DLN: 93493316044700

2019

OMB No. 1545-0047

Department of the Treasury

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

	or th			ning 01-01-2019 , and ending 12-	21-2010						
			C Name of organization	ming 01-01-2019 , and enumg 12-	31-2019		D Employ	er identi	fication number		
		pplicable: change	DELTA DENTAL OF TENNESSEE INC								
□ Na	me ch	ange					62-081	219/			
	tial ret		Doing business as								
		n/terminated d return		all is not delivered to street address) Room/s	suite		E Telephor	ne numbe	r		
		on pending	240 VENTURE CIRCLE	15 1151 45117 61 64 15 54 551 444 555)	Janes		(615) 2	55-3175	5		
			City or town, state or province, coun	try, and ZIP or foreign postal code			()-				
			NASHVILLE, TN 37228				G Gross re	eceipts \$ 2	210,586,558		
			F Name and address of principal	officer:	H(a)	Is this a	a group re	turn for			
			JEFFREY A NEWTON 240 VENTURE CIRCLE		` ′	subordi			□Yes ☑ No		
			NASHVILLE, TN 37228			Are all s	subordina	tes	☐ Yes ☐No		
[Ta:	x-exer	npt status:	☐ 501(c)(3) ☑ 501(c) (4) ■	insert no.) 4947(a)(1) or 527	ı	included		list (see	e instructions)		
1 W	eheit	·•• \\/\\	/W.DELTADENTALTN.COM	miserc no. y = 4947 (a)(1) or = 327	1		exemption	•	•		
, ,,	CDSIC	.c.P VVV	W.DELTADENTALIN.COM			J. 5 G. F. G	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		
K Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	riation Other >	L Year o	of formati	on: 1 965	M State	of legal domicile: TN		
• 1 011	0. 0.	gamzadon	corporation _ mast _ mast								
Pa	art I	Sum	mary		•			•			
			scribe the organization's mission or			IEC WE	CEDVE TU	IDOLICI.	OUR PROPUETS		
eu eu			Y, EDUCATION, AND PHILANTHRO	. WELLNESS OF THE PEOPLE IN THE CO PY.	MMUNIII	IES WE:	SERVE IH	ROUGH	OUR PRODUCTS,		
<u> </u>	-		,								
Ë	-										
ě	_	CL 1.11				250/	<i>c</i> :				
5				continued its operations or disposed of g body (Part VI, line 1a)			or its net a	assets.	10		
න් ග	l			the governing body (Part VI, line 1b)				4	8		
Activities & Governance	l		•	endar year 2019 (Part V, line 2a)				5	86		
<u> </u>	l		nber of volunteers (estimate if nec	, , , , , , , , , , , , , , , , , , , ,				6			
¥			· ·	VIII, column (C), line 12			-	7a	64,016		
	l			Form 990-T, line 39		· · ·		7b	<u> </u>		
	-		assa pasiness taxable income from				· Year	1/2	Current Year		
	8	Contribut	tions and grants (Part VIII, line 1h)		-	1 1101	· cui	0	- Carrent rear		
Š			gram service revenue (Part VIII, line 2g)								
Rəvenue		_	ent income (Part VIII, column (A), li				3,113,		185,447,28		
ď			enue (Part VIII, column (A), lines 5	·				216	11,05		
	l			st equal Part VIII, column (A), line 12)			376,653,		187,371,37		
			nd similar amounts paid (Part IX, co				5,187,		7,268,01		
	l		paid to or for members (Part IX, co				331,406,		140,292,93		
' 0	l		•	nefits (Part IX, column (A), lines 5–10)			10,383,	_	10,982,16		
See	l	•	, , ,	nn (A), line 11e)			10,303,	0	10,502,10		
Expenses	l .		raising expenses (Part IX, column (D), li					- -			
ă	l		penses (Part IX, column (A), lines 1	· ———	-		25,514,	400	25,761,51		
	l		enses. Add lines 13–17 (must equ	·	-		372,491,		184,304,629		
	l	•	less expenses. Subtract line 18 fro				4,162,		3,066,750		
- S	1	Revenue	icas expenses. Subtract line 10 fre		Begi	innina of	Current Y		End of Year		
Net Assets or Fund Balances							2.10	- [•		
326	20	Total ass	ets (Part X, line 16)				83,118,	169	87,479,09		
₹ <u>₹</u>	21	Total liab	ilities (Part X, line 26)				21,374,	075	18,857,52!		
ŽΞ	22	Net asset	cs or fund balances. Subtract line 2	1 from line 20			61,744,	094	68,621,57		
Pa	rt II	Sign	ature Block					•			
				ned this return, including accompanyin Declaration of preparer (other than ofi							
	nowle		if, it is tide, correct, and complete.	Declaration of preparer (other than on	incer) is be	aseu on	an miorm	ation of	Willelf preparer has		
		14									
		Signati	* ure of officer			2020- Date	11-10				
Sign Here		,									
пете	•		Y A NEWTON VICE PRESIDENT AUDIT & r print name and title	FINANCE							
		17	rint/Type preparer's name	Preparer's signature	Date			PTIN			
Da:-	1		ring type preparer a name	Troparci S signature	2020-11-0	- 1	: 📙 if	P0037865	51		
Paid		╮ ├╒	irm's name PLANTE & MORAN PLLC	1			mployed EIN ► 38	-1357951			
	pare	51 									
JSE	On	י ע 	irm's address ► 1111 MICHIGAN AVE S	E 100		Phone	no. (517)	332-6200	·		
			EAST LANSING, MI 488	323							
√lay t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				✓	Yes 🗌 No		

Form	990 (2019)						Page 2
Pa	rt III Stater	ment of Program Servic	e Accomplis	hments			
	Check i	f Schedule O contains a respo	nse or note to	any line in this Part III .			✓
1		e the organization's mission:					
	MISSION IS TO CATION, AND PH		NESS OF THE I	PEOPLE IN THE COMMUN	IITIES WE SERVE THROUGH OUR	PRODUCTS, ADVOC	CACY,
2	Did the organiz	zation undertake any significa	nt program ser	vices during the year wh	ich were not listed on		
	the prior Form	990 or 990-EZ?				🗌 Yes 🗹 N	0
	If "Yes," descri	ibe these new services on Sch	edule O.				
3	Did the organiz	zation cease conducting, or m	ake significant	changes in how it condu	cts, any program		
		be these changes on Schedul				☐ Yes 🔽	No
4	Describe the or Section 501(c)	rganization's program service	accomplishmer	to report the amount of	argest program services, as meas f grants and allocations to others,		
4a	(Code:) (Expenses \$	174,368,068	including grants of \$	7,268,013) (Revenue \$	185,394,323)	
	See Additional Da		2,2.2.,2.2.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program	n services (Describe in Schedu	ula O)				
+u	(Expenses \$	•	uding grants of	\$) (Revenue \$)	
4e	Total program	n service expenses ▶	174,368,0	68			

15

17

18

19

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Yes

Yes

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Pai	t 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	te 1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	es 3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rito provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	ght 6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodia 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	n 9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII or X as applicable.	, IX,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its t assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	otal 11b	Yes	
	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 🥞	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	ed 11d		No

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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

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

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

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

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

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

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

orm '	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	·			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
_]	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48,022			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0]		i

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and					
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
	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)? If "Yes," enter the name of the foreign country:	4a		No		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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 		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
	Organizations that may receive deductible contributions under section 170(c).					
	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				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
	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					
	Enter the amount of reserves on hand			NI -		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No		
	If Yes," has it filed a form 720 to report these payments? If I'vo, provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140				
	parachute payment(s) during the year?	15	Yes			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

		, ,,		, rage v
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I 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	lo" respo	onse to	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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?	16b	Yes	
	ction 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.			
	Own website \square Another's website \checkmark Upon request \square Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶JEFFREY A NEWTON VICE PRESIDENT AUDIT & FINANCE 240 VENTURE CIRCLE NASHVILLE, TN 372281604 (615) 7	42-6917	i	

Name and title

Part VII

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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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

 \checkmark

(F)

Estimated

amount of other

compensation

from the

Reportable

compensation

from related

organizations

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

• 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) (C) (B) (D) (E)

Position (do not check more

than one box, unless person

is both an officer and a

director/trustee)

