

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization: DELTA DENTAL OF DELAWARE INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: ONE DELTA DRIVE
 City or town, state or province, country, and ZIP or foreign postal code: MECHANICSBURG, PA 17055

D Employer identification number: 51-0228088
E Telephone number: (717) 766-8500
G Gross receipts \$ 47,769,199

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

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

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

J Website: ▶ WWW.DELTADENTALINS.COM

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1987 **M** State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY, AND PROFESSIONAL SUPPORT.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	45,011,249	46,999,828
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,727	124,475
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,427	-70,664
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,119,549	47,053,639
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,500	52,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	38,185,637	39,811,434
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,390,826	6,623,205
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,629,963	46,486,639
19 Revenue less expenses. Subtract line 18 from line 12	489,586	567,000

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,183,956	11,593,568
21 Total liabilities (Part X, line 26)	6,835,355	7,677,967
22 Net assets or fund balances. Subtract line 21 from line 20	3,348,601	3,915,601

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2020-11-03

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

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-11-03
 Check if self-employed PTIN: P00538614
 Firm's name ▶ CBIZ MHM LLC Firm's EIN ▶ 34-1851358
 Firm's address ▶ 530 HOWELL ROAD SUITE 209 Greenville, SC 29615 Phone no. (864) 241-2001

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY, AND PROFESSIONAL SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 45,860,675 including grants of \$) (Revenue \$ 47,053,639)

See Additional Data

4b (Code:) (Expenses \$ 52,000 including grants of \$ 52,000) (Revenue \$)

See Additional Data

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

Blank lines for reporting program service accomplishments.

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

4e Total program service expenses ▶ 45,912,675

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		No
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a <input type="text" value="0"/></p>	<p>2b</p>
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>2b</p>
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	<p>3b</p>	<p>3b</p>
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>4a</p>	<p>No</p>
<p>b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>	<p>4a</p>	<p>4a</p>
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>	<p>No</p>
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>	<p>No</p>
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>	<p>5c</p>
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>	<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>	<p>6b</p>
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>		
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>	<p>7a</p>
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>	<p>7b</p>
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>	<p>7c</p>
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d <input type="text"/></p>	<p>7d</p>
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>	<p>7e</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>	<p>7f</p>
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>	<p>7g</p>
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>	<p>7h</p>
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p>8</p>	<p>8</p>
<p>9 Sponsoring organizations maintaining donor advised funds.</p>		
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>	<p>9a</p>
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>	<p>9b</p>
<p>10 Section 501(c)(7) organizations. Enter:</p>		
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a <input type="text"/></p>	<p>10a</p>
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b <input type="text"/></p>	<p>10b</p>
<p>11 Section 501(c)(12) organizations. Enter:</p>		
<p>a Gross income from members or shareholders</p>	<p>11a <input type="text"/></p>	<p>11a</p>
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	<p>11b <input type="text"/></p>	<p>11b</p>
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>		
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p>12b <input type="text"/></p>	<p>12a</p>
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>		
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	<p>13a</p>	<p>13a</p>
<p>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</p>	<p>13b <input type="text"/></p>	<p>13b</p>
<p>c Enter the amount of reserves on hand</p>	<p>13c <input type="text"/></p>	<p>13c</p>
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>	<p>No</p>
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	<p>14b</p>	<p>14b</p>
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	<p>15</p>	<p>No</p>
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	<p>16</p>	<p>No</p>

