	<b>15</b>	No
<b>16</b> 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> . . . . .	<b>16</b>	No
<b>17</b> 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) . . . . .	<b>17</b>	No
<b>18</b> 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> . . . . .	<b>18</b>	No
<b>19</b> 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> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</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
<b>c</b> 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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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
<b>33</b> 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>	Yes	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	55,166
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes
<b>2a</b>	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	333
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	Yes
<b>b</b>	If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand . . . . .	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	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?	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>b</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)		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed	
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	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	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>JAMES SULESKI 1639 ROUTE 10 PARSIPPANY, NJ 070540222 (973) 285-4029</b>	

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

**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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								8,187,201	6,000	1,564,744

**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 **▶ 55**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DECARE SYSTEMS IRELAND LTD, CURRAHEEN ROAD CORK, 0 EI	SYSTEMS DEVELOPER	2,690,247
DENTAL ASSOCIATES OF CONNECTICUT, 36 PADANARAM ROAD DANBURY, CT 06811	DENTAL PROVIDER	2,493,258
COMPUTER DESIGN INTEGRATION, 696 Route 46 West TETERBORO, NJ 07608	DATA SOLUTIONS	1,879,991
BROWN BROWN BENEFIT ADVISORS, 5 REGENT STREET LIVINGSTON, NJ 07039	BROKERAGE	1,455,337
BLUE 449 FKA OPTIMEDIA, 375 Hudson Street 7th Floor NEW YORK, NY 10014	MEDIA AGENCY	1,430,524

**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 **▶ 1,060**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		0			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> DENTAL BENEFITS COVERAGE REVENUE		524114	630,838,749	630,838,749	
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .		630,838,749			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,229,019			4,229,019
	<b>4</b> Income from investment of tax-exempt bond proceeds		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		692,836				
	<b>b</b> Less rental expenses	2,578,187				
	<b>c</b> Rental income or (loss)	-1,885,351 0				
	<b>d</b> Net rental income or (loss) . . . . .		-1,885,351			-1,885,351
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		193,263,572				
	<b>b</b> Less cost or other basis and sales expenses	190,213,902				
	<b>c</b> Gain or (loss)	3,049,670				
	<b>d</b> Net gain or (loss) . . . . .		3,049,670			3,049,670
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b> 0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 0				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b> 0				
	<b>b</b> Less direct expenses . . . . .	<b>b</b> 0				
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 0				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b> 0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue		Business Code				
<b>11a</b> REINSURANCE REIMBURSEMENT		900099	3,004,826	3,004,826		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		3,004,826				
<b>12 Total revenue.</b> See Instructions . . . . .		639,236,913	633,843,575		5,393,338	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	136,000	136,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	570,660,416	570,660,416		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,217,969	7,396,172	821,797	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	16,773,661	15,096,295	1,677,366	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,136,817	1,923,135	213,682	
<b>9</b> Other employee benefits.	4,278,720	3,850,848	427,872	
<b>10</b> Payroll taxes.	1,802,096	1,621,886	180,210	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	153,247	137,922	15,325	
<b>c</b> Accounting.	263,626	237,263	26,363	
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,853,256	7,967,930	885,326	
<b>12</b> Advertising and promotion.	2,534,104	2,280,694	253,410	
<b>13</b> Office expenses.	4,776,364	4,298,728	477,636	
<b>14</b> Information technology.	674,591	607,132	67,459	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	1,653,644	1,488,280	165,364	
<b>17</b> Travel.	380,381	342,343	38,038	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	4,450,169	4,005,152	445,017	
<b>23</b> Insurance.	650,564	585,508	65,056	
<b>24</b> 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):				
<b>a</b> BROKERAGE COMMISSIONS	8,863,732	7,977,359	886,373	0
<b>b</b> DUES & SUBSCRIPTIONS	784,059	705,653	78,406	0
<b>c</b> REGULATORY FEES	399,314	359,383	39,931	0
<b>d</b> OTHER EXPENSES	540,833	486,751	54,082	0
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	638,983,563	632,164,850	6,818,713	0
<b>26</b> 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		10,520,866	<b>1</b>	10,954,382
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0
	<b>4</b>	Accounts receivable, net . . . . .		43,129,019	<b>4</b>	46,315,181
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		0	<b>8</b>	0
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,721,880	<b>9</b>	1,759,424
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b> 57,861,542			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 26,489,210	29,640,350	<b>10c</b>	31,372,332
	<b>11</b>	Investments—publicly traded securities . . . . .		186,043,242	<b>11</b>	186,521,226
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		27,165,161	<b>12</b>	30,819,327
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		8,929,761	<b>13</b>	11,469,428
	<b>14</b>	Intangible assets . . . . .		93,586	<b>14</b>	375,941
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,367,212	<b>15</b>	1,574,542
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		309,611,077	<b>16</b>	321,161,783	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		14,053,887	<b>17</b>	14,482,237
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	<b>21</b>	0
	<b>22</b>	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	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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.		52,389,219	<b>25</b>	65,750,980
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		66,443,106	<b>26</b>	80,233,217
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> <b>27</b> Unrestricted net assets				<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .				<b>28</b>	
	<b>29</b> Permanently restricted net assets				<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> <b>30</b> Capital stock or trust principal, or current funds . . . . .			25,000	<b>30</b>	25,000
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .			252,933,253	<b>31</b>	253,186,603
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			-9,790,282	<b>32</b>	-12,283,037
	<b>33</b> Total net assets or fund balances . . . . .			243,167,971	<b>33</b>	240,928,566
	<b>34</b> Total liabilities and net assets/fund balances . . . . .			309,611,077	<b>34</b>	321,161,783