Reportable

compensation

from the

organization

Average

hours per

week (list

any hours

	for rolated			, .		,		(14/ 2/1000	(1)/ 2/1000	organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	ees,	, and	Higl	hest Compensa	ted Employees	(conti	nued)	Page 8
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, t an of tor/t	ot che unle fficer trust	<u>, </u>	son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensatio from related organization (W-2/1099-	n a I s	(F) Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director			Former	MISC)	MISC)		related organizations		
See Additional Data Table												
			 	\vdash	_	 	_			+		
	 		\vdash	\vdash	\vdash	+	+					
					厂							
			\vdash	_	\vdash	 	-			_		
			\vdash	\vdash	+	+	+-					
1b Sub-Total	art VII, Section	Α.		•	•	•		1070 644	67.6			-3.4.034
Total (add lines 1b and 1c)										904,871		
2 Total number of individuals (including of reportable compensation from the			e IIsu	ea a	bov	e) wno	, rece	eived more than \$	100,000			
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			tee, ke		₃mpl •	oyee,	or hi	ghest compensate	d employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organization individual									om the	4	Yes	1,0
5 Did any person listed on line 1a recei services rendered to the organization									dividual for	5	100	No
Section B. Independent Contract	, ,		—	—	—		—			5		NO
Complete this table for your five high from the organization. Report compe	nest compensate									mpens	ation	
-	(A) and business addre				<u></u>	•••	-		(B) scription of services		(C Comper	
GISH SHERWOOD & FRIENDS INC	alla publicoo ada.	:55						MARKETIN				,154,180
209 10TH AVENUE SOUTH NASHVILLE, TN 37203												
WILLIS OF TENNESSEE INC								COMMISS	IONS		1	,063,666
26 CENTURY BLVD NASHVILLE, TN 37214												
LOCKTON COMPANIES LLC PO BOX 505115								COMMISS	IONS			492,707
ST LOUIS, MO 63150 DIGITAL INSURANCE INC				—	—			COMMISS	IONS	+		366,702
200 GALLERIA PKWY STE 1950												,
ATLANTA, GA 30339 TRINITY BENEFIT ADVISORS								COMMISS	IONS			331,872
4823 OLD KINGSTON PIKE KNOXVILLE, TN 37919												
2 Total number of independent contracto compensation from the organization ▶		: not lim	ited t	o th	iose	listed	abov	ve) who received r	more than \$100,0	00 of		

		(2019)	of -	Povor:						Page 9					
Part	VIII				resno	onse or note to any	line in this Part VIII			\sqcap					
		SHOOK II SCHOOL		5 Contains C	СЭРС		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514					
w &	1 a	a Federated campa	igns	· . [1 a										
Contributions, Gifts, Grants and Other Similar Amounts	l	b Membership due:	s .	. [1 b										
S. Gr		c Fundraising even		L	1c										
Siffs Iar /		d Related organiza			1d										
ıs, (imi		Government grantsAll other contribution		· [1e										
itior er S		and similar amounts above			1f										
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contribution lines 1a - 1f:\$	ns in	cluded in	1										
Sont		h Total. Add lines	1a-1	f	1g	•									
9						Business Code	T								
	2a	DENTAL CARE REVEN	IUE			624100	185,383,269	185,383,269							
He e		VICTOR INCLIDANCE	D E \ /E	NULE		021100	64,016		64,016						
Program Service Revenue	b	VISION INSURANCE	KEVE	INCE		624100	5 1,722		- 1,1-2-						
Ce H	c														
žer vi															
an S	d														
rogr	е														
•	f	All other program	serv	rice revenue.											
	g	Total. Add lines 2	2a-2	f	. •	185,447,285									
		Investment income similar amounts)		luding divide		nterest, and other	1,768,087	7		1,768,087					
		Income from invest				•	<u> </u>								
	5	Royalties	_			•	•								
				(i) Rea	al	(ii) Personal	4								
	6a	Gross rents	6a												
	b	Less: rental expenses	6b												
	С	Rental income or (loss)	6c												
	d	Net rental income					_								
				(i) Securi	ities	(ii) Other									
	7a	Gross amount from sales of assets other than inventory	lles of 7a 23,288,182 71 other				0								
	b	Less: cost or other basis and sales expenses	7b	23,1	130,033	85,14	6								
	c	Gain or (loss)	7c	1	158,149	-13,19	6								
		Net gain or (loss)					144,953	3		144,953					
Other Revenue	Ва	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	of line 1c).	8a										
Re	b	Less: direct expen	ses		8b										
ther	C	: Net income or (los	s) fr	om fundrais	ing ev	ents	_								
	9a	Gross income from See Part IV, line 19			9a										
		Less: direct expen : Net income or (los			9b	ies									
		. Net income or (los	3) 11	om gaming		les >	1								
	10a	aGross sales of inve returns and allowa	ento	ry, less	10a										
	b	Less: cost of good			10a		-								
	c	Net income or (los	s) fr	om sales of	invent	ory ►	_								
	11	Miscellaneo				Business Code 90009	9 11,054	1 11,054							
	-1	·aREIMBURSED EX	-⊨NS	DE5		90009	11,054	11,054							
	b														
	c	:													
	d	All other revenue	•												
	e	Total. Add lines 1	1a-:	11d		•	11,054	1							
	12	Total revenue. S	ee ir	nstructions			187,371,379		64,016	1,913,040					
										Form 000 (2010)					

Forr	n 990 (2019)				Page 10
P	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c		=		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,268,013	7,268,013		
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	140,292,935	140,292,935		
	Compensation of current officers, directors, trustees, and key employees	4,649,798	2,271,882	2,377,916	
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	4,078,947	1,920,640	2,158,307	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	466,192	243,504	222,688	
9	Other employee benefits	1,342,245	742,285	599,960	
10	Payroll taxes	444,982	250,709	194,273	_
11	Fees for services (non-employees):				
a	Management				
Ŀ	Legal	135,668		135,668	
c	: Accounting	70,686	42,412	28,274	
c	l Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	84,622		84,622	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	682,946	362,442	320,504	
12	Advertising and promotion	2,405,420	1,212,376	1,193,044	
13	Office expenses	2,453,578	1,520,787	932,791	
14	Information technology				
15	Royalties				
	Occupancy	504,260	293,274	210,986	
	Travel	488,209	162,779	325,430	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings	275,831		275,831	
	Interest				
	Payments to affiliates	161 670	265 204	406.205	
	Depreciation, depletion, and amortization	461,679	265,294	196,385	
	Insurance	86,067	14,425	71,642	
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 COMMISSIONS	8,018,761	7,930,943	87,818	
	b CLAIMS PROCESSING	5,858,085	5,849,979	8,106	
	c STATE PREMIUM TAX	3,049,631	3,049,631		
	d DUES AND SUBSCRIPTIONS	619,423	334,401	285,022	
	e All other expenses	566,651	339,357	227,294	
25	Total functional expenses. Add lines 1 through 24e	184,304,629	174,368,068	9,936,561	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

3

Assets

27

28

30

31

32

33

٥ 29

Assets

3,004,789

8,008,019

596,603

2,545,601

60,203,177

12.692.674

428,234

87,479,097

18,479,253

378,272

18.857.525

0

0

68.621.572

68,621,572

87,479,097

Form 990 (2019)

(B)

End of year

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12 13

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17

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27

28

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31

32

33

0 29

0

61.744.094

61,744,094

83,118,169

3,566,990

9,602,105

595,167

2,747,675

54,359,327

11.898.948

347,957

83,118,169

21,023,449

350,626

21.374.075

Beginning of year

8.414.534

5,868,933

Page **11**

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

Cash-non-interest-bearing									
Savings and temporary cash	inv	estr	nen	ts					
Pladage and grants receivable		t							

Pledges and grants receivable, net . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . .

Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

10a

10a Land, buildings, and equipment: cost or other Investments—publicly traded securities . Investments—program-related. See Part IV, line 11 Intangible assets .

10b b Less: accumulated depreciation 11 12 Investments—other securities. See Part IV, line 11 . 13 14 15 Other assets. See Part IV, line 11 . . .

16

17 Accounts payable and accrued expenses . 18 Grants payable .

Total assets. Add lines 1 through 15 (must equal line 34) . Deferred revenue . . .

