


<div> <div>Form 990</div> <div>  </div> <div> Department of the Treasury Internal Revenue Service </div> </div>	<div> <div>Return of Organization Exempt From Income Tax</div> <div> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) </div> <div> ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. </div> <div> ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 </div> </div>	<div> <div>OMB No 1545-0047</div> <div> <div>2013</div> <div>Open to Public Inspection</div> </div> </div>
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A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELTA DENTAL OF NEW JERSEY INC		D Employer identification number 22-1896118
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1639 ROUTE 10 PO BOX 222 Suite	Room/suite	E Telephone number (973) 285-4029
	City or town, state or province, country, and ZIP or foreign postal code PARSIPPANY, NJ 070540222		G Gross receipts \$ 688,054,711
	F Name and address of principal officer DENNIS G WILSON 1639 ROUTE 10 PARSIPPANY, NJ 070540222		
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ deltadentalnj.com		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1969	M State of legal domicile NJ

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROMOTE ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE AND VALUE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	338
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0	Current Year 0
	9 Program service revenue (Part VIII, line 2g)	586,736,484	569,563,143
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,541,554	9,622,883
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,623,175	1,983,253
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	597,901,213	581,169,279
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,900,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		529,982,972	511,133,751
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		31,492,351	32,746,169
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ⁰			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		26,681,511	25,917,359
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		590,056,834	570,697,279
19 Revenue less expenses Subtract line 18 from line 12		7,844,379	10,472,000
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	296,891,583	300,635,626
	21 Total liabilities (Part X, line 26)	72,710,526	59,963,920
	22 Net assets or fund balances Subtract line 21 from line 20	224,181,057	240,671,706

Part II Signature Block

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

Sign Here	***** Signature of officer	
	JAMES SULESKI SENIOR VP/CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Anthony J Panico	Preparer's signature
	Firm's name WithumSmithBrown PC	
	Firm's address 465 South St Ste 200 Morristown, NJ 079606497	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$	564,830,933	including grants of \$	900,000) (Revenue \$	569,563,143)
EXPENSES INCURRED IN PROMOTING ORAL HEALTH TO THE GREATEST NUMBER OF PEOPLE BY PROVIDING ACCESSIBLE DENTAL BENEFIT PROGRAMS OF THE HIGHEST QUALITY, SERVICE AND VALUE, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS TO MEMBER SUBSCRIBERS						

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










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

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

4e	Total program service expenses	564,830,933
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	51,255	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	338	
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?	3	Yes
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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	6,672,996	4,000	1,374,455

2 Total number of individuals (including but not limited to those listed in the table below) who received more than \$100,000 of reportable compensation from the organization. 48

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DECARE SYSTEMS IRELAND LTD, CURRAHEEN ROADCORK00EI	SYSTEMS DEVELOPER	1,927,886
DENTAL ASSOCIATES OF CONNECTICUT, 36 PADANARAM ROAD DANBURY CT 06811	DENTAL PROVIDER	1,815,429
BROWN BROWN BENEFIT ADVISORS, 5 REGENT STREET LIVINGSTON NJ 07039	BROKERAGE	1,439,829
HAMILTON DENTAL ASSOCIATES, 1300 MERRILL LYNCH DRIVE 301 PENNINGTON NJ 085344124	DENTAL PROVIDER	1,314,648
NEW HAVEN DENTAL GROUP LLC, 123 YORK STREET NEW HAVEN CT 06511	DENTAL PROVIDER	877,312

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1,000**

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	0			
Program Service Revenue	Business Code					
	2a	DENTAL BENEFITS COVERAGE REVENUE 524114	569,563,143	569,563,143		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	569,563,143			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,651,392			5,651,392
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(i) Real				
		1,624,939				
		(ii) Personal				
		2,188,715				
	b	Less rental expenses				
	c	Rental income or (loss) -563,776 0				
	d	Net rental income or (loss)	-563,776			-563,776
	7a	(i) Securities				
		108,668,208				
		(ii) Other				
		104,696,717				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss) 3,971,491				
	d	Net gain or (loss)	3,971,491			3,971,491
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
	Miscellaneous Revenue		Business Code			
	11a	REINSURANCE REIMBURSEMENT 900099	2,305,268			2,305,268
	b	LEGAL SETTLEMENTS 900099	241,761			241,761
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	2,547,029			
	12	Total revenue. See Instructions	581,169,279	569,563,143		11,606,136