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	639,236,913
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	638,983,563
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	253,350
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	243,167,971
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-661,345
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,831,410
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	240,928,566

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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		
<b>2a</b> 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		No
<b>b</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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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	Yes	
<b>3a</b> 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?		No
<b>b</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		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 22-1896118  
**Name:** DELTA DENTAL OF NEW JERSEY INC

Form 990 (2016)

**Form 990, Part III, Line 4a:**  
EXPENSES INCURRED IN PROMOTING ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE AND VALUE, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS TO MEMBER SUBSCRIBERS PLEASE ALSO REFER TO THE ORGANIZATION'S COMPLETE MISSION INCLUDED IN OUR RESPONSE TO PART III, QUESTION #1 ABOVE

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD DEBLINGER DMD ..... CHAIRMAN - TRUSTEE	25 0 ..... 1 0	X		X				230,142	0	1,557
RICHARD G BOZZA ..... TRUSTEE	3 0 ..... 0 0	X						49,400	0	1,557
WILLIAM FAULKNER ..... TRUSTEE	4 4 ..... 1 0	X						52,797	3,000	921
JOHN P HALL JR ..... TRUSTEE	4 8 ..... 1 0	X						51,900	0	1,557
W THOMAS MARGETTS ESQ ..... TRUSTEE	5 4 ..... 1 0	X						53,358	0	1,557
JOSEPH P MAZZA DMD ..... TRUSTEE	1 0 ..... 0 0	X						93,871	0	0
GEORGE C MCLAUGHLIN DMD ..... TRUSTEE	4 8 ..... 1 0	X						54,453	0	921
GENE F NAPOLIELLO DDS ..... TRUSTEE	3 0 ..... 6 0	X						53,478	0	1,557
MORTON REINHART ..... TRUSTEE	4 9 ..... 0 0	X						51,900	3,000	1,557
DEBRA G SALMAN DDS ..... TRUSTEE	3 2 ..... 0 0	X						53,137	0	1,557