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(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			
(1) BARTH ANTHONY S FORMER PRESIDENT/CEO	0.00						X	0	15,472,045	33,055
(2) MARTINEZ BELINDA EXE. VICE PRES/CAO	1.00 49.00			X				0	4,469,890	-1,535,831
(3) HANKINSON MICHAEL G EXE. VICE PRES./CLO	1.00 49.00			X				0	1,753,369	49,178
(4) WEBER ALICIA F EXE. VICE PRES/CFO	1.00 49.00			X				0	1,602,696	57,035
(5) JACKSON KEVIN L EXE. VICE PRES/CGO - DIRECTOR	1.00 49.00	X		X				0	1,507,688	65,261
(6) GAREN KIRSTEN E EXE. VICE PRES/CIO	1.00 49.00			X				0	1,372,522	61,239
(7) CHAVARRIA SARAH EXE. VICE PRES/CPO	1.00 49.00			X				0	1,332,963	56,807
(8) GILBERT LEROY R JR EXE. VICE PRES/COO	1.00 49.00			X				0	728,736	44,802
(9) FOSTER JEANNE M VICE PRES. - TREASURER - DIRECTOR	1.00 49.00	X		X				0	615,993	52,279
(10) SHEETZ MARTY A DIRECTOR	1.00 49.00	X		X				0	602,408	51,076
(11) RODZINKA BARBARA A VICE PRES.	1.00 49.00			X				0	528,687	50,274
(12) GRAYBILL RICHARD C VICE PRES.	1.00 49.00			X				0	507,471	38,984
(13) DOERING RICK R FORMER SR. VICE PRES.	0.00						X	0	299,998	0
(14) RADINE GARY D FORMER PRESIDENT/CEO	0.00						X	0	207,930	89,790
(15) DRAKE PETER H DDS DIRECTOR	1.00 49.00	X		X				0	169,723	40,154
(16) CASTRO MICHAEL J PRESIDENT/CEO	1.00 49.00			X				0	3,176,790	-3,615,328

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f ▶				

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a DIRECT PREMIUMS		524114	46,999,828	46,999,828		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f. ▶			46,999,828			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		124,323	124,323			
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents		(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory		(i) Securities	715,712			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	715,560			
		c Gain or (loss)	7c	152			
	d Net gain or (loss) ▶			152	152		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue	Business Code						
11a BAD DEBT EXPENSE	524114		3,622	3,622			
b MISC EXPENSE	524114		-74,286	-74,286			
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			-70,664				
12 Total revenue. See instructions ▶			47,053,639	47,053,639	0	0	

Part IX Statement of Functional Expenses

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

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,000	52,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	39,811,434	39,811,434		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	41,540		41,540	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,474		3,474	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	10,750	9,777	973	
13 Office expenses	59,376	54,003	5,373	
14 Information technology	2,999	2,728	271	
15 Royalties	213,366	213,366		
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	43,435	43,435		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATIVE FEES	5,665,597	5,152,873	512,724	
b BROKER FEES	476,484	476,484		
c OUTSIDE SERVICES	104,561	95,099	9,462	
d OTHER EXPENSES	1,623	1,476	147	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	46,486,639	45,912,675	573,964	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,024,919	1	2,523,473
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,580,072	4	4,889,894
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	4,528,328	11	4,142,519
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	50,637	15	37,682
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,183,956	16	11,593,568	
Liabilities	17 Accounts payable and accrued expenses	2,459,098	17	2,922,897
	18 Grants payable		18	
	19 Deferred revenue	165,211	19	184,273
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	4,211,046	25	4,570,797
	26 Total liabilities. Add lines 17 through 25	6,835,355	26	7,677,967
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	3,348,601	31	3,915,601
32 Total net assets or fund balances	3,348,601	32	3,915,601	
33 Total liabilities and net assets/fund balances	10,183,956	33	11,593,568	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,053,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,486,639
3	Revenue less expenses. Subtract line 2 from line 1	3	567,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,348,601
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,915,601

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 51-0228088

Name: DELTA DENTAL OF DELAWARE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 201,932 BENEFICIARIES IN 2019 PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS SERVING 73 PURCHASING GROUPS. THE ORGANIZATION PAID MORE THAN \$39.8 MILLION FOR DENTAL CARE DURING 2019.

