

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

Form sections B through K: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Each section contains detailed line items and summary values for Prior Year and Current Year.

Part II Signature Block

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

Sign Here section containing signature of officer SAMANTHA QUINN CHIEF FINANCIAL OFFICER, date 2025-11-14, and preparer information.

Paid Preparer Use Only

Table with 2 columns: Firm information (name, address) and EIN/Phone information.

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [] No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PURPOSE OF THE ASSOCIATION IS TO INCREASE THE AVAILABILITY OF DENTAL SERVICES TO THE PUBLIC BY ENCOURAGING THE EXPANSION OF DENTAL PREPAYMENT PROGRAMS ADMINISTERED THROUGH NON-PROFIT DENTAL SERVICE CORPORATIONS, AND BY PROVIDING THE MEANS FOR ACTIVE, ASSOCIATE, OR AFFILIATE MEMBERS TO COOPERATE IN MULTISTATE AND NATIONAL GROUP COVERAGE.

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

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

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

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

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
EDUCATION AND PROMOTIONAL MATERIALS AND ADVERTISING CAMPAIGNS TO INCREASE PUBLIC AWARENESS OF ORAL HEALTH ISSUES AND TO INCREASE ACCESS TO DENTAL SERVICES THROUGH THE USE OF DENTAL PREPAYMENT PROGRAMS. THESE CAMPAIGNS AND MATERIALS EDUCATE THE PUBLIC ON THE IMPORTANCE OF GOOD ORAL HEALTH AND ITS CONNECTION TO OVERALL HEALTH AND WELL-BEING, AND ENCOURAGE THE USE OF DENTAL PREPAYMENT PROGRAMS AS A MEANS OF INCREASING ACCESS TO AND REGULAR RECEIPT OF DENTAL SERVICES WITH A FOCUS ON PREVENTATIVE DENTAL CARE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
CONFERENCES TO PROMOTE AWARENESS OF ORAL HEALTH AND SERVICE ISSUES AND EDUCATION ON NEW DEVELOPMENTS AFFECTING ORAL HEALTH AND THE DENTAL SERVICE INDUSTRY, WITH THE GOALS OF PROVIDING UP TO DATE INFORMATION ON INDUSTRY-RELEVANT TOPICS, PROMOTING HIGHER INDUSTRY STANDARDS AND BETTER SERVICE METHODS, AND ADVANCING ORAL HEALTH AND PUBLIC AWARENESS OF ITS CONNECTION TO OVERALL HEALTH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
PUBLIC POLICY INITIATIVES DESIGNED TO CREATE AWARENESS OF ISSUES AFFECTING ORAL HEALTH AND THE DENTAL SERVICE INDUSTRY AND TO INFLUENCE LEGISLATION GERMANE TO ORAL HEALTH, DENTAL SERVICES, AND THE PREPAID DENTAL SERVICE PLAN INDUSTRY. THIS PROGRAM SERVICE ACTIVITY HELPS ACCOMPLISH THE ORGANIZATION'S LONG-TERM GOAL OF PROMOTING GOOD ORAL HEALTH, INCLUDING PROMOTING THE BENEFITS OF DENTAL PREPAYMENT PROGRAMS AS A MEANS OF INCREASING ACCESS TO AND REGULAR RECEIPT OF DENTAL SERVICES.

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

4e Total program service expenses Form 990 (2024)

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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Contains 8 rows of questions regarding organizational requirements.

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? <i>If "Yes," complete Schedule D, Part IV</i>	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, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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), 501(c)(4), and 501(c)(29) 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	
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	
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	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</i>	27	No

28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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	No
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 on 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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			

g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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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 29 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 29		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

Yes No

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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:
 SAMANTHA QUINN 222 W MERCHANDISE MART PLAZA SUITE CHICAGO, IL 60654 (630) 574-6851

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG BALLWEG CHAIR	1.70 0.40	X		X				0	0	0
(2) MARK MITCHKE VICE CHAIR	1.70 0.30	X		X				0	0	0