19 20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

23 24 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Fund Balances

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Organizations that follow FASB ASC 958, check here <a> <a> and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

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

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 62-0812197

Name: DELTA DENTAL OF TENNESSEE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE PRIMARY PURPOSE OF DELTA DENTAL OF TENNESSEE IS TO PROVIDE PROFESSIONAL DENTAL SERVICES UNDER WRITTEN CONTRACTS WHICH ENTITLE THE SUBSCRIBERS TO REIMBURSEMENT FOR COVERED SERVICES PROVIDED BY LICENSED DENTISTS, PRIMARILY IN THE STATE OF TENNESSEE. BOTH LOCAL AND NATIONAL CONTRACTS ARE ADMINISTERED, WHICH HAVE THE KEY FEATURE OF GIVING SUBSCRIBERS ACCESS TO THE LOCAL PROVIDER NETWORKS MAINTAINED BY DELTA DENTAL OF TENNESSEE, AS WELL AS THE NATIONAL PROVIDER NETWORKS OF THE DELTA DENTAL SYSTEM UNDER THE DELTA USA PROGRAM, SEE SCHEDULE O FOR CONTINUATIONTHE COMPANY MAKES UNCONDITIONAL PROMISES TO GIVE, TO BOTH ITS FOUNDATION AND VARIOUS OTHER ORGANIZATIONS, WHICH SUPPORT EDUCATIONAL AND RESEARCH PROGRAMS FOR THE ADVANCEMENT OF DENTAL SCIENCE AND TO PROMOTE THE ORAL HEALTH OF THE PUBLIC THROUGH EDUCATIONAL AND SERVICE ACTIVITIES.DELTA DENTAL DENTAL OF TENNESSEE ASSISTED CLINICS THAT PRIMARILY SERVE THE WORKING POOR AND FUNDED AMBULATORY SURGERY CENTERS TO ALLOW INPATIENT ORAL HEALTH CARE. AT THE EDUCATION LEVEL, THE COMPANY ASSISTED DENTAL SCHOOLS IN ORDER TO KEEP THEIR FACILITIES AND TEACHING EQUIPMENT UP TO DATE AND FUNDED DENTAL SCHOLARSHIPS TO 3RD AND 4TH YEAR DENTAL STUDENTS.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation from the

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

and Independent Contractors

WILLIAM HAMILTON

MELISSA HUSCHKE

MICHELLE ACOSTA

VP BRAND STRATEGY

JEFFREY A NEWTON

VP AUDIT & FINANCE

......... ACCOUNT EXECUTIVE

VP CORPORATE OPERATIONS

	any hours	and	. u un	CCCC	J1 / C1	ustee	j	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
PHILIP A WENK PRESIDENT & CEO	39.00			х				1,067,966	0	98,117
PAMELA DISHMAN SENIOR VP EMPLOYEE RELATIONS	40.00			х				549,877	0	77,476
DONNA KAYE MARTIN SENIOR VP OPERATIONS	40.00			х				533,286	0	77,476

			Χ		533,286	0	77,476
SENIOR VP OPERATIONS	0.00						
JEFF BALLARD	40.00						
			Х		517,664	0	90,644
SENIOR VP OF FINANCE & CFO	0.00						
TRACY BAILEY	40.00						
				X	333,574	o	52,73 1
ACCOUNT EXECUTIVE	0 00						,

JEFF BALLARD	40.00		х			517,664	o	g
SENIOR VP OF FINANCE & CFO	0.00							
TRACY BAILEY	40.00							
					Χ	333,574	0	5
ACCOUNT EXECUTIVE	0.00							
JERRY R REAVIS JR	40.00							
			х	- 1		292,446	0	g

	0.00						
TRACY BAILEY	40.00						
			l	Х	333,574	0	52
ACCOUNT EXECUTIVE	0.00						
JERRY R REAVIS JR	40.00						
			Ιx		292,446	n	91
VP BUSINESS DEVELOPMENT			l ^`		232,110	Ĭ)1
VI BOOTILESS BEVELOTTIENT	0.00						
WILLIAM HAMILTON	40.00						

0.00 40.00

0.00 40.00

0.00 40.00

0.00

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	0.00								
TRACY BAILEY	40.00								
					X		333,574	n	52,731
ACCOUNT EXECUTIVE	0.00				^`		333,371	J	32,731
JERRY R REAVIS JR	40.00								
JERKI K KEAVIS SK				l _x l			292,446	a	91,894
VD DUCTNESS DEVELODMENT		l	l	l ^`	l	1	1 232,110	ı) 1,051

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248,819

208,190

194,467

189,149

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0

0

0

51,384

74,393

71,120

60,589

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

LESLIE SELLERS

DREW ROBINSON

DR PAUL BACON

CHAIRMAN

VICE CHAIR

DIRECTOR (THRU 8/2019)

	for related		_	-			_	(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
JONATHAN OAKS	40.00					×		197,070	0	30,381
MANAGER, SALES & ACCT MGT (THRU 8/2019	0.00							13,,0,0	,	50,501
SHANDA BROWN	40.00									47.000
VP CORPORATE AND COMMUNITY ENGAGEMENT	0.00			X				175,454	0	47,080
EMILY PEARSON	40.00									
ACCOUNT EXECUTIVE						X		142,248	0	44,022

EMILY PEARSON	40.00							44.000
ACCOUNT EXECUTIVE	0.00			X		142,248	0	44,022
DARLENE LEMOND	40.00			x		100.159	0	34,296
MANAGER, OPERATIONS	0.00			^		100,133		34,230
LARRY HOGG	40.00		<			87,992	0	3,268
			^		1	87,992	l o	3,200

DARLENE LEMOND	40.00			×	100.159	0	34,2
MANAGER, OPERATIONS	0.00			^	100,100		51,2
LARRY HOGG	40.00		<		87,992	0	2.2
VP INFORMATION SERVICES	0.00		^		87,992	0	3,2
	1.00						

DARLENE LEMOND				x	100,159	0	34,2
MANAGER, OPERATIONS	0.00				200,200		5 .72
LARRY HOGG	40.00		Х		87,992	0	3,2
VP INFORMATION SERVICES	0.00				07,332	3	3,2
DP 1ED 1ACORSON	1.00						

MANAGER, OPERATIONS	0.00				,		,
LARRY HOGG	40.00						
VP INFORMATION SERVICES	0.00		Х		87,992	0	3,268
DR JED JACOBSON	1.00	X			2,500	39,915	0

VP INFORMATION SERVICES	0.00				.,,,,,,	,	
DR JED JACOBSON	1.00				2,500	39.915	0
DIRECTOR (THRU 3/2019)	6.00	Λ.			2,300	33,313	
	1.00						

DR JED JACOBSON	1.00	Х			2,500	39,915	
DIRECTOR (THRU 3/2019)	6.00						
DR VICTOR BECK	1.00						
	•••••	Χ	Х		17,750	15,281	

1.00

5.00 1.00

0.00 1.00

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DIRECTOR (THRU 3/2019)	6.00				_,	, , , , , ,	
DR VICTOR BECK	1.00	¥	Y		17,750	15,281	0
IMMEDIATE PAST CHAIR	5.00	^			17,730	13,201	Ü

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8,000

18,000

16,000

10,415

0

0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

(MI 2/1000

12,500

12,000

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1,000

/W 2/1000

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

and Independent Contractors

DIRECTOR

DIRECTOR

DIRECTOR

AERIAL ELLIS

DR JAY SHEATS II

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JEAN EVETTE WHITE SECOND VICE CHAIR	0.00	Х		х				14,500	0	0
BRADLEY LAMPLEY DIRECTOR	1.00	Х						13,000	1,000	0
DR FREDRICK GUTHRIE JR DIRECTOR	1.00	Х						13,500	0	0
CHRIC HOLMES	1.00									

	2.00						
DR FREDRICK GUTHRIE JR	1.00						
	•••••	Χ				13,500	
DIRECTOR	0.00						
CHRIS HOLMES	1.00						
0.1140 11021120		X				13,000	
DIRECTOR	0.00	^				13,000	
JEROME MELSON	1.00						

0.00 1.00

0.00 1.00

1.00

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SCHEDULE D Supplemental Financial Statements

DLN: 93493316044700

OMB No. 1545-0047

2019

(Form 990)

▶ 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.