Form 990, Part III, Line 4b:

THE ORGANIZATION MADE GRANTS DURING 2019 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION, AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization: DELTA DENTAL OF DELAWARE INC
Employer identification number: 51-0228088

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? Yes 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? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 0

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,570,797

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,030,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	11,030,265
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,474	
b	Other (Describe in Part XIII.)	4b	36,019,900	
c	Add lines 4a and 4b		4c	36,023,374
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	47,053,639

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

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

1	Total expenses and losses per audited financial statements		1	10,463,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	10,463,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,474	
b	Other (Describe in Part XIII.)	4b	36,019,900	
c	Add lines 4a and 4b		4c	36,023,374
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	46,486,639

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: 51-0228088

Name: DELTA DENTAL OF DELAWARE INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COMPANY IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. CURRENT ACCOUNTING GUIDANCE CLARIFIES HOW UNCERTAINTIES IN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A FINANCIAL STATEMENT RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. POSITIONS INCLUDE THOSE WITH RESPECT TO THE COMPANY'S TAX EXEMPT STATUS AND WITH RESPECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE COMPANY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION.

Supplemental Information

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

Supplemental Information

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
DELTA DENTAL OF DELAWARE INC

Employer identification number
51-0228088

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	REINSURANCE	30,405,316
3a Sub-total	0	0			30,405,316
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			30,405,316

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3(E) - REINSURANCE:	EXPLANATION: THE ORGANIZATION REINSURES DENTAL SERVICE CONTRACTS WITH DELTA REINSURANCE CORPORATION, A BARBADOS INSURANCE COMPANY, AS A PROGRAM SERVICE WITHIN ITS EXEMPT PURPOSE. AS INDICATED IN PART I, THE ORGANIZATION'S REINSURANCE EXPENSES WERE \$30,405,316. THE ORGANIZATION'S REINSURANCE DEPOSITS WERE \$29,087,028. THE NET REINSURANCE LOSS WAS \$1,318,288.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization DELTA DENTAL OF DELAWARE INC

Employer identification number 51-0228088

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?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for DELTA DENTAL COMMUNITY CARE FOUNDATION and MISCELLANEOUS AMOUNTS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION AWARDS GRANTS AND PROVIDES OTHER ASSISTANCE THROUGH CONTRIBUTIONS AND/OR SPONSORSHIPS FOR PROGRAMS THAT FOSTER DENTAL HEALTH AND EDUCATION, AS WELL AS COMMUNITY SUPPORT. THROUGH THESE GRANTS, CONTRIBUTIONS AND SPONSORSHIPS, THE ORGANIZATION HELPS FINANCE HEALTH, EDUCATION, AND RESEARCH PROJECTS IN DENTISTRY, HEALTH AND HUMAN SERVICES, AND CIVIC AND/OR COMMUNITY ACTIVITIES. INDIVIDUAL GRANTS, CONTRIBUTIONS AND/OR SPONSORSHIPS WILL GENERALLY NOT EXCEED \$100,000 WITH EXCEPTION OF THE CONTRIBUTION MADE TO THE DELTA DENTAL COMMUNITY CARE FOUNDATION. GRANTS WILL BE LIMITED TO ONE-YEAR PROJECTS, SUBJECT TO RENEWAL. EXCEPT IN SPECIAL CASES, AN ORGANIZATION/ENTITY WILL NOT BE ELIGIBLE FOR MORE THAN ONE GRANT DURING ANY YEAR.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF DELAWARE INC