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			
CARL CHAITYN DDS ..... TRUSTEE (1/1 - 5/31)	3 0 ..... 1 0	X						92,500	0	1,557
JEROME FELDMAN DDS ..... TRUSTEE (1/1 - 5/31)	4 3 ..... 0 0	X						93,475	0	921
HENRY F HENDERSON JR ..... TRUSTEE (1/1 - 5/31)	3 4 ..... 1 0	X						95,750	0	1,557
GERALD A SYDELL DDS ..... VICE CHAIR-TRUSTEE (1/1-5/31)	7 0 ..... 1 0	X						106,654	0	1,557
DENNIS G WILSON ..... PRESIDENT/CEO	50 0 ..... 0 7			X				885,307	0	91,661
JAMES SULESKI ..... SENIOR VP/CFO	50 0 ..... 0 4			X				572,290	0	93,171
BRUCE SILVERMAN ..... SENIOR VP/COO(TERM 5/13/16)	50 0 ..... 0 0			X				704,188	0	91,981
DOUGLAS G SANBORN ESQ ..... SVP/GNRL COUNS(TERM 4/18/16)	50 0 ..... 0 4			X				555,747	0	65,518
RANDY M STODARD ..... VP/CMO	50 0 ..... 0 0			X				473,533	0	95,059
KEITH LIBOU ..... CHIEF CLINICAL OFFICER	50 0 ..... 0 0			X				431,691	0	91,325

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			
HART G COVEN ..... CIO/VP INFORMATION TECHNOLOGY	50 0 ..... 0 0			X				260,922	0	94,917
STEVEN FLEISCHER ..... VP/CHIEF SALES OFFICER	50 0 ..... 0 0			X				414,382	0	94,966
PAUL J DIMAIO ..... SVP/GENERAL COUNSEL	50 0 ..... 0 0			X				384,826	0	82,930
KATHLEEN FENNELL-BORGES ..... SVP HUMAN RESOURCES	50 0 ..... 0 0			X				285,164	0	65,765
THOMAS C KAHLER ..... VICE PRESIDENT	50 0 ..... 0 0			X				251,639	0	92,605
JOHN GUMKOWSKI ..... VICE PRESIDENT	50 0 ..... 0 0			X				251,198	0	87,935
LORI ACKER ..... SVP OPERATIONS	50 0 ..... 0 0			X				221,756	0	57,551
VINCENT FARINELLA ..... VICE PRESIDENT	50 0 ..... 0 0			X				210,972	0	57,822
ALLAN BERKIN ..... ACCOUNT EXECUTIVE	50 0 ..... 0 0					X		281,843	0	93,009
KIM WHITE-WAPELHORST ..... ACCOUNT EXECUTIVE	50 0 ..... 0 0					X		255,300	0	96,007

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			
DAVID ATHA ..... ASSISTANT VICE PRESIDENT	50 0 ..... 0 0					X		226,043	0	63,256
DOREEN PILIGIAN ..... AVP & ASSOCIATE GEN COUNSEL	50 0 ..... 0 0					X		203,649	0	53,398
JOHN ERICKSON ..... ASSISTANT VICE PRESIDENT	50 0 ..... 0 0					X		183,936	0	77,535

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318027657	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization DELTA DENTAL OF NEW JERSEY INC				Employer identification number 22-1896118	
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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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 . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered 'Yes' 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 . . . . .		10,060,407		10,060,407
b Buildings		9,709,010	1,544,024	8,164,986
c Leasehold improvements		1,704,108	1,529,662	174,446
d Equipment . . . . .		35,907,709	22,958,715	12,948,994
e Other . . . . .		480,308	456,809	23,499
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				31,372,332

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) EQUITY SECURITIES	30,819,327	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	30,819,327	

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
UNPAID CLAIMS	35,825,000
UNPAID CLAIMS ADJUSTMENT EXPEN	2,215,000
DEPOSITS AND ADVANCES	4,447,990
ACCRUED PENSION COSTS	11,638,214
OTHER LIABILITIES	11,311,133
DUE TO AFFILIATES	236,498
SECURITY DEPOSITS	77,145
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	65,750,980

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	638,344,541
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-661,345
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	2,773,799
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,112,454
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	636,232,087
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	3,004,826
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,004,826
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	639,236,913

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	640,426,175
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,605,209
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,605,209
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	635,820,966
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	3,162,597
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,162,597
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	638,983,563