DIRECTOR	0.40	X							0	0	0
(24) MIKE HANKINSON	1.20										
DIRECTOR	0.30	X							0	0	0
(25) ROB GOREN	1.20										
DIRECTOR	0.30	X							0	0	0
(26) ROBERT GOOTEE	1.20										
DIRECTOR	0.00	X							0	0	0
(27) ROD YOUNG	1.20										
DIRECTOR	0.40	X							0	0	0
(28) SARAH CHAVARRIA	1.20										
DIRECTOR	0.30	X							0	0	0
(29) THOMAS RAFFIO	1.20										
DIRECTOR	0.00	X							0	0	0
(30) JAMES HUTCHISON	29.10										
PRESIDENT & CEO	10.00		X					1,116,705	0		193,941
(31) SAMANTHA QUINN	29.40										
CHIEF FINANCIAL OFFICER	10.60		X					355,441	0		95,560
(32) JENNIFER ELLIOTT	28.30										
CHIEF MARKETING OFFICER	11.70			X				616,064	0		95,794
(33) JASON DAUGHN	39.80										
CHIEF PUBLIC AFFAIRS OFFICER	0.20			X				664,469	0		51,988
(34) SCOTT JESSEE	29.10										
CHIEF INFORMATION OFFICER	10.90			X				538,571	0		107,274
(35) MICHAEL SCHWARTZ	23.00										
CHIEF STRATEGIC COLLAB. OFFICER	17.00			X				584,180	0		50,582
(36) JOSEPH DILL	30.00										
CHIEF DENTAL OFFICER	10.00			X				494,294	0		75,987
(37) RICHARD EVONITZ	27.70										
GENERAL COUNSEL	12.30			X				367,563	0		80,860
(38) JAMIE SCHONEMAN	30.00										
CHIEF PEOPLE OFFICER	10.00			X				322,662	0		65,653
(39) MEGAN HARDIMAN	29.40										
CHIEF PRIVACY OFFICER	10.60				X			417,920	0		29,792
(40) JANICE ANDERSON	29.50										
VICE PRESIDENT, MARKET INSIGHTS	10.50				X			357,663	0		60,043
(41) ANDRE RICHARDS	30.00										
VICE PRESIDENT, BRAND STRATEGY	10.00				X			358,097	0		58,060
(42) CHING CHUNG WONG	30.00										
VP, DIG PRODUCT & MARKETING	10.00				X			280,480	0		72,532
(43) MATTHEW ROSSI	30.00										
VP, ARCH. & TRANSFORMATION	10.00				X			329,313	0		37,580
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								6,803,422	0		1,075,646

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 60

	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) Name and business address	(B) Description of services	(C) Compensation
CRA INTERNATIONAL INC 200 CLARENDON ST BOSTON, MA 02116	LEGAL SERVICES	5,612,302
MAYER BROWN LLP 230 SOUTH LASALLE ST CHICAGO, IL 60604	LEGAL SERVICES	5,502,423
BATES WHITE LLC	LEGAL SERVICES	4,697,637

2001 K ST NW BUILDING STE 500
WASHINGTON, DC 20006

8 WEST REVOLUTION TECHNOLOGIES LIMITED

TECHNOLOGY SERVICES

3,016,534

BUILDING 1 UTC CURRAHEEN ROAD
CORK, T12
EI

EDI HEALTH GROUP INC - DENTALXCHANGE

TECHNOLOGY SERVICES

1,295,552

17701 COWAN SUITE 250
IRVINE, CA 92614

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 **40**

Form **990** (2024)

Form 990 (2024)

Page **9**

Part VIII **Statement of Revenue**

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

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

Program Service Revenue	Business Code		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
	Code	Description					
2a MEMBERSHIP DUES	900099		28,529,603	28,529,603			
3 CORP. ADMIN FEES	560000		11,239,613		11,239,613		
4 CONFERENCE REGISTRATIO	561000		1,345,403	1,345,403			
5 All other program service revenue.							
9 Total. Add lines 2a-2f.			41,114,619				
3 Investment income (including dividends, interest, and other similar amounts)			161,386			161,386	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			3,334		3,334		
6a Gross rents	6a	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,908,766				
		(ii) Other					

Other Revenue	d Less: cost or other basis and sales expenses	7b	7,770,799	84,508			
	c Gain or (loss)	7c	137,967	-84,508			
	d Net gain or (loss)				53,459		53,459
	a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
11a MISCELLANEOUS	Business Code	900099	196,594	196,594			
b							
Other Revenue Misc Amt							
d All other revenue							
e Total. Add lines 11a-11d			196,594				
12 Total revenue. See instructions			41,529,392	30,071,600	11,242,947	214,845	