Open to Public

Department of the Treasury

► Attach to Form 990.

Intern	al Revenue Service Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructions and the latest inf	ormation. Inspection
	me of the organization TA DENTAL OF TENNESSEE INC		Employer identification number
DEL	TA DENTAL OF TENNESSEE INC		62-0812197
Pa	ort I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Ye		(b) founds and athen a counts
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
	<i>'</i>		+
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 advisor organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose	n be used only for e conferring impermissible Yes No
Pa	rt II Conservation Easements.		Tes E No
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	\square Preservation of land for public use (e.g., recreation	n or education) $igsqcup$ Preservation of a	an historically important land area
	Protection of natural habitat	\square Preservation of ϵ	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the f	orm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic		2c
d	Number of conservation easements included in (c) acqui		2d
3	structure listed in the National Register	d, released, extinguished, or terminated b	y the organization during the
	tax year ▶		
4	Number of states where property subject to conservatio	n easement is located >	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		g of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		170(h)(4)(B)(i) ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the		pense statement, and
Par	the organization's accounting for conservation easement TIII Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes		habanank and halama abaat
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in	n furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing 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, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for fin	
а	Revenue included on Form 990, Part VIII, line 1	, ,	▶ \$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

Sche	dule D	(Form 990) 2019								Page 2
Par	3000	Organizations Maint	aining Collections o	f Art, Histori	cal Treas	sures, o	r Other	Similar As	sets (co	ontinued)
3		the organization's acquisiti (check all that apply):	ion, accession, and other	records, check	any of the	following t	that are a	significant us	e of its	collection
а		Public exhibition		d	☐ Loa	n or exch	ange prog	ırams		
b		Scholarly research		е	Oth	ner				
С		Preservation for future gen	nerations							
4	Provid Part X	de a description of the organ	nization's collections and	explain how the	ey further t	he organiz	zation's ex	kempt purpos	e in	
5		g the year, did the organiza s to be sold to raise funds r							☐ Yes	. □ No
Par	t IV	Escrow and Custodia Complete if the organi X, line 21.		' on Form 990	, Part IV,	line 9, o	r reporte	ed an amoui	nt on Fa	orm 990, Part
1a		organization an agent, trus led on Form 990, Part X? .							☐ Yes	. □ No
b	If "Ye	s," explain the arrangemen	nt in Part XIII and comple	te the following	table:			An	nount	
c		ning balance	•	_		_	1c			
d	-	ons during the year					1d			
е		butions during the year					1e			
f		g balance					1f			
2a	Did th	- ne organization include an a	amount on Form 990. Par	t X. line 21. for	escrow or o	custodial a	ccount lia	ability?	☐ Yes	
b		s," explain the arrangemen						•		
	rt V	Endowment Funds.	C III I GITC XIII. CITCCK HOLC	THE CAPITALIA	ion nas bec	in provide	a m raic /			
		Complete if the organi	zation answered "Yes'							
			(a) Curren	t year (b) F	rior year	(c) Two y	ears back	(d) Three yea	rs back (e) Four years back
	_	ing of year balance								
		outions								
		estment earnings, gains, ar	nd losses							
		or scholarships expenditures for facilities								
		ograms								
		strative expenses								
g		year balance								
2		de the estimated percentage	,	balance (line 1	g, column ((a)) held a	ıs:			
а		l designated or quasi-endov	wment 🟲							
b		anent endowment 🟲	······································							
С		orarily restricted endowmer								
3a	Are th	ercentages on lines 2a, 2b, nere endowment funds not i ization by:	•		t are held a	and admin	istered fo	r the		Yes No
	-	related organizations .							3a(
	(ii) re	elated organizations							3a((ii)
b	If "Ye	s" on 3a(ii), are the related	l organizations listed as r	equired on Sche	dule R? .				31	b
4	Descr	ibe in Part XIII the intended	d uses of the organization	n's endowment	funds.					
Par	t VI	Land, Buildings, and		F 000	D			000 5		
	Descri	Complete if the organi	zation answered "Yes' (a) Cost or other basis	' on Form 990 (b) Cost or other				m 990, Par		e 10. I) Book value
	DESCII	paidit of property	(investment)	(2) Cost of Other	240.0 (Other	´ ``, ``,	uideed t	.55, 55,44011	, u	, 500K 74H4C
1 a	Land				231,28	18				231,288
	Buildin				2,425,14			1,090,975		1,334,167
		old improvements			55,25			52,648		2,606
		-								,

5,288,406

414,444

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

693,246

284,294

4,595,160

130,150

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Fe	orm 990. Part IV. line	11h.See Form 990. F	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives		2031 01 0110 01	year market value
(2) Closely-held equity interests			
(A) INVESTMENT IN SUBSIDIARY	11,424,586		С
(B) CERTIFICATES OF DEPOSIT (C)	1,268,088		C
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	12,692,674		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fe	orm 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 Fo		11d. See Form 990, Par	
(a) Description			(b) Book value
(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.	orm 000 Part IV line		<u>'</u>
Complete if the organization answered 'Yes' on Fo (a) Description of lia		TIE OF TIL.SEE FORM	(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	378,272
2. Liability for uncertain tax positions. In Part XIII, provide the text of		nization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the te	xt of the footnote has be	en 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.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Other (Describe in Part XIII.)

Page 4

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b 2c

2d

2e

Schedule D (Form 990) 2019

3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.) 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2019

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

Return Reference Explanation

Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

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

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.

OMB No. 1545-0047

DLN: 93493316044700

Open to Public Inspection

easury ternal Revenue Service		₽ G 0 t0 <u>ww</u>	ioi	the latest illioi matic	on.		
ame of the organization	N.O.					Employer identific	ation number
ELTA DENTAL OF TENNESSEE I	NC					62-0812197	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used 	ntain records to sub	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistant	ce, and	☑ Yes ☐ N
Describe in Part IV the org							☑ Yes ☐ N
Part II Grants and Other				ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
Enter total number of sections Enter total number of othe							36 1
		f F 000	<u> </u>	C-+ N- F00F			

(Form 990)

Department of the

Page **2**

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

(2) (3)

(4) (5)

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

(6) (7)

Explanation Return Reference

DONATIONS ARE BASED UPON DECISION FROM THE SENIOR STAFF AND APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET. PART I, LINE 2:

CONTRIBUTIONS ARE MONITORED MONTHLY BY SENIOR STAFF AND REPORTED TO THE BOARD THROUGH THE MONTHLY FINANCIAL STATEMENTS AND DISCUSSED AT THE BOARD MEETINGS.

Additional Data

SE WISCONSIN CHP 225 NORTH MICHIGAN AVE

SUITE 1700 CHICAGO, IL 60601

		Software ID	:		
		Software Version	:		
		EIN	: 62-0812197		
		Name	: DELTA DENTAL OF	TENNESSEE INC	
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic (
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f

(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)
or government				assistance	otner)

Form 990,5chedule 1, Part	11, Grants and	Other Assistance to	o Domestic Organiza	tions and Domesti	ic Governmer
(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 v (book, FMV, ap other)

overnments.		
Method of valuation	(a) Description of	Τ,

(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
ALSACST JUDE CHILDREN'S RESEARCH HOSP	35-1044585	501(C)(3)	131,900				EVENT SPONSORSHIP AND DONATION TO THE

-					
ALSACST JUDE CHILDREN'S RESEARCH HOSP 1102 17TH AVENUE SOUTH STE 300 NASHVILLE, TN 37212	35-1044585	501(C)(3)	131,900		EVENT SPONSORSHIP AND DONATION TO THE GENERAL FUND
ALZHEIMER'S ASSOCIATION	13-3039601	501(C)(3)	7,500		EVENT SPONSORSHIP

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

AMERICAN HEART ASSOCIATION INC 1818 PATTERSON ST NASHVILLE, TN 37203	13-5613797	501(C)(3)	33,293		EVENT SPONSORSHIP AND DONATION TO THE GENERAL FUND
AMERICAN RED	62-1411210	501(C)(3)	34,000		 EVENT SPONSORSHIP