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	900,000	900,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	511,133,751	511,133,751		
5	Compensation of current officers, directors, trustees, and key employees.	6,562,357	5,249,889	1,312,468	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	16,546,605	15,448,341	1,098,264	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,374,978	3,996,857	378,121	
9	Other employee benefits.	3,506,971	3,196,736	310,235	
10	Payroll taxes.	1,755,258	1,579,733	175,525	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	91,179	82,061	9,118	
c	Accounting.	235,559	212,003	23,556	
d	Lobbying.	136,205	122,585	13,620	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,461,268	4,015,141	446,127	
12	Advertising and promotion.	618,740	556,866	61,874	
13	Office expenses.	4,916,129	4,424,516	491,613	
14	Information technology.	854,051	768,646	85,405	
15	Royalties.	0			
16	Occupancy.	1,463,525	1,317,173	146,352	
17	Travel.	287,690	258,921	28,769	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	2,333,272	2,099,945	233,327	
23	Insurance.	658,587	592,729	65,858	
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	BROKERAGE COMMISSIONS	8,647,530	7,782,777	864,753	
b	MEMBERSHIPS	705,820	635,238	70,582	
c	REGULATORY FEES	345,922	311,330	34,592	
d	OTHER EXPENSES	161,882	145,695	16,187	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	570,697,279	564,830,933	5,866,346	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		9,718,445	1	9,194,069
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		40,996,489	4	37,964,483
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		2,123,715	9	1,428,005
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a40,923,674			
	b	Less accumulated depreciation	10b15,466,997	24,846,764	10c	25,456,677
	11	Investments—publicly traded securities		184,635,667	11	197,204,966
	12	Investments—other securities See Part IV, line 11		22,303,666	12	16,560,475
	13	Investments—program-related See Part IV, line 11		8,747,973	13	8,845,037
	14	Intangible assets		176,512	14	117,397
	15	Other assets See Part IV, line 11		3,342,352	15	3,864,517
	16	Total assets. Add lines 1 through 15 (must equal line 34)		296,891,583	16	300,635,626
Liabilities	17	Accounts payable and accrued expenses		9,577,676	17	10,809,705
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		63,132,850	25	49,154,215
	26	Total liabilities. Add lines 17 through 25		72,710,526	26	59,963,920
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		25,000	30	25,000
	31	Paid-in or capital surplus, or land, building or equipment fund		226,413,332	31	236,889,332
	32	Retained earnings, endowment, accumulated income, or other funds		-2,257,275	32	3,757,374
	33	Total net assets or fund balances		224,181,057	33	240,671,706
	34	Total liabilities and net assets/fund balances		296,891,583	34	300,635,626

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	581,169,279
2	Total expenses (must equal Part IX, column (A), line 25)	2	570,697,279
3	Revenue less expenses Subtract line 2 from line 1	3	10,472,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	224,181,057
5	Net unrealized gains (losses) on investments	5	-6,673,134
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,691,783
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	240,671,706

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORI ACKER VICE PRESIDENT	50 0			X				162,187	0	48,107
ROBERT ZARCONI DIRECTOR OF OPERATIONS	50 0				X			155,693	0	66,216
JOHN GUMKOWSKI DIRECTOR - MARKETING	50 0					X		280,248	0	89,692
ALLAN BERKIN ACCOUNT EXECUTIVE	50 0					X		238,758	0	81,326
KIM WHITE WAPELHORST ACCOUNT EXECUTIVE	50 0					X		222,790	0	81,383
DAVID ATHA DIRECTOR	50 0					X		205,289	0	75,462
DOREEN PILIGIAN DIRECTOR/ASSISTANT COUNSEL	50 0					X		161,945	0	47,280

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,060,407		10,060,407
b Buildings		7,776,895	675,488	7,101,407
c Leasehold improvements		1,369,028	908,058	460,970
d Equipment		21,254,628	13,467,401	7,787,227
e Other		462,716	416,050	46,666
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				25,456,677

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	588,922,127
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,673,134
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	16,731,250
e	Add lines 2a through 2d	2e	10,058,116
3	Subtract line 2e from line 1	3	578,864,011
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	2,305,268
c	Add lines 4a and 4b	4c	2,305,268
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	581,169,279

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	571,144,502
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,043,467
e	Add lines 2a through 2d	2e	4,043,467
3	Subtract line 2e from line 1	3	567,101,035
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	3,596,244
c	Add lines 4a and 4b	4c	3,596,244
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	570,697,279

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE ORGANIZATION'S 2013 CONSOLIDATED AUDITED FINANCIAL STATEMENTS. THE PLAN FOLLOWS THE RECOGNITION AND DISCLOSURE PROVISIONS OF THE ACCOUNTING STANDARD RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. UNDER THIS STANDARD, TAX POSITIONS ARE EVALUATED FOR RECOGNITION USING A MORE-LIKELY-THAN-NOT THRESHOLD, AND THOSE TAX POSITIONS REQUIRING RECOGNITION ARE MEASURED AT THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. THE PLAN HAS EVALUATED THE LIKELIHOOD OF THEIR TAX POSITIONS BEING CHALLENGED AS REMOTE AND, ACCORDINGLY HAS NOT INCLUDED ANY INCOME TAX PROVISIONS, INCLUDING INTEREST AND PENALTIES, IN THE FINANCIAL STATEMENTS RELATED TO POTENTIAL VIOLATIONS. THE PLAN HAS NO OPEN YEARS PRIOR TO 2010.
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN	SCHEDULE D, PART XI, LINE 2D OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 -INTERCOMPANY RENT PAID TO DISREGARDED ENTITY - \$1,854,752, -EXPENSES OF DISREGARDED ENTITY - \$2,188,715, -NET CHANGE RELATED TO ACCRUED PENSION - \$12,687,783
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN	SCHEDULE D, PART XI, LINE 4B OTHER AMOUNTS INCLUDED ON FORM 990 BUT NOT ON AUDITED FINANCIAL STATEMENTS -REINSURANCE REIMBURSEMENT - \$2,305,268,
RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN	SCHEDULE D, PART XII, LINE 2D OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 -INTERCOMPANY RENT PAID TO DISREGARDED ENTITY - \$1,854,752, -EXPENSES OF DISREGARDED ENTITY - \$2,188,715
RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN	SCHEDULE D, PART XII, LINE 4B OTHER AMOUNTS INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON FORM 990 -REINSURANCE REIMBURSEMENT - \$2,305,268, -NET INCOME OF DISREGARDED ENTITY - \$1,290,976

[illegible]

OMB No 1545-0047

▶ Attach to Form 990

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

Open to Public Inspection

Employer identification number

22-1896118

☒ Yes ☐ No

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

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DELTA DENTAL OF NEW JERSEY INC

Employer identification number
22-1896118

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, QUESTIONS 1A AND 1B	THE ORGANIZATION'S PRESIDENT/CEO TRAVELS FIRST CLASS ON BUSINESS RELATED FLIGHTS EXCEEDING THREE HOURS TO ATTEND ORGANIZATION RELATED WORK EVENTS THIS PROVIDES THE PRESIDENT/CEO THE ABILITY TO WORK ON ORGANIZATIONAL MATTERS DURING TRAVEL ON OCCASION, TRAVEL EXPENSES FOR SPOUSES OF SENIOR OFFICERS ARE PAID BY THE ORGANIZATION WHEN RELATED TO A COMPANY EVENT (DELTA DENTAL PLANS ASSOCIATION ANNUAL MEETING, ETC) THE EXCESS COST OVER STANDARD RELATED TO THE 1ST CLASS AND SPOUSAL TRAVEL WAS NOT INCLUDED IN EACH RESPECTIVE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES THE ORGANIZATION REIMBURSED ITS FORMER PRESIDENT/CEO, WALTER VANBRUNT, FOR A MEMBERSHIP IN A COUNTRY CLUB DURING 2013, MR VANBRUNT'S 2013 FORM W-2, BOX 5, MEDICARE WAGES, INCLUDES \$5,130 OF TAXABLE COMPENSATION WHICH RELATES TO HIS PERSONAL USAGE OF THE COUNTRY CLUB THE ORGANIZATION PAID FOR FINANCIAL/TAX PLANNING SERVICES FOR CERTAIN EMPLOYEES THE FINANCIAL/TAX PLANNING SERVICES AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S RESPECTIVE 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WALTER VANBRUNT, \$425, BRUCE SILVERMAN, \$600, STEVEN FLEISCHER, \$620, DAVID SCOTT NAVARRO, D D S , \$750, THOMAS C KAHLER, \$170 KATHLEEN FENNELL-BORGES, \$450 AND DIANE BELLE, \$160 THE ORGANIZATION'S CURRENT PRESIDENT/CEO, DENNIS G WILSON'S 2013 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$22,450, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM THE PERSONAL USAGE OF AUTO AND TAXABLE RELOCATION EXPENSES THE ORGANIZATION'S FORMER PRESIDENT/CEO, WALTER VANBRUNT'S 2013 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$18,641, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM THE PERSONAL USAGE OF AN AUTO, COUNTRY CLUB DUES AND FINANCIAL/TAX PLANNING SERVICES THE ORGANIZATION'S SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, BRUCE SILVERMAN'S 2013 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$6,233, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM FINANCIAL/TAX PLANNING SERVICES AND AUTO AN ALLOWANCE THE ORGANIZATION'S SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, JAMES SULESKI'S 2013 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$3,896, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM AN AUTO ALLOWANCE THE ORGANIZATION'S SENIOR VICE PRESIDENT/GENERAL COUNSEL, DOUGLAS G SANBORN, ESQ 'S 2013 FORM W-2, BOX 5, INCLUDES A TAX GROSS-UP PAYMENT OF \$6,591, RELATED TO HIS FORM W-2, BOX 5, TAXABLE COMPENSATION RESULTING FROM THE PERSONAL USAGE OF AN AUTO IN ADDITION, CERTAIN BOARD OF TRUSTEE MEMBERS 2013 FORMS 1099-MISC INCLUDES TAX GROSS-UP PAYMENTS RELATED TO COMPENSATION PAID TO THEM FOR PERSONAL USAGE OF AN AUTO AND/OR FINANCIAL/TAX PLANNING SERVICES
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNTS REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDE PARTICIPATION IN A PENSION RESTORATION PLAN BECAUSE THE AMOUNTS ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WALTER VANBRUNT, \$415,706, BRUCE SILVERMAN, \$167,786, JAMES SULESKI, \$42,866 AND DOUGLAS G SANBORN, ESQ , \$188,848 PLEASE NOTE THAT THE AMOUNTS REFLECTED INCLUDE A GROSS UP FOR 50% OF THE TAX LIABILITY WITH RESPECT TO THE SERP PAYMENTS
SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	INCLUDED IN COLUMN B(II) FOR CERTAIN INDIVIDUALS IS A PAYMENT RELATED TO A MANAGEMENT INCENTIVE PROGRAM UNDER THIS PROGRAM, A PAYMENT IS MADE TO THESE INDIVIDUALS WHICH IS BASED ON ESTABLISHED TARGETS, BENCHMARKS AND GOALS IF MET, THE INDIVIDUALS RECEIVE, AS A MANAGEMENT INCENTIVE PAYMENT, ADDITIONAL COMPENSATION BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE ABOVE NOTED PAYMENT WAS INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

Additional Data

Software ID:

Software Version:

EIN: 22-1896118

Name: DELTA DENTAL OF NEW JERSEY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD DEBLINGER DMD CHAIRMAN - TRUSTEE	(i) (ii)	0 0	0 0	162,523 0	0 0	1,557 0	164,080 0	0 0
WALTER VANBRUNT SEE SCHEDULE O	(i) (ii)	516,864 0	185,141 0	472,502 0	46,410 0	33,852 0	1,254,769 0	0 0
DENNIS G WILSON PRESIDENT/CEO (EFF 9/4/2013)	(i) (ii)	149,313 0	51 0	46,376 0	27,159 0	7,808 0	230,707 0	0 0
JAMES SULESKI SENIOR VP/CFO	(i) (ii)	239,441 0	63,143 0	70,881 0	46,410 0	35,174 0	455,049 0	0 0
DOUGLAS G SANBORN ESQ SR VP/GENERAL COUNSEL	(i) (ii)	318,037 0	81,957 0	220,870 0	46,410 0	34,272 0	701,546 0	0 0
BRUCE SILVERMAN SENIOR VP/COO	(i) (ii)	311,513 0	75,756 0	187,950 0	46,410 0	35,842 0	657,471 0	0 0
STEVEN FLEISCHER VICE PRESIDENT	(i) (ii)	240,186 0	51,238 0	6,940 0	46,410 0	35,842 0	380,616 0	0 0
DONALD SCOTT NAVARRO DDS VICE PRESIDENT	(i) (ii)	201,903 0	45,992 0	19,172 0	56,363 0	32,552 0	355,982 0	0 0
KATHLEEN FENNELL-BORGES VICE PRESIDENT	(i) (ii)	169,379 0	37,503 0	11,119 0	46,484 0	24,377 0	288,862 0	0 0
THOMAS C KAHLER VICE PRESIDENT	(i) (ii)	159,185 0	37,510 0	18,289 0	46,305 0	35,162 0	296,451 0	0 0
STEPHEN STOLL VICE PRESIDENT	(i) (ii)	166,256 0	36,893 0	5,331 0	45,172 0	35,842 0	289,494 0	0 0
VINCENT FARINELLA VICE PRESIDENT	(i) (ii)	136,482 0	29,303 0	3,831 0	36,457 0	15,252 0	221,325 0	0 0
DIANE BELLE VICE PRESIDENT	(i) (ii)	135,386 0	28,914 0	3,160 0	35,827 0	15,252 0	218,539 0	0 0
LORI ACKER VICE PRESIDENT	(i) (ii)	134,305 0	27,666 0	216 0	34,555 0	13,552 0	210,294 0	0 0
ROBERT ZARCONE DIRECTOR OF OPERATIONS	(i) (ii)	143,412 0	11,950 0	331 0	33,397 0	32,819 0	221,909 0	0 0
JOHN GUMKOWSKI DIRECTOR - MARKETING	(i) (ii)	205,004 0	70,761 0	4,483 0	58,161 0	31,531 0	369,940 0	0 0
ALLAN BERKIN ACCOUNT EXECUTIVE	(i) (ii)	178,860 0	56,497 0	3,401 0	45,984 0	35,342 0	320,084 0	0 0
KIM WHITE WAPELHORST ACCOUNT EXECUTIVE	(i) (ii)	179,317 0	40,792 0	2,681 0	45,541 0	35,842 0	304,173 0	0 0
DAVID ATHA DIRECTOR	(i) (ii)	187,877 0	16,081 0	1,331 0	43,690 0	31,772 0	280,751 0	0 0
DOREEN PILIGIAN DIRECTOR/ASSISTANT COUNSEL	(i) (ii)	149,292 0	12,322 0	331 0	34,349 0	12,931 0	209,225 0	0 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
DELTA DENTAL OF NEW JERSEY INC

Employer identification number

22-1896118

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

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

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

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

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 14	THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF ADOPTING A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY THE ORGANIZATION CURRENTLY FOLLOWS STATE AND INTERNAL REVENUE SERVICE RULES AND REGULATIONS WITH RESPECT TO DOCUMENT RETENTION AND DESTRUCTION POLICIES AND PROCEDURES

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

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

Return Reference	Explanation
CORE FORM, PART VII	WALTER VANBRUNT WAS THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION FOR THE PERIOD JANUARY 1, 2013 THROUGH SEPTEMBER 3, 2013 EFFECTIVE SEPTEMBER 4, 2013 HE BECAME AN EXECUTIVE VICE PRESIDENT AND SERVED IN THAT ROLE FOR THE REMAINDER OF 2013

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDES - NET CHANGE ARISING DURING THE PERIOD RELATED TO ACCRUED PENSION, \$12,687,783 -OTHER INCREASE IN NET ASSETS, \$4,000

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ITS AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2013 AND DECEMBER 31, 2012, RESPECTIVELY , AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DELTA DENTAL OF NEW JERSEY INC

Employer identification number
22-1896118

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DELTA DENTAL OF NEW JERSEY PAC INC 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-3754874	RELATED	NJ	13,750	37,701	NA
(2) 1639 REAL ESTATE LLC 1639 ROUTE 10 PARSIPPANY, NJ 07054	RELATED	NJ	3,479,691	24,428,114	DDNJ

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELTA DENTAL OF NJ FOUNDATION INC 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-2764745	PUBLIC SRVC	NJ	501(C)(3)	509(A)(3)	DDNJ	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DDPNJ CORPORATION 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-3085009	HOLDING COMPANY	NJ	DDNJ	C CORP	0	8,381,404	100 000 %	Yes	
(2) FLAGSHIP HEALTH SYSTEMS INC 1639 ROUTE 10 PARSIPPANY, NJ 07054 22-2671069	DENTAL PLAN ORG	NJ	DDPNJ	C CORP				Yes	
(3) DENTAL REINSURANCE COMPANY LTD 1639 ROUTE 10 PARSIPPANY, NJ 07054 98-0160853	FOREIGN REINS	NJ	DDPNJ	C CORP				Yes	

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA DENTAL OF NJ FOUNDATION INC	B	900,000	COST
(2) FLAGSHIP HEALTH SYSTEMS INC	L	932,133	COST

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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