Form **990** (2024)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
5 Compensation of current officers, directors, trustees, and key employees	5,877,588			
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	12,028,558			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	540,764			
9 Other employee benefits	1,980,393			
10 Payroll taxes	960,844			
11 Fees for services (non-employees):				
a Management				
b Legal	4,746,565			
c Accounting	43,425			
d Lobbying	429,569			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,859			

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	365,929			
12 Advertising and promotion	1,601,179			
13 Office expenses	50,072			
14 Information technology	7,516,064			
15 Royalties				
16 Occupancy	483,988			
17 Travel	640,755			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,461,636			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	166,273			
23 Insurance	295,451			
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 PLAN SERVICES	146,069			
b CONSULTING	129,316			
c BUSINESS MEMBERSHIPS	127,147			
d UBIT EXPENSE	63,331			
e All other expenses	2,079			
25 Total functional expenses. Add lines 1 through 24e	39,695,854			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,309,784	1	1,739,987
	2 Savings and temporary cash investments	85,127	2	47,083
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,245,969	4	11,228,910
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,852,927	9	2,467,977
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,585,208		
	b Less: accumulated depreciation	10b 9,034,589	738,701	10c 550,619
	11 Investments—publicly traded securities	5,404,232	11	5,839,892
	12 Investments—other securities. See Part IV, line 11	3,000,000	12	4,200,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	96,800	14	90,200
	15 Other assets. See Part IV, line 11	2,432,177	15	2,016,478
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,165,717	16	28,181,146	
Liabilities	17 Accounts payable and accrued expenses	10,481,313	17	8,420,095
	18 Grants payable		18	
	19 Deferred revenue	100,444	19	126,189
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	

	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,698,828	25	3,768,078
	26	Total liabilities. Add lines 17 through 25	14,280,585	26	12,314,362
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	13,885,132	27	15,866,784
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	13,885,132	32	15,866,784
33	Total liabilities and net assets/fund balances	28,165,717	33	28,181,146	

Form 990 (2024)

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	41,529,392
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,695,854
3	Revenue less expenses. Subtract line 2 from line 1	3	1,833,538
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,885,132
5	Net unrealized gains (losses) on investments	5	148,114
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,866,784

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 on 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
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Form 990 (2024)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990 Special Condition Description:

Special Condition Description

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization DELTA DENTAL PLANS ASSOCIATION	Employer identification number 36-2551984
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
---	----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:35%;">If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr> <tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr> <tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr> <tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr> <tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr> <tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Were substantially all (90% or more) dues received nondeductible by members?		Yes	No
	1	Yes	

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid) .		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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Schedule C (Form 990) 2024

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Table with 2 columns: Name of the organization (DELTA DENTAL PLANS ASSOCIATION) and Employer identification number (36-2551984)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

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

Table with 3 columns: Question number, Description, and Amount. Includes question 3 regarding collection items.

PUBLIC exhibition

Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		367,015	73,170	293,845
d Equipment		614,235	368,154	246,081
e Other		8,603,958	8,593,265	10,693
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				550,619

Schedule D (Form 990) (Rev. 1-2025)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN SUBSIDIARY	4,200,000	C
(B)		
(C)		
(D)		

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	DELTA DENTAL PLANS ASSOCIATION ("DDPA") IS A NOT-FOR-PROFIT ILLINOIS CORPORATION AND IS EXEMPT FROM TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(6). DDPA HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY DDPA AND RECOGNIZE A TAX LIABILITY IF DDPA HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY DDPA AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2024 AND 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. NET INCOME FROM ACTIVITIES UNRELATED TO DDPA'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION. TAXES ON UNRELATED BUSINESS INCOME ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) (Rev. 1-2025)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

(Rev. January 2025)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization DELTA DENTAL PLANS ASSOCIATION	Employer identification number 36-2551984
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Part I Questions Regarding Compensation

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

Schedule J (Form 990) (Rev. 1-2025)