Employer identification number
51-0228088

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE PARENT HOLDING COMPANY OF THE ORGANIZATION, WHICH ALSO SERVES AS THE COMPENSATION COMMITTEE FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THE ENSUING YEAR AFTER REVIEWING COMPARABILITY DATA PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVER THE PRECEDING YEAR, AND THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS FOR THE PRIOR YEAR. COMPENSATION PAID TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE AFTER REVIEWING COMPARABILITY DATA IN A BENCHMARKING STUDY PREPARED AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR 2019 COMPENSATION.
PART I, LINE 4A:	DURING 2019, THE FORMER PRESIDENT/CEO, ANTHONY S. BARTH, RECEIVED A PAYMENT IN SETTLEMENT OF POTENTIAL LITIGATION AS A RESULT OF HIS TERMINATION FROM A RELATED ORGANIZATION. ADDITIONALLY, ONE EXECUTIVE, BELINDA MARTINEZ, RECEIVED A SEVERANCE PAYMENT UPON HER SEPARATION FROM A RELATED ORGANIZATION. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J AND REPORTED IN PART II, COLUMN(B)(III).
PART I, LINE 4B:	CERTAIN EXECUTIVES PAID BY A RELATED ORGANIZATION PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PROGRAM. THE RELATED ORGANIZATION PROVIDES A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO CERTAIN OF ITS SENIOR EXECUTIVES AS SELECTED BY THE BOARD OF DIRECTORS. THE SUPPLEMENTAL RETIREMENT BENEFIT IS BASED ON EACH EXECUTIVE'S COMPENSATION AND YEARS OF SERVICE TO THE ENTERPRISE. THE BENEFIT IS SUBJECT TO THE RISK OF FORFEITURE IF REQUIRED YEARS OF SERVICE ARE NOT MET. ANNUAL DEFERRED COMPENSATION RELATED TO THIS PLAN IS REPORTED IN SCHEDULE J, PART II, COLUMN (C) FOR EACH PARTICIPANT AND REFLECTS THE CURRENT YEAR INCREASE OR DECREASE IN THE RELATED ORGANIZATION'S PENSION BENEFIT OBLIGATION ("PBO"), CALCULATED PURSUANT TO GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE PBO INCREASE OR DECREASE INCLUDES CHANGES IN ACTUARIAL ASSUMPTIONS (E.G., APPLICABLE DISCOUNT RATE), AS WELL AS CHANGES IN COMPENSATION AND YEARS OF SERVICE. IN 2019, MICHAEL J. CASTRO, AND BELINDA MARTINEZ PARTICIPATED IN THE PLAN. IT SHOULD BE NOTED THAT DURING 2018, ANTHONY S. BARTH WAS TERMINATED AS PRESIDENT AND CEO OF DELTA DENTAL OF CALIFORNIA AND RELATED AFFILIATES. AS A RESULT OF THE TERMINATION, THE PBO WAS REDUCED FOR THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THAT RELATED TO MR. BARTH AND WAS REFLECTED ON THE 2018 RETURN OF DELTA DENTAL OF CALIFORNIA IN SCHEDULE J, PART II, COLUMN (C) IN THE AMOUNT OF \$30,985,150; HOWEVER, AN ACCRUAL WAS REFLECTED IN THE 2018 FINANCIAL STATEMENTS