**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:** 22-1896118

**Name:** DELTA DENTAL OF NEW JERSEY INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS SUBSIDIARIES AND AFFILIATE FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015 , RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE ORGANIZATION'S 2016 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE PLAN FOLLOWS THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THIS STANDARD, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION THE PLAN HAS EVALUATED THE LIKELIHOOD OF THEIR TAX POSITIONS BEING CHALLENGED AS REMOTE AND, ACCORDINGLY HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 - INTERCOMPANY RENT PAID TO DISREGARDED ENTITY - \$2,027,022, - EXPENSES OF DISREGARDED ENTITY - \$2,578,187, - NET CHANGE RELATED TO ACCRUED PENSION - \$(1,831,410)

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	OTHER AMOUNTS INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENTS - REINSURANCE REIMBURSEMENT - \$3,004,826,

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 - INTERCOMPANY RENT PAID TO DISREGARDED ENTITY - \$2,027,022, - EXPENSES OF DISREGARDED ENTITY - \$2,578,187

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 - REINSURANCE REIMBURSEMENT - \$3,004,826, - NET INCOME OF DISREGARDED ENTITY - \$157,771

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DELTA DENTAL OF NEW JERSEY INC

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.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
22-1896118

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 non-cash assistance	(h) Purpose of grant or assistance
(1) DELTA DENTAL OF NEW JERSEY FOUNDATION INC 1639 ROUTE 10 PARSIPPANY, NJ 07054	22-2764745	501(c)(3)	136,000				PROGRAM SUPPORT

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

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

0

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **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, QUESTION 2	DELTA DENTAL OF NEW JERSEY FOUNDATION, INC ("FOUNDATION"), A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, IS FUNDED SOLELY BY DELTA DENTAL OF NEW JERSEY, INC THE MONIES DISBURSED BY THE FOUNDATION ARE BASED ON GRANT REQUESTS WHICH ARE REVIEWED AND APPROVED BY THE FOUNDATION BOARD OF TRUSTEES BASED ON NEED IN THE CASE OF LARGE GRANT REQUESTS THAT MAY SPAN MULTIPLE YEARS, THE DISBURSEMENT MAY BE MADE FROM THE ORGANIZATION AND NOT ITS RELATED FOUNDATION THE ORGANIZATION'S BOARD OF TRUSTEES' APPROVAL IS REQUIRED FOR THIS TYPE OF COMMITMENT PROGRESS ON GRANTS OF THIS NATURE IS MONITORED BY THE ORGANIZATION WITH UPDATES PROVIDED TO THE BOARD OF TRUSTEES