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES HUTCHISON PRESIDENT & CEO	(i)	671,993	417,000	27,712	143,601	50,340	1,310,646	25,390
	(ii)	0	0	0	0	0	0	0
2 JASON DAUGHN CHIEF PUBLIC AFFAIRS OFFICER	(i)	306,210	126,896	231,363	7,763	44,225	716,457	76,391
	(ii)	0	0	0	0	0	0	0
3 JENNIFER ELLIOTT CHIEF MARKETING OFFICER	(i)	461,389	126,158	28,517	65,089	30,705	711,858	27,355
	(ii)	0	0	0	0	0	0	0
4 SCOTT JESSEE CHIEF INFORMATION OFFICER	(i)	405,831	113,359	19,381	58,452	48,822	645,845	18,841
	(ii)	0	0	0	0	0	0	0
5 MICHAEL SCHWARTZ CHIEF STRATEGIC COLLAB. OFFICER	(i)	297,134	110,499	176,547	7,763	42,819	634,762	17,338
	(ii)	0	0	0	0	0	0	0
6 JOSEPH DILL CHIEF DENTAL OFFICER	(i)	375,278	101,063	17,953	53,826	22,161	570,281	11,540
	(ii)	0	0	0	0	0	0	0
7 SAMANTHA QUINN CHIEF FINANCIAL OFFICER	(i)	278,282	76,349	810	41,452	54,108	451,001	0
	(ii)	0	0	0	0	0	0	0
8 RICHARD EVONITZ GENERAL COUNSEL	(i)	284,340	81,052	2,171	42,369	38,491	448,423	0
	(ii)	0	0	0	0	0	0	0

		U	U	U	U	U	U
9 MEGAN HARDIMAN CHIEF PRIVACY OFFICER	(i)	339,661	76,088	2,171	21,825	7,967	447,712
	(ii)	0	0	0	0	0	0
10 JANICE ANDERSON VICE PRESIDENT, MARKET INSIGHTS	(i)	287,138	68,203	2,322	21,522	38,521	417,706
	(ii)	0	0	0	0	0	0
11 ANDRE RICHARDS VICE PRESIDENT, BRAND STRATEGY	(i)	287,274	67,259	3,564	21,743	36,317	416,157
	(ii)	0	0	0	0	0	0
12 JAMIE SCHONEMAN CHIEF PEOPLE OFFICER	(i)	254,079	67,777	806	34,977	30,676	388,315
	(ii)	0	0	0	0	0	0
13 MATTHEW ROSSI VP, ARCH. & TRANSFORMATION	(i)	260,510	67,993	810	20,892	16,688	366,893
	(ii)	0	0	0	0	0	0
14 CHING CHUNG WONG VP, DIG PRODUCT & MARKETING	(i)	234,949	45,000	531	18,842	53,690	353,012
	(ii)	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS: JASON DAUGHN \$126,057 AND MICHAEL SCHWARTZ \$109,510.
PART I, LINE 4B:	JAMES HUTCHISON RECEIVED A PAYOUT OF PREVIOUSLY ACCRUED BENEFITS UNDER THE PLAN EQUAL TO \$25,390 IN 2024. THE FOLLOWING KEY EMPLOYEES ALSO RECEIVED PAYOUTS OF ACCRUED BENEFITS UNDER THE PLAN IN 2024: JASON DAUGHN \$85,117, JENNIFER ELLIOTT \$27,355, SCOTT JESSEE \$18,841, MICHAEL SCHWARTZ \$19,127 AND JOSEPH DILL \$11,540. ALL BENEFITS INCLUDED IN THE PAYOUT TO JAMES HUTCHISON, JENNIFER ELLIOTT, JASON DAUGHN, SCOTT JESSEE, MICHAEL SCHWARTZ, AND JOSEPH DILL WERE PREVIOUSLY REPORTED AS COMPENSATION ON PRIOR YEARS' 990S. BENEFITS INCLUDED IN THE PAYOUT TO JASON DAUGHN OF \$8,726 AND MICHAEL SCHWARTZ OF \$7,587 WERE EARNED AND VESTED IN 2024 AS PART OF THEIR SEPARATION FROM EMPLOYMENT, WITH THE REMAINING AMOUNTS PREVIOUSLY REPORTED AS COMPENSATION ON PRIOR YEARS' 990S. THE FAIR MARKET VALUE OF ALL COMPENSATION AND BENEFITS PAID TO JAMES HUTCHISON, JASON DAUGHN, JOSEPH DILL, JENNIFER ELLIOTT, RICHARD EVONITZ, SCOTT JESSEE, SAMANTHA QUINN, JAMIE SCHONEMAN AND MICHAEL SCHWARTZ, INCLUDING ALL AMOUNTS ACCRUED AND PAID UNDER THE PLAN, WAS ESTABLISHED BY FOLLOWING IRS-RECOMMENDED PRACTICES FOR DETERMINING THE REASONABLENESS OF COMPENSATION AND THE TERMS OF OUR WRITTEN COMPENSATION POLICY, AS FURTHER DESCRIBED IN PART I, LINE 3, BELOW. PART I, LINE 3 ADDITIONAL INFORMATION: UNDER OUR COMPENSATION POLICY, EACH YEAR, THE COMPENSATION COMMITTEE OF OUR BOARD OF DIRECTORS MEETS TO REVIEW AND APPROVE THE COMPENSATION ARRANGEMENTS FOR EACH OF THE MEMBERS OF THE EXECUTIVE TEAM. THIS COMMITTEE CONSISTS ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST AS TO THE ARRANGEMENT BEING REVIEWED. IN DETERMINING FAIR MARKET VALUE, THE COMMITTEE RELIES ON COMPARABILITY DATA COMPILED BY A NATIONALLY-RECOGNIZED INDEPENDENT COMPENSATION CONSULTING FIRM, AND THE COMMITTEE ALSO RELIES ON THE GUIDANCE AND CONSIDERATIONS PROVIDED BY THE CONSULTING FIRM. THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED AND APPROVED AT THE NEXT MEETING OF THE COMMITTEE. THIS PROCESS IS UNDERTAKEN ANNUALLY WITH RESPECT TO THE MEMBERS OF THE EXECUTIVE TEAM. IT WAS LAST UNDERTAKEN IN FEBRUARY 2025.