IGENERAL FUND

AND DONATION TO THE

AMERICAN RED CROSSNASHVILLE AREA CHAPTR

2201 CHARLOTTE AVENUE NASHVILLE, TN 37203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government E04(0)(0) CO 000

501(C)(3)

BIG BROTHERS BIG SISTERS

1704 CHARLOTTE AVE 130

NASHVILLE, TN 37203

23-7056024

BALLAD HEALTH FOUNDATION	58-1594191	501(C)(3)	60,000		LEVENT SPONSOKSHIP
1905 AMERICAN WAY SUITE					
102					
KINGSPORT,TN 37660					

LEVENT SPONSORSHIP

IGENERAL FUND

AND DONATION TO THE

20.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CARLE 06-1620781 501(0)(3) 11 500 LEVENT SPONSORSHIP IATION TO THE

2802 BRANSFORD AVE NASHVILLE, TN 37204	00 1010,01	302(0)(3)	11,553		AND DONATION TO T GENERAL FUND
COMMUNITIES IN SCHOOLS OF TENNESSEE	46-1196944	501(C)(3)	50,000		DONATION TO THE GENERAL FUND

OF TENNESSEE 1207 18TH AVENUE SOUTH

NASHVILLE, TN 37212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EAST TENNESSEE CHILDREN'S 62-6002604 501(C)(3) 60.900 **IEVENT SPONSORSHIP**

IGENERAL FUND

HOSPITAL 2018 CLINCH AVE KNOXVILLE, TN 37916			·		AND DONATION TO THE GENERAL FUND
ERLANGER FOUNDATION	58-1664027	501(C)(3)	11,300		DONATION TO THE

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

975 EAST 3RD ST SUITE B-508

CHATTANOOGA, TN 37403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 62-1748601 501(C)(3) 11.500 FORT SANDERS FOUNDATION IEVENT SPONSORSHIP 280 FORT SANDERS WEST BLVD STF 202

BLVD STE 202
KNOXVILLE, TN 37922

GOVERNOR'S BOOKS BIRTH 20-1115704 501(C)(3) 200,000

FOUND 312 ROSA PARKS AVE TENNESSEE TOWER

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

27TH FLOOR NASHVILLE, TN 37243

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 62-0909363 501(C)(3) 50.000 **IEVENT SPONSORSHIP** HOSPITAL HOSPITALITY

AND DONATION TO THE

IGENERAL FUND

HOUSE
207 24TH AVE N
NASHVILLE, TN 37203

LE BONHEUR CHILDRENS 58-1404854 501(C)(3) 40,200 EVENT SPONSORSHIP

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

HOSPITAL FOUNDATION

MEMPHIS, TN 38174

PO BOX 41817

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 62-0485733 501(C)(3) 10.000 LIPSCOMB UNIVERSITY IEVENT SPONSORSHIP ONE UNIVERSITY PARK DRIVE

NAHVILLE, TN 37204 MEMHIS IN MAY 23-7308001 501(C)(3) 5.000 LEVENT SPONSORSHIP

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

INTERNATIONAL FESTIVAL 56 SOUTH FRONT STREET

MEMPHIS.TN 38103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MEMPHIS MUSEUMS INC. 62-0801926 501(0)(3) 10 0001 TEVENT SPONSORSHIP

3050 CENTRAL AVE MEMPHIS, TN 38111	02 0001320	301(0)(3)	10,000		EVENT STONSONSTILL
MONROE CARELL JR CHILDREN'S HOSPITAL	35-2528741	501(C)(3)	30,034		EVENT SPONSORSHIP AND DONATION TO THE

2525 WEST END AVENUE

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

NASHVILLE, TN 37203

IGENERAL FUND SUITE 450

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

LEVENT SPONSORSHIP

<u> </u>					
MONROE HARDING 1120 GLENDALE LANE	62-0476670	501(C)(3)	7,500		EVENT SPONSORSHIP
1120 GLENDALE LANE				1	
NASHVILLE, TN 37204					

75,000

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

501(C)(3)

MUSIC CITY BOWL INC

414 UNION STREET STE 800 NASHVILLE, TN 37219 62-1720086

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 02-0700616 501(C)(6) 50,000 **IEVENT SPONSORSHIP** NASHVILLE CONVENTION &

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

NASHVILLE PUBLIC	48-1266314	501(C)(3)	6,000		EVENT SPONSORSHIP
VISITORS BUREAU (NFL DRAFT) 150 4TH AVE NORTH SUITE G-250 NASHVILLE, TN 37219					

EDUCATION FOUNDATION 1207 18TH AVE SOUTH STE 202

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

NASHVILLE, TN 37212

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NISWONGER CHILDREN'S 62-1871605 501(0)(3) 10.2001 IDONATION TO THE

AND DONATION TO THE

IGENERAL FUND

HOSPITAL 400 N STATE OF FRANKLIN RD JOHNSON CITY, TN 37604	02 10/1000	302(0)(0)	10,200		GENERAL FUND
OPERATION STAND DOWN	62-1638832	501(C)(3)	40,000		EVENT SPONSORSHIP

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

TENNESSEE

1125 12TH AVENUE SOUTH

NASHVILLE, TN 37203

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) DECTONAL ONE HEALTHCADE 59-1727027 E01(C)(3) 6 5001 LEVENT COUNCODERID

FOUNDATION 877 JEFFERSON AVE MEMPHIS, TN 38103	30-1737037	301(0)(3)	0,300		EVENT SPONSONSHIP
SCOTT HAMILTON CARES FOUNDATION	47-2328142	501(C)(3)	60,000		EVENT SPONSORSHIP AND DONATION TO THE

IGENERAL FUND

FOUNDATION 2095 LAKESIDE CENTRE WAY STE 101

KNOXVILLE, TN 37922

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SECOND HARVEST 58-1450139 501(0)(3) 27 non1 LEVENT SPONSORSHIP

136 HARVEST LN MARYVILLE, TN 37801	30 1430133	301(0)(3)	27,000		EVENT STONSONSHIE
SECOND HARVEST FOOD BANK	62-1049447	501(C)(3)	17,500		EVENT SPONSORSHIP

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

NASHVILLE, TN 37228

OF MID TN 331 GREAT CIRCLE RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1835298 501(C)(3) 5.000 **IEVENT SPONSORSHIP** SUSAN G KOMEN 4009 HILLSBORO PIKE STE 209

NASHVILLE, TN 37215 TENNESSEE GOLF 58-1893478 501(C)(3) 34.000l **IEVENT SPONSORSHIP**

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

FRANKLIN, TN 37069

FOUNDATION 400 FRANKLIN RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TENNESSEE SPORTS HALL OF 23-7036422 501(C)(3) 15.000l **IEVENT SPONSORSHIP** FAME

17311
501 BROADWAY AVE
NASHVILLE, TN 37203
THE CHILDREN'S MUSEUM

MEMPHIS, TN 38104

1 OF 62-1326890 501(C)(3) 20.000 MEMPHIS 2525 CENTRAL AVE

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

IEVENT SPONSORSHIP

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) THE LEHIZEMIA O LYMPHOMA 12 5644016 E01(C)(2) 1 E 000 LEVENT COONCORCUID

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

SOCIETY 404 BNA DR STE 102 NASHVILLE, TN 37217	13-5644916	501(C)(3)	15,000		EVENT SPONSORSHIP
THE PAT SUMMITT	62-0807696	501(C)(3)	5,000		EVENT SPONSORSHIP

520 W SUMMIT HILL DRIVE **SUITE 1101**

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

KNOXVILLE, TN 37902

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE LINIVERSITY OF TN 62-1844686 501(0)(3) 510 0001 IDONATION TO THE FUND