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization DELTA DENTAL OF NEW JERSEY INC	Employer identification number 22-1896118
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Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	Yes	
<b>2</b> 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?	Yes	
<b>3</b> 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> 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.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> 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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
<b>8</b> 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.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III** Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, QUESTIONS 1A AND 1B	THE ORGANIZATION'S PRESIDENT/CEO TRAVELS FIRST CLASS ON BUSINESS RELATED FLIGHTS EXCEEDING THREE HOURS TO ATTEND ORGANIZATION RELATED WORK EVENTS. THIS PROVIDES THE PRESIDENT/CEO THE ABILITY TO WORK ON ORGANIZATIONAL MATTERS DURING TRAVEL. THE EXCESS COST OVER STANDARD RELATED TO THE 1ST CLASS TRAVEL WAS NOT INCLUDED IN HIS 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. THE ORGANIZATION PAID FOR FINANCIAL/TAX PLANNING SERVICES FOR CERTAIN EMPLOYEES. THE FINANCIAL/TAX PLANNING SERVICES AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S RESPECTIVE 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: DENNIS G. WILSON, \$750, STEVEN FLEISCHER, \$750, RANDY M. STODARD, \$550, THOMAS C. KAHLER, \$190 AND KATHLEEN FENNEL-BORGES, \$450. THE ORGANIZATION'S SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, JAMES SULESKI'S 2016 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$5,666 RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM AN AUTO ALLOWANCE. THE ORGANIZATION'S SENIOR VICE PRESIDENT OF HUMAN RESOURCES, KATHLEEN FENNEL-BORGES'S 2016 FORM W-2, BOX 5, INCLUDES TAX GROSS-UP PAYMENT OF \$3,896, RELATED TO HER FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM AN AUTO ALLOWANCE. THE ORGANIZATION'S CURRENT SENIOR VICE PRESIDENT/GENERAL COUNSEL, PAUL J. DIMAIO'S 2016 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$3,896, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM AN AUTO ALLOWANCE. THE ORGANIZATION'S CHIEF CLINICAL OFFICER, KEITH LIBOU'S 2016 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$3,534, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM AN AUTO ALLOWANCE. THE ORGANIZATION'S FORMER SENIOR VICE PRESIDENT/GENERAL COUNSEL, DOUGLAS G. SANBORN, ESQ.'S 2016 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$2,221, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM THE PERSONAL USAGE OF AN AUTO. THE ORGANIZATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER, DENNIS G. WILSON'S 2016 FORM W-2, BOX 5, INCLUDES TAX GROSS-UP PAYMENTS OF \$5,386 RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM THE PERSONAL USAGE OF AN AUTO AND FINANCIAL/TAX PLANNING SERVICES, RESPECTIVELY. THE ORGANIZATION'S VICE PRESIDENT/CHIEF MARKETING OFFICER, RANDY M. STODARD, INCURRED RELOCATION EXPENSES DURING 2016. THE ORGANIZATION PROVIDED HIM WITH A RELOCATION ALLOWANCE IN THE AMOUNT OF \$99,346 WHICH WAS INCLUDED IN HIS 2016 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. IN ADDITION, HIS FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$64,510 RELATED TO THIS RELOCATION ALLOWANCE. IN ADDITION, CERTAIN BOARD OF TRUSTEE MEMBERS' 2016 FORMS 1099-MISC INCLUDE TAX GROSS-UP PAYMENTS RELATED TO COMPENSATION PAID TO THEM FOR PERSONAL USAGE OF AN AUTO AND/OR FINANCIAL/TAX PLANNING SERVICES.
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE PARTICIPATION IN A PENSION RESTORATION supplemental executive retirement PLAN ("SERP") BECAUSE THE AMOUNTS ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: JAMES SULESKI, \$103,419, BRUCE SILVERMAN, \$158,199, STEVEN FLEISCHER, \$75,330 AND DOUGLAS G. SANBORN, ESQ., \$227,486. PLEASE NOTE THAT THE AMOUNTS REFLECTED INCLUDE A 27% TAX ADJUSTMENT WITH RESPECT TO THE SERP PAYMENTS TO MITIGATE THE TAX INEFFICIENCY OF THE NON-QUALIFIED SERP.
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	INCLUDED IN COLUMN B(II) FOR CERTAIN INDIVIDUALS IS A PAYMENT RELATED TO A PROGRESS INCENTIVE PROGRAM. UNDER THIS PROGRAM, A PAYMENT IS MADE TO THESE INDIVIDUALS WHICH IS BASED ON ESTABLISHED TARGETS, BENCHMARKS AND GOALS. IF MET, THE INDIVIDUALS RECEIVE, AS A PROGRESS INCENTIVE PAYMENT, ADDITIONAL COMPENSATION BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE ABOVE NOTED PAYMENT WAS INCLUDED IN EACH INDIVIDUAL'S 2016 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

Additional Data

Software ID:

Software Version:

EIN: 22-1896118

Name: DELTA DENTAL OF NEW JERSEY INC

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				
1RONALD DEBLINGER DMD CHAIRMAN - TRUSTEE	(i)	0	0	230,142	0	1,557	231,699	0
	(ii)	0	0	0	0	- 0	- 0	0
1DENNIS G WILSON PRESIDENT/CEO	(i)	514,297	341,301	29,709	50,350	41,311	976,968	0
	(ii)	0	0	0	0	- 0	- 0	0
2JAMES SULESKI SENIOR VP/CFO	(i)	291,957	146,297	134,036	50,350	42,821	665,461	0
	(ii)	0	0	0	0	- 0	- 0	0
3BRUCE SILVERMAN SENIOR VP/COO(TERM 5/13/16)	(i)	342,063	151,472	210,653	50,350	41,631	796,169	0
	(ii)	0	0	0	0	- 0	- 0	0
4DOUGLAS G SANBORN ESQ SVP/GNRL COUNS(TERM 4/18/16)	(i)	93,861	162,794	299,092	50,350	15,168	621,265	0
	(ii)	0	0	0	0	- 0	- 0	0
5RANDY M STODARDVP/CMO	(i)	261,350	47,445	164,738	50,350	44,709	568,592	0
	(ii)	0	0	0	0	- 0	- 0	0
6KEITH LIBOU CHIEF CLINICAL OFFICER	(i)	312,811	108,726	10,154	50,350	40,975	523,016	0
	(ii)	0	0	0	0	- 0	- 0	0
7HART G COVEN CIO/VP INFORMATION TECHNOLOGY	(i)	207,111	53,480	331	50,350	44,567	355,839	0
	(ii)	0	0	0	0	- 0	- 0	0
8STEVEN FLEISCHER VP/CHIEF SALES OFFICER	(i)	240,664	74,494	99,224	50,350	44,616	509,348	0
	(ii)	0	0	0	0	- 0	- 0	0
9PAUL J DIMAIO SVP/GENERAL COUNSEL	(i)	308,574	51	76,201	39,750	43,180	467,756	0
	(ii)	0	0	0	0	- 0	- 0	0
10KATHLEEN FENNELL-BORGES SVP HUMAN RESOURCES	(i)	211,542	62,326	11,296	50,350	15,415	350,929	0
	(ii)	0	0	0	0	- 0	- 0	0
11THOMAS C KAHLER VICE PRESIDENT	(i)	175,418	60,412	15,809	48,978	43,627	344,244	0
	(ii)	0	0	0	0	- 0	- 0	0
12JOHN GUMKOWSKI VICE PRESIDENT	(i)	240,270	7,269	3,659	47,983	39,952	339,133	0
	(ii)	0	0	0	0	- 0	- 0	0
13LORI ACKER SVP OPERATIONS	(i)	172,549	48,876	331	42,537	15,014	279,307	0
	(ii)	0	0	0	0	- 0	- 0	0
14VINCENT FARINELLA VICE PRESIDENT	(i)	159,810	46,831	4,331	40,858	16,964	268,794	0
	(ii)	0	0	0	0	- 0	- 0	0
15ALLAN BERKIN ACCOUNT EXECUTIVE	(i)	183,899	94,012	3,932	50,350	42,659	374,852	0
	(ii)	0	0	0	0	- 0	- 0	0
16KIM WHITE-WAPELHORST ACCOUNT EXECUTIVE	(i)	181,235	70,703	3,362	49,698	46,309	351,307	0
	(ii)	0	0	0	0	- 0	- 0	0
17DAVID ATHA ASSISTANT VICE PRESIDENT	(i)	192,606	24,818	8,619	48,841	14,415	289,299	0
	(ii)	0	0	0	0	- 0	- 0	0
18DOREEN PILIGIAN AVP & ASSOCIATE GEN COUNSEL	(i)	167,154	20,164	16,331	38,983	14,415	257,047	0
	(ii)	0	0	0	0	- 0	- 0	0
19JOHN ERICKSON ASSISTANT VICE PRESIDENT	(i)	164,178	19,139	619	35,967	41,568	261,471	0
	(ii)	0	0	0	0	- 0	- 0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
~~Internal Revenue Service~~Name of the organization  
DELTA DENTAL OF NEW JERSEY INC**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

22-1896118

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTION 3	The organization retained the services of an outside property manager TO MANAGE THE DAY TO DAY ACTIVITIES AND OPERATIONS OF its single member LIMITED LIABILITY COMPANY, 1639 Real E state, LLC

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	MEMBERS OF THE ORGANIZATION SERVE AS THE TRUSTEES OF THE ORGANIZATION AND EXISTING MEMBERS VOTE TO ELECT NEW MEMBERS OF THE ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY (ITS BOARD OF TRUSTEES) PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED WITHUMSMITH+BROWN, PC, A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION, TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S SENIOR MANAGEMENT AND INTERNAL WORKING GROUP TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S SENIOR MANAGEMENT, FINANCE PERSONNEL AND INTERNAL WORKING GROUP FOR REVIEW THESE INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S SENIOR MANAGEMENT AND INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING IT TO EACH VOTING MEMBER OF ITS GOVERNING BODY AND FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, SENIOR MANAGEMENT AND OTHER KEY PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO MEMBERS OF THE ORGANIZATION'S SENIOR MANAGEMENT SENIOR MANAGEMENT PROVIDES THE COMPLETED QUESTIONNAIRES TO THE ORGANIZATION'S AUDIT COMMITTEE FOR ITS REVIEW AND DISCUSSION WITH RESPECT TO CONFLICTS AND ANY ASSOCIATED MITIGATING BEHAVIOR THE AUDIT COMMITTEE THEN REPORTS TO THE ORGANIZATION'S BOARD OF TRUSTEES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE AND A HUMAN RESOURCES COMMITTEE. THE BOARD HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT TEAM, WHICH INCLUDES THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT/GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER. THE "TOTAL COMPENSATION" OF THE INDIVIDUALS REVIEWED INCLUDES BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THIS REVIEW IS DONE ON AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. COMPENSATION FOR THE SENIOR VICE PRESIDENT/GENERAL COUNSEL, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, WHO REPRESENT SENIOR MANAGEMENT OF THE ORGANIZATION, IS REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY, AND IS EFFECTIVE EACH JANUARY 1ST. THE PRESIDENT/CHIEF EXECUTIVE OFFICER'S PERFORMANCE IS REVIEWED BY THE EXECUTIVE AND HUMAN RESOURCES COMMITTEES OF THE BOARD OF TRUSTEES, WHICH PROVIDE INPUT TO THE FULL BOARD. COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES - NET CHANGE ARISING DURING THE PERIOD RELATED TO ACCRUED PENSION, (\$1,831,410)

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS SUBSIDIARIES AND AFFILIATE FOR THE YEARS ENDED DECEMBER 31, 2016 AND DECEMBER 31, 2015 , RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS CONSOLIDATED FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
DELTA DENTAL OF NEW JERSEY INC

Employer identification number  
22-1896118

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
(1) DELTA DENTAL OF NEW JERSEY PAC INC 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-3754874	RELATED	NJ	10,925	49,611	NA
(2) 1639 REAL ESTATE LLC 1639 ROUTE 10 PARSIPPANY, NJ 07054	RELATED	NJ	2,735,958	26,039,341	DDNJ

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELTA DENTAL OF NJ FOUNDATION INC 1639 ROUTE 10  PARSIPPANY, NJ 07054 22-2764745	PUBLIC SRVC	NJ	501(C)(3)	509(A)(3)	DDNJ	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
<b>(1)</b> DDPNJ CORPORATION 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-3085009	HOLDING COMPANY	NJ	DDNJ	C CORP	18,826,449	12,454,628	100 000 %	Yes	
<b>(2)</b> FLAGSHIP HEALTH SYSTEMS INC 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-2671069	DENTAL PLAN Org	NJ	DDPNJ	C CORP				Yes	
<b>(3)</b> DENTAL REINSURANCE COMPANY LTD 1639 ROUTE 10 PARSIPPANY, NJ 07054 98-0160853	FOREIGN REINS	NJ	DDPNJ	C CORP				Yes	
<b>(4)</b> DELTA DENTAL OF CONNECTICUT INC 148 EASTERN BLVD STE 310 GLASTONBURY, CT 06033 81-2414649	DENTAL PLAN Org	CT	DDPNJ	C CORP				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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a Yes

1b Yes

1c

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m

1n Yes

1o Yes

1p

1q Yes

1r

1s

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)DELTA DENTAL OF NJ FOUNDATION INC	B	136,000	COST
(2)DELTA DENTAL OF CONNECTICUT INC	Q	60,545	COST

Schedule R (Form 990) 2016

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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