Schedule J (Form 990) (Rev. 1-2025)

Additional Data

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SCHEDULE O
(Form 990)

(Rev. January 2025)
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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
DELTA DENTAL PLANS ASSOCIATION

Employer identification number
36-2551984

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE & COMPENSATION COMMITTEE MAKES DECISIONS ON SPECIFIC MATTERS THAT MAY BE DELEGATED TO IT, AND ADDRESSES EMERGENCY OR TIME-SENSITIVE MATTERS THAT ARISE BETWEEN MEETINGS OF THE FULL BOARD. IT ALSO OVERSEES THE DEVELOPMENT AND IMPLEMENTATION OF THE ORGANIZATION'S STRATEGIC PLAN AND SERVES AS THE ORGANIZATION'S COMPENSATION COMMITTEE. THE COMMITTEE CONSISTS OF DIRECTORS OF THE ORGANIZATION. ALL ACTIONS TAKEN BY THE COMMITTEE MUST BE REPORTED TO THE BOARD AT THE NEXT MEETING OF THE BOARD OR WITHIN THIRTY (30) CALENDAR DAYS, WHICHEVER OCCURS FIRST.
FORM 990, PART VI, SECTION A, LINE 2	SOME OF DDPA'S 501(C)(4) MEMBER COMPANIES ARE AFFILIATED WITH EACH OTHER. THE FOLLOWING DDPA DIRECTORS ARE CO-DIRECTORS AND/OR CO-OFFICERS OF ORGANIZATION(S) DIRECTLY OR INDIRECTLY AFFILIATED WITH EACH SUCH DDPA DIRECTOR'S RESPECTIVE 501(C)(4) MEMBER COMPANY: 1. GORAN JURKOVIC, KRISTIN MERLO, JUDE THOMPSON, LOU VOLK, AND JEFF BALLARD 2. DOUG BALLWEG, FRANK LUCIA, AND MARK MITCHKE 3. SARAH CHAVARRIA AND MIKE HANKINSON 4. SARAH CHAVARRIA AND MARIANNE ORTIZ 5. DOUG BALLWEG, FRANK LUCIA, MARK MITCHKE, AND DIANE PALOMA 6. DOUG BALLWEG, FRANK LUCIA, AND JOHN MAPLES
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS TWO CLASSES OF MEMBERS - ACTIVE AND AFFILIATE. THE ACTIVE MEMBERS ARE DENTAL SERVICE CORPORATIONS ACTIVELY ENGAGED IN ADMINISTERING A PREPAYMENT PROGRAM OR PROGRAMS. THE TERM "DENTAL SERVICES CORPORATION" MEANS ANY NOT-FOR-PROFIT CORPORATION ORGANIZED PRINCIPALLY TO PROVIDE DENTAL HEALTH CARE SERVICES BY MEANS OF CONTRACTS WITH DENTISTS. THE AFFILIATE MEMBERS ARE ANY NOT-FOR-PROFIT DENTAL CARE COMPANIES LOCATED OUTSIDE THE UNITED STATES, AND ANY FOR-PROFIT CORPORATION WHICH DESIRES TO COOPERATE WITH THE CORPORATION OR ITS MEMBERS OR AFFILIATES IN PROVIDING DENTAL PREPAYMENT PROGRAMS TO THE PUBLIC.
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS TWO CLASSES OF MEMBERSHIP - ACTIVE AND AFFILIATE. ANY DENTAL SERVICE CORPORATION THAT IS ACTIVELY ENGAGED IN ADMINISTERING A PREPAYMENT PROGRAM OR PROGRAMS IS ELIGIBLE FOR ACTIVE MEMBERSHIP. THE TERM "DENTAL SERVICES CORPORATION" MEANS ANY NOT-FOR-PROFIT CORPORATION ORGANIZED PRINCIPALLY TO PROVIDE DENTAL HEALTH CARE SERVICES BY MEANS OF CONTRACTS WITH DENTISTS. TO BE ELIGIBLE FOR AFFILIATE MEMBERSHIP, AN ORGANIZATION MUST BE (I) A NOT-FOR-PROFIT DENTAL CARE COMPANY THAT IS LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS; OR (II) A CORPORATION, WHICH MAY BE A FOR-PROFIT CORPORATION (AND INCLUDING ANY ENTITY LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES AND POSSESSIONS), WHICH DESIRES TO COOPERATE WITH THE ORGANIZATION AND/OR ITS AFFILIATES IN PROVIDING DENTAL PREPAYMENT PROGRAMS TO THE PUBLIC. AN ORGANIZATION WISHING TO BECOME A MEMBER MUST APPLY AND BE APPROVED FOR MEMBERSHIP. MEMBERS MAINTAIN THEIR MEMBER STATUS BY PAYING ANNUAL DUES AND ASSESSMENTS