OF DELTA DENTAL OF CALIFORNIA FOR POTENTIAL SETTLEMENT EXPENSE IN CONTEMPLATION OF POTENTIAL LITIGATION WITH MR. BARTH. A FINAL SETTLEMENT PAYMENT WAS MADE BY DELTA DENTAL OF CALIFORNIA TO MR. BARTH IN MARCH 2019 WHICH WAS APPLIED AGAINST THE 2018 ACCRUAL. THIS PAYMENT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). FURTHERMORE, ON MAY 1, 2019, BENEFIT ACCRUALS UNDER THE PLAN CEASED AND THE PLAN WAS FROZEN. SUBSEQUENTLY ON FEBRUARY 6, 2020, THE PLAN WAS IRREVOCABLY TERMINATED AND ALL REMAINING PLAN BENEFITS WILL BE PAID IN A LUMP SUM ON OR AFTER FEBRUARY 7, 2021.
PART II, ROW (II):	THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION. ACCORDINGLY THEIR COMPENSATION IS REPORTED ON LINE (II).
PART II, ROW (II), COLUMN C:	THE AMOUNTS FOR TWO EXECUTIVES, MICHAEL J. CASTRO AND BELINDA MARTINEZ, REFLECT NEGATIVE VALUES DUE TO A DECREASE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AS OF DECEMBER 31, 2019. THE DECREASE IN ACTUARIAL VALUE OF THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WAS A RESULT OF THE PLAN FREEZE WHICH OCCURRED ON MAY 1, 2019.
PART II, ROW (II), COLUMN F:	MONTHLY INSTALLMENTS WERE RECEIVED BY ONE OF THE ORGANIZATION'S EXECUTIVE VICE PRESIDENTS, BELINDA MARTINEZ, IN 2019, PURSUANT TO THE TERMS OF THE RELATED ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THIS PLAN WAS DESIGNED FOR THE LONG-TERM RETENTION OF SENIOR EXECUTIVES (E.G., THE EXECUTIVE VICE PRESIDENT HAD BEEN WITH THE ORGANIZATION FOR MORE THAN 30 YEARS) AND IS BASED ON A PERCENTAGE OF HER AVERAGE ANNUAL COMPENSATION RECEIVED FOR THE THREE YEARS PRIOR TO AGE 65 OR RETIREMENT, WHICHEVER COMES FIRST, AND ON HER LIFE EXPECTANCY AS DETERMINED PURSUANT TO THE INTERNAL REVENUE CODE. THE EXECUTIVE VICE PRESIDENT'S ANNUAL COMPENSATION, UPON WHICH THE PENSION BENEFIT PAYMENT IS BASED, HAS BEEN ESTABLISHED IN ACCORDANCE WITH THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 FOR ESTABLISHING THE REBUTTABLE PRESUMPTION OF REASONABLENESS. THIS PROCESS INVOLVES REVIEW AND APPROVAL OF COMPENSATION BY THE RELATED ORGANIZATION'S BOARD OF DIRECTORS, RELIANCE ON COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, AND CONTEMPORANEOUS DOCUMENTATION OF DELIBERATIONS AND DECISIONS REGARDING COMPENSATION. THE PAYMENTS SHOWN IN SCHEDULE J, PART II, ROW I, COLUMN (B)(III) (AND CARRIED TO FORM 990, PART VII, SECTION A, COLUMN (E)) WERE THEREFORE TRIGGERED IN 2019 WHEN THE EXECUTIVE VICE PRESIDENT SEPARATED FROM THE RELATED ORGANIZATION. SEE RELATED NOTE ABOVE FOR SCHEDULE J, PART I, LINE 4B, WHICH DESCRIBES THE RELATED ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.

Additional Data

Software ID:
Software Version:
EIN: 51-0228088
Name: DELTA DENTAL OF DELAWARE 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				
1 BARTH ANTHONY S FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	15,472,045	33,055	0	15,505,100	0
1 MARTINEZ BELINDA EXE. VICE PRES/CAO	(i)	0	0	0	0	0	0	0
	(ii)	174,903	1,995,954	2,299,033	-1,542,951	7,120	2,934,059	370,768
2 HANKINSON MICHAEL G EXE. VICE PRES./CLO	(i)	0	0	0	0	0	0	0
	(ii)	499,077	1,196,450	57,842	29,400	19,778	1,802,547	0
3 WEBER ALICIA F EXE. VICE PRES/CFO	(i)	0	0	0	0	0	0	0
	(ii)	540,515	1,002,420	59,761	31,930	25,105	1,659,731	0
4 JACKSON KEVIN L EXE. VICE PRES/CGO - DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	499,554	982,622	25,512	33,422	31,839	1,572,949	0
5 GAREN KIRSTEN E EXE. VICE PRES/CIO	(i)	0	0	0	0	0	0	0
	(ii)	489,754	858,480	24,288	29,400	31,839	1,433,761	0
6 CHAVARRIA SARAH EXE. VICE PRES/CPO	(i)	0	0	0	0	0	0	0
	(ii)	519,538	799,042	14,383	29,400	27,407	1,389,770	0
7 GILBERT LEROY R JR EXE. VICE PRES/COO	(i)	0	0	0	0	0	0	0
	(ii)	367,308	350,000	11,428	29,400	15,402	773,538	0
8 FOSTER JEANNE M VICE PRES. - TREASURER - DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	274,437	308,214	33,342	29,400	22,879	668,272	0
9 SHEETZ MARTY A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	281,668	313,391	7,349	29,400	21,676	653,484	0
10 RODZINKA BARBARA A VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	248,043	267,713	12,931	29,400	20,874	578,961	0
11 GRAYBILL RICHARD C VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	234,551	258,883	14,037	29,400	9,584	546,455	0
12 DOERING RICK R FORMER SR. VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	0	299,998	0	0	0	299,998	0
13 RADINE GARY D FORMER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	196,154	0	11,776	89,790	0	297,720	0
14 DRAKE PETER H DDS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	141,218	27,424	1,081	17,707	22,447	209,877	0
15 CASTRO MICHAEL J PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,004,492	2,126,814	45,484	-3,647,204	31,876	-438,538	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization DELTA DENTAL OF DELAWARE INC	Employer identification number 51-0228088
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KEVIN L JACKSON	OFFICER OF RELATED ORGANIZATION	1,572,949	COMPENSATION RECEIVED FROM RELATED ORGANIZATION AS REPORTED ON FORM 990, CA		No
(2) JEANNE M FOSTER	OFFICER OF RELATED ORGANIZATION	668,272	COMPENSATION RECEIVED FROM RELATED ORGANIZATION AS REPORTED ON FORM 990, PA		No
(3) SHEETZ MARTY A	OFFICER OF RELATED ORGANIZATION	653,484	COMPENSATION RECEIVED FROM RELATED ORGANIZATION AS REPORTED ON FORM 990, CA		No
(4) DRAKE PETER H DDS	OFFICER OF RELATED ORGANIZATION	209,877	COMPENSATION RECEIVED FROM RELATED ORGANIZATION AS REPORTED ON FORM 990, PA		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

DELTA DENTAL OF DELAWARE INC

Employer identification number

51-0228088

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE CLASS OF MEMBERS, DESIGNATED CORPORATE MEMBERS, WHO ARE DIRECTORS OF DENTEGRA GROUP, INC., THE ORGANIZATION'S PARENT HOLDING COMPANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S DIRECTORS VOTE ON PERSONS NOMINATED AS DIRECTORS FOR ENDORSEMENT TO THE CORPORATE MEMBERS, WHO ELECT THE DIRECTORS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S CFO AND LEGAL COUNSEL OVERSEE THE COMPLETION OF THE FORM 990, AND PRIOR TO FILING REVIEW IT WITH THE PRESIDENT/CFO AND WITH THE DELTA DENTAL OF PENNSYLVANIA AUDIT COMMITTEE, TO WHICH SUCH DUTIES HAVE BEEN DELEGATED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND BETWEEN ANNUAL STATEMENTS IS REQUIRED TO DISCLOSE ANY NEW POSITION OR RELATIONSHIP FORMED THAT POTENTIALLY RAISES A CONFLICT OF INTEREST. LEGAL COUNSEL REVIEWS THESE DISCLOSURES AND REPORTS THE INFORMATION TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE PARENT HOLDING COMPANY OF THE ORGANIZATION, WHICH ALSO SERVES AS THE COMPENSATION COMMITTEE FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THE ENSUING YEAR AFTER REVIEWING COMPARABILITY DATA PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVER THE PRECEDING YEAR, AND THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS FOR THE PRIOR YEAR. COMPENSATION PAID TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE AFTER REVIEWING COMPARABILITY DATA IN A BENCHMARKING STUDY PREPARED AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR 2019 COMPENSATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION ANNUALLY INCLUDES MAJOR PORTIONS OF ITS FINANCIAL STATEMENT IN A PUBLISHED ANNUAL REPORT THAT IS MADE AVAILABLE TO PERSONS OR ENTITIES KNOWN TO HAVE AN INTEREST IN THE ORGANIZATION, AND IS AVAILABLE TO THE LARGER PUBLIC UPON REQUEST. STATUTORY FINANCIAL STATEMENTS ARE INCLUDED IN QUARTERLY AND ANNUAL RETURNS TO STATE DEPARTMENTS OF INSURANCE REGULATING THE ORGANIZATION WHICH RETURNS ARE AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII; SCHEDULE J; SCHEDULE R	THE ORGANIZATION, REGULATED BY THE DELAWARE DEPARTMENT OF INSURANCE, IS A MEMBER OF THE DELTA DENTAL OF CALIFORNIA ENTERPRISE COMPANIES, WHICH INCLUDE DELTA DENTAL OF CALIFORNIA, DELTA DENTAL OF PENNSYLVANIA AND AFFILIATED COMPANIES OPERATING IN 15 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO AND THE U.S. VIRGIN ISLANDS. THE ENTERPRISE COMPANIES COMPRISE ONE OF THE NATION'S LARGEST DENTAL BENEFITS DELIVERY SYSTEMS COVERING 36.1 MILLION ENROLLEES AND PROCESSING 40.8 MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRISE IS APPROXIMATELY \$8.9 BILLION IN 2019. THE ORGANIZATION REPRESENTS LESS THAN 1% OF TOTAL ENTERPRISE REVENUES.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF DELAWARE INC

Employer identification number

51-0228088

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 23-1667011	DENTAL INSURANCE	PA	501(C)(4)		DENTEGRA GROUP INC		No
(2) DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC		No
(3) DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC		No
(4) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC		No
(5) DELTA DENTAL OF CALIFORNIA 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1461312	DENTAL INSURANCE	CA	501(C)(4)		DENTEGRA GROUP INC		No
(6) DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC		No

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 51-0228088
Name: DELTA DENTAL OF DELAWARE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DENTEGRA GROUP INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C					No
DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS, ST. MICHAEL BB 98-0096711	REINSURANCE COMPANY	BB	DELTA DENTAL OF PENNSYLVANIA	C					No
DENTEGRA INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C					No
DENTEGRA INSURANCE CO OF NEW ENGLAND 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C					No
DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL OF NEVADA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL OF UTAH INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL PROGRAMS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL OF ALABAMA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL OF NEW MEXICO INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C					No
ALPHA DENTAL OF ARIZONA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C					No
DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C					No
DELTA DENTAL OF PUERTO RICO 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C					No
SERVICIOS DENTALES DENTEGRA SA DE CV INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE ADMINISTRATION	MX	DENTEGRA INSURANCE COMPANY	C					No
DDC INSURANCE HOLDINGS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALLIED ADMINISTRATORS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371	THIRD PARTY ADMIN SERVICES	CA	DDC INSURANCE HOLDINGS INC	C					No
DELTA DENTAL IPA OF NEW YORK INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC INSURANCE HOLDINGS INC	C					No
CONVECTION HUB INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 82-5288274	HEALTH AND WELLNESS	DE	DDC INSURANCE HOLDINGS INC	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DELTA DENTAL OF CALIFORNIA	P	76,795	
DELTA DENTAL INSURANCE COMPANY	P	4,218	
DELTA DENTAL OF PENNSYLVANIA	P	12,498	
DENTEGRA INSURANCE COMPANY	P	7,453	
DELTA DENTAL OF PENNSYLVANIA	M	5,281,071	
DELTA REINSURANCE CORPORATION	R	30,405,316	
DELTA REINSURANCE CORPORATION	S	29,087,028	
ALLIED ADMINISTRATORS INC	M	107,579	
DELTA DENTAL COMMUNITY CARE FOUNDATION	B	50,000	