0	02 20 1 1000	3 = 0,000		100.00
FOUNDATION INC				ATHLETICS F
62 S DUNLAP STE 500				
MEMPHIS,TN 38163				

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

PO BOX 190660 NASHVILLE, TN 37219

TN PERFORMING ARTS CENTER 58-1320590 501(C)(3) 60.000 **IEVENT SPONSORSHIP**

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

WEST TENNESSEE 58-1671241 501(C)(3) 20,850
HEALTHCARE FOUNDATION 620 SKYLINE DRIVE JACKSON, TN 38301

EVENT SPONSORSHIP AND DONATION TO THE GENERAL FUND

| GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENERAL FUND | GENE

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

NASHVILLE, TN 37228

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	L6044	700		
Sch	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047		
(Fori	m 990)		Compensa Janization answ	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV to Form 990.		2019				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open i	to Pul ectio			
Nar	me of the organiza				Employer identifica					
DEL	TA DENTAL OF TENN	NESSEE INC			62-0812197					
Pa	rt I Questi	ons Regarding Compensa	tion		02 0012137					
							Yes	No		
1a				the following to or for a person liste y relevant information regarding the						
		s or charter travel		Housing allowance or residence for	personal use					
		companions	님	Payments for business use of perso						
		nification and gross-up payment	s 📙	Health or social club dues or initiation						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes			
2				or allowing expenses incurred by all	4 - 3	2	Yes			
	airectors, truste	es, oπicers, including the CEO/E	executive Director	r, regarding the items checked on Lir	ne Ia?					
3	organization's C	EO/Executive Director. Check al	I that apply. Do r	d to establish the compensation of the check any boxes for methods CEO/Executive Director, but explain it						
	✓ Compens	ation committee	П	Written employment contract						
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study						
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No		
b		r receive payment from, a suppl				4b	Yes			
c				nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Par	t III.					
	Only 501 (-)(2) F01(-)(4) ===4 F01(-)(20)								
5), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any						
5		ontingent on the revenues of:		the organization pay or accrue any						
а	The organization	1?				5a		No		
b						5b		No		
	If "Yes," on line	5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section Ontingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a		No		
b	,			$\bullet = \bullet = \bullet$		6b		No		
	· ·	6a or 6b, describe in Part III.								
7	For persons liste payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did t s," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes			
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No		
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		110		
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	(Forn	1 990)	2019		

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, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page 3								
Part III Supplemental Information									
Provide the information, explanatio	n, 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 1A	TRAVEL EXPENSES WERE PAID FOR THE SPOUSE OF ANY BOARD MEMBER WHO CHOSE TO ATTEND THE SUMMER BOARD MEETING. THE AMOUNT PAID FOR EACH SPOUSE WAS REPORTED AS TAXABLE COMPENSATION ON A 1099 AND PROVIDED TO EACH RESPECTIVE BOARD MEMBER.								
PART I, LINE 4B	A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER SEC. 457(F) IS MAINTAINED BY THE ORGANIZATION FOR CERTAIN EXECUTIVE EMPLOYEES. UPON SEVERANCE FROM SERVICE PRIOR TO ATTAINMENT OF NORMAL RETIREMENT AGE, THE PARTICIPANT SHALL FORFEIT INELIGIBLE AMOUNTS IN THE PLAN UNLESS SUCH SEVERANCE IS DUE TO DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IN 2019, DR. PHILLIP WENK, MICHELLE ACOSTA, SHANDA BROWN, MELISSA HUSCHKE, JEFFREY NEWTON, JERRY REAVIS, PAMELA DISHMAN, DONNA MARTIN, AND JEFFREY BALLARD ACCRUED BENEFITS AS PARTICIPANTS IN THE PLAN, BUT DID NOT RECEIVE A DISTRIBUTION.								
PART I, LINE 7	AS INDICATED IN SCHEDULE J, PART II, OFFICERS OF THE ORGANZIATION RECEIVED A BONUS BASED ON PERFORMANCE AND THE FINANCIAL RESULTS OF THE ORGANZIATION. THIS BONUS WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.								

Schedule 1 (Form 990) 2019

Software ID:

Software Version:

(ii)

(i) Base Compensation

(ii)

EIN: 62-0812197

Name: DELTA DENTAL OF TENNESSEE INC

(iii)

(E) Total of columns

(B)(i)-(D)

benefits

(F) Compensation in

column (B)

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

(D) Nontaxable

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(B)(I)-(D)	reported as deferred on prior Form 990
1PHILIP A WENK PRESIDENT & CEO	(i)	653,955	402,980	11,031	74,690	23,427	1,166,083	0
	(ii)	0	0	0	0	0	0	0
1PAMELA DISHMAN SENIOR VP EMPLOYEE	(i)	262,885	280,558	6,434	66,306	11,170	627,353	0
RELATIONS	(ii)	0	0	0	0	0	0	0
2DONNA KAYE MARTIN SENIOR VP OPERATIONS	(i)	246,894	280,558	5,834	66,306	11,170	610,762	0
	(ii)	0	0	0	0	0	0	0
3JEFF BALLARD SENIOR VP OF FINANCE &	(i)	237,753	278,404	1,507	56,798	33,846	608,308	0
CFO	(ii)	0	0	0	0	0	0	0
4TRACY BAILEY ACCOUNT EXECUTIVE	(i)	29,635	297,435	6,504	18,885	33,846	386,305	0
	(ii)	0	0	0	0	0	0	0
5 JERRY R REAVIS JR VP BUSINESS	(i)	217,776	63,447	11,223	58,048	33,846	384,340	0
DEVELORMENT	(ii)	0	0	0	0	0	0	0
6WILLIAM HAMILTON ACCOUNT EXECUTIVE	(i)	44,674	198,608	5,537	17,538	33,846	300,203	0
	(ii)	0	0	0	0	0	0	0
7MELISSA HUSCHKE VP CORPORATE	(i)	156,820	50,079	1,291	40,547	33,846	282,583	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
8MICHELLE ACOSTA VP BRAND STRATEGY	(i)	139,607	46,881	7,979	37,274	33,846	265,587	0
	(ii)	0	0	0	0	0	0	0
9JEFFREY A NEWTON VP AUDIT & FINANCE	(i)	142,443	46,391	315	37,162	23,427	249,738	0
	(ii)	0	0	0	0	0	0	0
10JONATHAN OAKS MANAGER, SALES & ACCT	(i)	115,265	77,596	4,209	7,817	22,564	227,451	0
MGT (THRU 8/20	(ii)	0	0	0	0	0	0	0
11SHANDA BROWN VP CORPORATE AND	(i)	130,820	43,748	886	26,661	20,419	222,534	0
COMMUNITY ENGAGEMEN	(ii)	0	0	0	0	0	0	0
12EMILY PEARSON ACCOUNT EXECUTIVE	(i)	38,284	98,625	5,339	10,176	33,846	186,270	0
a de la companya de	1							

other deferred

efile GRAPHI	print - DO N	OT PROCES	S As F	iled Data -					DL	N: 93	4933	1604	14700		
Schedule L		Tran	sactio	ns with Ir	ntereste	d Persor	าร			01	MB No.	1545-	-0047		
(Form 990 or 990	-EZ) ► Comple	ete if the orga	anization a	ınswered "Yes	s" on Form 9	90, Part IV, li	ines 2	25a, 2	25b, 26	5,	20	10	Q		
		27, 28a,		3c, or Form 99 ch to Form 990			40b.				20	<u> </u>	<u> </u>		
Department of the Trea		Go to <u>www.ii</u>	rs.gov/For	<u>m990</u> for inst	ructions and	the latest in	forma	tion.		9	Open t				
Name of the org							Er	mplo	yer ide	entifica	Insp ation n				
DELTA DENTAL OF	TENNESSEE INC							• 2-081	2107						
Part I Exce	ss Benefit Tra	nsactions (s	section 501	(c)(3), section !	501(c)(4), and	d section 501(c				s only).				
Comp	ete if the organiz	ation answered	d "Yes" on F	orm 990, Part	IV, line 25a oı	r 25b, or Form	990-E	Z, Pa	rt V, lii	ne 40b					
1 (a) Name of disqua	lified person	(b)	Relationship be	etween disqua organization	lified person ar	nd	(c) Description transaction			``				
					Ji gai ii Zadioii			uransaction			16	es	No		
							_								
2 Enter the ar	nount of tax incu	rred by the ord	anization n	nanagers or dis	gualified perso	ons durina the	vear ı	under	section						
4958			·			_	•			\$					
3 Enter the ar	nount of tax, if ar	ny, on line 2, a	above, reim	bursed by the o	rganization .		•			\$					
Con	ans to and/or plete if the organ prized an amount of (b) Relationship	nization answe on Form 990, I	red "Yes" o Part X, line	n Form 990-EZ, 5, 6, or 22	,	,									
interested person				nization?	(e) Original principal amount	due		board		default? Approved b board or committee		ved by rd or	´		
			То	From	1		Yes	No	Yes	No	Yes	1	No		
				-							\vdash				
Total .					\$										
Part III Gra	nts or Assista iplete if the org	nce Benefit	ing Inter	ested Perso	ns.	line 27									
(a) Name of inter		arrizacion arr		(c) Amount		(d) Type	of assi	istanc	e T	(e) Pu	rpose o	f assis	stance		
(-,		terested perso organizat	n and the	(3,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		(=, -, -, -, -				(-)					
						1									
						+									
						†			-+						
				1		+			-						

Part IV Business Transactions II Complete if the organizatio			a, 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) Sh o organiz rever	ation's
				Yes	No
(1) BECK DENTAL CARE	DR. VICTOR BECK, IMMEDIATE PAST CHAIR DDTN, IS AN OWNER IN BECK DENTAL CARE	181,089	HEALTH CARE PAYMENTS		No
(2) JIMMY B SHEATS DDS PC	DR. JAY SHEATS II, BOARD MEMBER DDTN, IS AN OWNER IN JIMMY B SHEATS DDS	150,615	HEALTH CARE PAYMENTS		No

IB SHEATS DUS

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

Part V

Supplemental Information

Return Reference

Explanation

Page 2

Schedule L (Form 990 or 990-EZ) 2019

efile GRAPH	IIC print - I	DO NOT PROCE	SS	As Filed Data -				DLN:	93493316044700		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury 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		
Name l B€the เอโg DELTA DENTAL OF	BMZation TENNESSEE IN	c emental Inforn	natio	on			Employe 62-08121		ification number		
Return Reference					Exp	blanation					
FORM 990, PART VI, SECTION A, LINE 6	THE ORGA	NIZATON HAS OF	IE M	EMBER, RENAISSAN	ICE H	EALTH SERVICE COR	PORATION.				

Explanation Return Reference

FORM 990. THE ORGANIZATION'S SOLE MEMBER. RENAISSANCE HEALTH SERVICE CORPORATION. HAS VOTING RIGHTS. THESE VOTING RIGHTS ALLOW THE SOLE MEMBER TO ELECT DIRECTORS.

PART VI. SECTION A. LINE 7A

Return Explanation

FORM 990,	IF ANY TRANSFER OF ASSETS, INVESTMENT, LOAN GUARANTY OR EXPENDITURE WHICH, INDIVIDUALLY OR
PART VI,	NTHE AGGREGATE DURING ANY CALENDAR YEAR, EXCEEDS TEN PERCENT (10%) OF DDTN'S NET ASSETS
SECTION A,	AT THE TIME OF SUCH ACTION, THE TRANSACTION MUST BE APPROVED BY RENAISSANCE HEALTH SERVIC
LINE 7B	E CORPORATION PRIOR TO THE CONSUMMATION OF SUCH TRANSACTION.

Return Explanation
Reference

FORM 990, PART VI, S WERE GIVEN ONE WEEK TO REVIEW THE 990 AND TO PROVIDED TO THE BOARD MEMBERS. BOARD MEMBER S WERE GIVEN ONE WEEK TO REVIEW THE 990 AND TO PROVIDE ANY QUESTIONS REGARDING THE 990. AN SECTION B, Y QUESTIONS ARE THEN ADDRESSED PRIOR TO FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ENTERPRISE'S VICE PRESIDENT AND GENERAL COUNSEL IS CHARGED WITH REVIEWING AND MONITORI NG ANY POTENTIAL CONFLICT OF INTEREST TRANSACTIONS. ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY. THIS POLICY REQUIRES THAT ANY CONFLICTS OF INTEREST BE DISCLOSED ON AN ANNUAL BASIS, OR AT ANY OTHER TIME THAT THE PERSON EXECUTING THE POLICY BECOMES AWARE OF A SITUATION OR TRANSACTION THAT ACTUALLY OR POTENTIALLY CREATES A CONFLICT OF INTEREST. IF A PROHIBITED T RANSACTION WERE IDENTIFIED, THE MATTER WOULD BE BROUGHT TO THE CHAIRPERSON OF THE BOARD FOR FURTHER REVIEW AND APPROPRIATE ACTION. IN THE EVENT OF A CONFLICT OF INTEREST INVOLVING A MEMBER OF THE BOARD OF DIRECTORS, SUCH AS A CONFLICT IN WHICH A MEMBER HAD AN INTEREST, THE MEMBER IS REQUIRED TO DISCLOSE THE POTENTIAL CONFLICT AND ABSTAIN FROM ANY VOTE ON THE MATTER. WHETHER FURTHER PRECAUTIONS ARE REQUIRED (E.G., PROHIBITING THE INTERESTED PARTY FROM ENGAGING IN DISCUSSIONS) WOULD DEPEND UPON THE SPECIFIC NATURE AND BACKGROUND OF THE CONFLICT.

Return

Reference	
FORM 990,	OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR ALL EMPLOYEES. FOR
PART VI, SECTION B.	CEO SALARY AND BENEFITS, THE FINAL DETERMINATION OF COMPENSATION IS APPROVED BY THE EXECUT IVE COMMITTEE OF THE BOARD OF DIRECTORS. WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS B
LINE 15	ASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS. THE DELIBERATIONS
	AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTE E MINUTES AND APPROVED BY THE BOARD. ALL OTHER COMPENSATION INFORMATION IS REVIEWED AND AP
	PROVED BY THE AUDIT AND FINANCE COMMITTEE AS PART OF THE YEARLY BUDGET APPROVAL PROCESS. T
	HE APPROVED BUDGET IS ALSO PRESENTED TO THE BOARD AND IS DOCUMENTED IN THE MINUTES.

Explanation

Return Explanation
Reference
FORM 990. NO DOCUMENTS AVAILABLE TO THE PUBLIC.

LINE 19

FORM 990, NO DOCUMENTS AVAILABLE TO THE PUBLIC.
PART VI,
SECTION C.

Return Reference	Explanation
FORM 990	CERTAIN EMPLOYEES ARE OFFICERS OF MULTIPLE COMPANIES WITHIN THE ENTERPRISE. THE AVERAGE HO
PART VII:	URS WORKED REFLECTS APPROXIMATE TIME SPENT IN EACH OF THOSE INDIVIDUAL COMPANIES. WHILE TH

Evalanation

PART VII E HOURS ARE ALLOCATED TO INDIVIDUAL COMPANIES, MUCH OF THE OFFICERS' TIME IS SPENT WORKING ON ISSUES THAT IMPACT THE ENTIRE ORGANIZATION, NOT JUST ONE COMPANY, COMPENSATION IS REPO RTED IN FULL TO AGREE TO THE EMPLOYEE'S W-2 AS REQUIRED BY IRS INSTRUCTIONS. ANY ALLOCATION N OF COMPENSATION IS INCLUDED ON SCHEDULE R.

Return Explanation Pafaranca

Reference	
FORM 990,	CHANGE IN INVESTMENT IN SUBSIDIARY -67,008. FOREIGN CURRENCY TRANSLATION -20,479.
PART XI	

LINE 9:

Return Explanation

FORM 990,
PART XII,
D FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AN DISELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Return Reference	Explanation
FORM 990, PART I, LINE 12 AND 18:	AS OF JANUARY 1, 2019, THE COMPANY ADOPTED FASB ASU NO. 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606). THE ASU IS BASED ON THE PRINCIPLE THAT REVENUE IS RECOGNIZED TO DEPICT THE TRANSFER OF GOODS OR SERVICES TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR SERVICE S. THE COMPANY'S REVENUE CONSISTS OF DENTAL CARE CONTRACTS, ADMINISTRATIVE SERVICE CONTRACTS, AND ADMINISTRATIVE FEES. ADMINISTRATIVE SERVICES CONTRACTS IN PLACE WITH CUSTOMERS PROVIDE ACCESS TO A NETWORK OF DENTAL PROVIDERS AND SERVICE COST PROCESSING SERVICES. AS A RESULT, ADMINISTRATIVE SERVICES CONTRACTS ARE NOT ACCOUNTED FOR AS DENTAL CARE CONTRACTS. PRIOR TO THE ADOPTION OF ASU 2014-09, ADMINISTRATIVE SERVICE CONTRACTS WERE REPORTED ON A GROSS BASIS. UPON ADOPTION OF ASU 2014-09 ADMINISTRATIVE SERVICE CONTRACTS ARE REPORTED NET AND ONLY THE ADMINISTRATIVE FEES ARE REPORTED AS DENTAL CARE REVENUE. THE CHANGE IN ACCOUNTING PRINCIPLE HAD NO CUMULATIVE EFFECT ON JANUARY 1, 2018 NET ASSETS. DURING 2019, THE COMPANY PAID DENTAL SERVICE EXPENSES, AND RECEIVED REIMBURSEMENT, TOTALING \$200,406,275, WHICH HAS BEEN EXCLUDED FROM PROGRAM SERVICE REVENUE AND PURCHASED DENTAL SERVICE EXPENSE IN ACCORDANCE WITH ASU 2014-09.

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Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2019

Employer identification number

62-0812197

DLN: 93493316044700

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

DELTA DENTAL OF TENNESSEE INC

(Form 990)

▶ Attach to Form 990.▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) LIQUID CORN LLC **OWNS SUITE 244** TN -157 0 FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-3349680 (2) PREMIER INSURANCE SERVICES LLC INSURANCE BROKER TN -206 50,357 FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 11-3662057 (3) SUITE 244 PARTNERS LLC HOLDS THE LEASE TO TN 0 0 FORE HOLDING CORPORATION 240 VENTURE CIRCLE SUITE 244 AT LP FIELD (TITANS STADIUM) NASHVILLE, TN 37228 20-3643584 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. See Additional Data Table (a)
Name, address, and EIN of related organization (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? No Yes For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Name, address, and EIN of related Organization related organization related organization related organization 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. Predominant Share of Order-Veral allocations (Share of April 100 income (related, our ordering and the controlling of 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. Predominant Share of Share of Share of Order-Veral allocations (Share of Veral Income end-of-year allocation) assets to claim one of the controlling of the contr	(k)	i) T	/÷	(i)	T	,)	/1	(g)	f)	(f)		(e)	(d)		(c)	(b)			1)	1:			
ARIDGE ST DEWITT, MI 48820 20-0061957 A BRIDGE ST DEWITT, MI	Percentag g ownership	ral or aging ner?	Gener mana partr	nount in ox 20 of edule K-1	amo box Scheo	rtionate tions?	Disprop alloca	Share of end-of-year	re of	Share o	nant lated, ed, from der 512-	Predomir income(rel unrelate excluded tax und sections!	Direct ntrolling	e co	Legal domicile (state or foreign				s, and EIN of	Name, addres			
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) Legal domicile (State or foreign) Direct controlling Type of entity (C corp, S corp, or trust) income ownership assests assests assests		No	Yes		₩	No	Yes							NI/A	MT	DITAL				LIECME I.I.C			
See Additional Data Table (a) Name, address, and EIN of related organization (b) Primary activity Admicile (state or foreign (c) Admicile (state or foreign (c) Admicile (state or foreign (c) (d) (d) (e) (f) Share of total (c) Share of end-of- (c) Year ownership or trust) ownership														IN/A	MI					BRIDGE ST TT, MI 48820			
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(a) (b) (c) (d) (e) (f) (g) (h) Name, address, and EIN of related organization (state or foreign (state or foreign)) (b) (c) (d) (e) (f) (g) (f) (share of end-of-dependent of the controlling (state or foreign)) (c) (d) (e) (f) (f) (g) (f) (f) (f) (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	4	e 34	√, lin	, Part I\	990,	Form	es" on	wered "Ye	n ans	ization a													
related organization domicile entity (C corp, S corp, income year ownership (state or foreign or trust) assets	(i) Section 512		h)	(Perci	d-of-	(g)	l Shar	(f) Share of tota	itity		Type	(d)	Direct		(c)	(
	(13) control entity?					year			corp,	orp, S corp,	(C cor				micile or foreign	domicile (state or fore	dom (state o	don (state o	dor (state o	ary decryley	Triniary de		related organization
					\Box																		
					$\neg \neg$																		

(1)SMILE 180 FOUNDATION

(3)SMILE 180 FOUNDATION

(2) DELTA DENTAL PLAN OF MICHIGAN INC

(4) DELTA DENTAL OF NORTH CAROLINA

Sale of assets to related organization(s).

Purchase of assets from related organization(s) .

Exchange of assets with related organization(s)

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

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

No

No No

No

No

No

No

No

No No

No

No

1f

1k

11

1n

10 Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1m Yes

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	s No
1 During the tay year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV2	T	$\overline{}$

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No						
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	La	Yes							
b	Gift, grant, or capital contribution to related organization(s)	b	Yes							
C	Gift, grant, or capital contribution from related organization(s)	Lc		No						
А	Loans or loan guarantees to or for related organization(s)	.d		No						

а	Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
	· ·			

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.

(b)

Transaction type (a-s)

0

Amount involved

5,250,000

5,213,439

211,508

880

ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

Name of related organization

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	ormation						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Retu	ırn Reference	Explanation						

Software ID: Software Version:

EIN: 62-0812197

Name: DELTA DENTAL OF TENNESSEE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related		1	1	1	1	1 -	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(i contro entit	n 512 13) olled
						Yes	No
PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	LINE 12A, I	DELTA DENTAL PLAN OF MICHIGAN INC		No
1513 COUNTRY CLUB RD SHERWOOD, AR 72120 26-1569324	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	AR	501(C)(3)	PF	RENAISSANCE HEALTH SERVICE CORPORATION		No
10100 LINN STATION ROAD NO 700 LOUISVILLE, KY 40223 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
4242 SIX FORKS ROAD RALEIGH, NC 27609 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
1513 COUNTRY CLUB RD SHERWOOD, AR 72120 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC		No
4100 OKEMOS ROAD OKEMOS, MI 48864 38-1791480	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
2500 LOUISIANA BLVD NE ALBUQUERQUE, NM 87110 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION		No
PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	ОН	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC		No
4100 OKEMOS ROAD OKEMOS, MI 48864 46-1376165	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	MI	501(C)(3)	PF	RENAISSANCE HOLDING COMPANY		No
PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
240 VENTURE CIRCLE NASHVILLE, TN 37228 47-1654054	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	TN	501(C)(3)	LINE 12A, I	DELTA DENTAL OF TENNESSEE INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (a) (b) (c) (d) (e) (f) (q) (h) (i) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-year Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income assets ownership (state or foreign or trust) controlled country) entity? Yes No FORE HOLDING CORPORATION HOLDING COMPANY TN IDELTA DENTAL OF IC -18.870 11.433.157 100.000 % Yes 240 VENTURE CIRCLE TENNESSEE NASHVILLE, TN 37228 20-4116122 RENAISSANCE HOLDING COMPANY HOLDING COMPANY ΜI N/A No PO BOX 30381 LANSING, MI 48909 41-2177193 RENAISSANCE LIFE & HEALTH INSURANCE INSURANCE IN ln/a Nο COMPANY OF AMERICA PO BOX 30381 INSURANCE NY N/A RENAISSANCE LIFE & HEALTH INSURANCE No COMPANY OF NEW YORK N/A DENTAL CHOICE INC PROVIDE DENTAL ΚY Nο 10100 LINN STATION RD SUITE 700 SERVICE PLANS LOUISVILLE, KY 40223 61-1105118 DENTAL CHOICE AGENCY INC PRIMARY GENERAL ΚY ln/a No 10100 LINN STATION RD SUITE 700 AGENCY FOR DDKY & LOUISVILLE, KY 40223 DENTAL CHOICE 61-1336003 PROVIDING THIRD-PARTY AR N/A OMEGA ADMINISTRATORS INC. No 1513 COUNTRY CLUB ROAD ADMINISTRATIVE

N/A

N/A

No

No

ΜI

ΜI

LANSING, MI 48909 47-0397286 PO BOX 30381 LANSING, MI 48909 13-4098096

SERVICES

INVESTMENT IN

SUBSIDIARIES

IT CONSULTING

SHERWOOD, AR 72120

04-3740469

THE 4100 GROUP

DEWPOINT INC

4100 OKEMOS ROAD

300 S WASHINGTON SQUARE LANSING, MI 48933 38-3300595

OKEMOS, MI 48864 47-2557772