AND COMPLYING WITH THE ORGANIZATION'S MEMBERSHIP STANDARDS AND OTHER REQUIREMENTS. THE MEMBERS HAVE THE POWER (A) TO APPROVE AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS, AND THE MEMBERSHIP STANDARDS PORTION OF THE MEMBERSHIP STANDARDS AND GUIDELINES ADOPTED BY THE MEMBERS, (B) TO SET AND REVISE ANNUAL DUES, AND (C) TO ELECT AND REMOVE THE ORGANIZATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS ARE INITIATED BY THE BOARD OF DIRECTORS BUT REQUIRE APPROVAL OF THE MEMBERS TO BE EFFECTIVE. PLEASE SEE THE RESPONSE TO PART VI QUESTION 7A FOR MORE INFORMATION ABOUT THE CLASS OR CLASSES OF MEMBERS AND THE NATURE OF THEIR VOTING RIGHTS.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION FOLLOWS A WRITTEN POLICY THAT IS DESIGNED TO ENSURE APPROPRIATE OVERSIGHT AND REVIEW OF THE FORM 990. AN INTERNAL WORKING GROUP INCLUDING THE ORGANIZATION'S CEO & PRESIDENT, CHIEF FINANCIAL OFFICER, LEGAL COUNSEL AND OTHERS, HELP COMPILE AN INITIAL DRAFT FORM 990. ONCE A COMPLETE DRAFT IS DEVELOPED AND REVIEWED BY THE WORKING GROUP, THE DRAFT (WITH ALL ATTACHMENTS) IS SUBMITTED TO THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE FOR ITS REVIEW. THE AUDIT AND FINANCE COMMITTEE IS COMPRISED OF THE ORGANIZATION'S SECRETARY/TREASURER, THE SECRETARY/TREASURER OF A RELATED ORGANIZATION (TYPICALLY, THIS INDIVIDUAL IS ALSO A DIRECTOR OF THE ORGANIZATION), AND THREE TO FIVE OTHER DIRECTORS OF THE ORGANIZATION. THE ORGANIZATION'S CEO & PRESIDENT, AND THE CHIEF FINANCIAL OFFICER ALSO ATTEND AND PARTICIPATE IN THE MEETING OF THE AUDIT AND FINANCE COMMITTEE AT WHICH THE FORM 990 IS REVIEWED AND FINALIZED. THIS AUDIT & FINANCE COMMITTEE COMPLETED ITS REVIEW IN SEPTEMBER 2025, PRIOR TO THE FILING OF THE FORM 990. THE FINAL FORM 990, TOGETHER WITH ALL ATTACHMENTS, WAS THEN POSTED ON THE ORGANIZATION'S BOARD PORTAL FOR THE FULL BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS. THE POLICY ALSO COVERS EACH OF THE ORGANIZATION'S CURRENT KEY EMPLOYEES. IT REQUIRES DISCLOSURE OF ALL MATERIAL FACTS REGARDING ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON AN ONGOING BASIS. DISCLOSURE IS MADE TO THE BOARD OR COMMITTEE CONSIDERING THE PROPOSED TRANSACTION. THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY OF ITS DISINTERESTED BOARD OR COMMITTEE MEMBERS WHETHER A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON MAY APPOINT A COMMITTEE OF DISINTERESTED PERSONS TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION. THE BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT AND, IF NOT, WHETHER IT IS IN THE ORGANIZATION'S BEST INTERESTS TO GO FORWARD WITH THE TRANSACTION. ANY CONFLICT ISSUES THAT ARISE DURING THE COURSE OF A BOARD OR COMMITTEE MEETING THAT CANNOT BE RESOLVED ARE REFERRED TO THE GOVERNANCE COMMITTEE. EACH PERSON SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REQUIRED PER THE ORGANIZATION'S BYLAWS TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURES FORM AND HAS A CONTINUING DUTY TO UPDATE IT. CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND AMENDMENTS ARE REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE IN CONJUNCTION WITH LEGAL COUNSEL AND A REPORT OF THE DISCLOSED INTERESTS IS MADE TO THE ORGANIZATION'S BOARD. THE

	BOARD'S CONFLICT OF INTEREST POLICY AND ITS EFFECTIVENESS IS REVIEWED AT LEAST ANNUALLY BY THE GOVERNANCE COMMITTEE AND ANY RECOMMENDED CHANGES ARE PRESENTED TO THE BOARD. IF A PERSON FAILS TO FILE THE ANNUAL DISCLOSURE STATEMENT AND ANNUAL CERTIFICATION, THAT PERSON MAY BE PROHIBITED FROM ATTENDING AND PARTICIPATING IN MEETINGS UNTIL IT IS FILED. IF THE BOARD OR COMMITTEE HAS REASON TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE, IT INVESTIGATES THE MATTER. IF IT IS DETERMINED THAT A PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE PURSUING REMOVAL OF A DIRECTOR. RECORDS OF ALL DELIBERATIONS AND DECISIONS REGARDING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE KEPT.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION ARRANGEMENTS FOR THE CEO AND OTHER DISQUALIFIED PERSONS ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF OUR BOARD OF DIRECTORS. THIS COMMITTEE CONSISTS ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST AS TO THE ARRANGEMENTS BEING REVIEWED. THE COMMITTEE REVIEWS AND RELIES UPON COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, AND THE COMMITTEE ALSO RELIES ON THE GUIDANCE AND CONSIDERATIONS PROVIDED BY THE CONSULTING FIRM. DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY DOCUMENTED. THIS PROCESS IS UNDERTAKEN ANNUALLY WITH RESPECT TO THE CEO AND ALL OTHER DISQUALIFIED PERSONS. IT WAS LAST UNDERTAKEN IN FEBRUARY 2025.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION MAY BE OBTAINED BY THE PUBLIC BY ORDERING THEM FROM THE ILLINOIS SECRETARY OF STATE. THE BYLAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO ALL MEMBER COMPANIES BUT NOT OTHERWISE PUBLICLY AVAILABLE.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATIONS, AND FOR SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

Additional Data

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Software ID:
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Additional Data

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Software ID:
Software Version: