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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Delta Dental Plan of Ohio Inc		D Employer identification number 31-0685339	
		Doing Business As		E Telephone number (517) 349-6000	
		Number and street (or P O box if mail is not delivered to street address) PO Box 30416	Room/suite	G Gross receipts \$ 293,738,087	
		City or town, state or country, and ZIP + 4 Lansing, MI 489097916			
		F Name and address of principal officer THOMAS J FLESZAR DDS M PO Box 30416 Lansing, MI 489097916		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c) (4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527					
J Website: ▶ www.ddpoh.com					

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1960 **M** State of legal domicile OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO BE THE LEADER IN OUR MARKETS, TO DELIVER UNMATCHED QUALITY AND VALUE IN OUR PROGRAMS AND SERVICES, AND TO VIGOROUSLY PROMOTE THE IMPORTANCE OF ORAL HEALTH AS AN ESSENTIAL PART OF OVERALL HEALTH	
2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets	
3	Number of voting members of the governing body (Part VI, line 1a)	3 _____ 1
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 _____ 0
5	Total number of employees (Part V, line 2a)	5 _____ 0
6	Total number of volunteers (estimate if necessary)	6 _____ 0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a _____ 0
b	Net unrelated business taxable income from Form 990-T, line 34	7b _____ 0

Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)	268,401,249	285,651,932
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,336,367	1,139,918
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,407	473,043
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,759,023	287,264,893

Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	239,646,941	258,537,580
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	74,700	39,500
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	21,885,246	25,407,709
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	261,606,887	283,984,789
	19	Revenue less expenses Subtract line 18 from line 12	8,152,136	3,280,104

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	77,128,159	82,880,906
21	Total liabilities (Part X, line 26)	26,249,278	25,107,032
22	Net assets or fund balances Subtract line 21 from line 20	50,878,881	57,773,874

Part II Signature Block

Sign Here	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	
	*****	2010-11-05
	Signature of officer	Date
	GORAN JURKOVIC CHIEF FINANCIAL OFFICER	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  KEVIN E KRAUSE CPA	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  PLANTE & MORAN PLLC 1111 MICHIGAN AVE EAST LANSING, MI 48823	EIN 		Phone no  (517) 332-6200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO BE THE LEADER IN OUR MARKETS, TO DELIVER UNMATCHED QUALITY AND VALUE IN OUR PROGRAMS AND SERVICES, AND TO VIGOROUSLY PROMOTE THE IMPORTANCE OF ORAL HEALTH AS AN ESSENTIAL PART OF OVERALL HEALTH

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 276,503,161 including grants of \$) (Revenue \$ 285,651,932)
Promoting Dental CareDelta Dental Plan of Ohio, Inc is a leading group dental benefits provider in the Midwest The purpose of which is to advance and promote the improvement of oral health This is done by offering innovative, cost-effective products that meet the needs of customers This was demonstrated in 2009 by paying out over \$258 million by providing dental benefits for the public and advancing the science of dentistry In addition, over 1.9 million claims were processed for nearly 600,000 subscribers Cost Saving StrategiesDelta Dental (DD) benefit plans are committed to saving groups and subscribers money The Delta Difference is an integration of activities, such as cost management policies, fee reduction agreements with dentists, and an anti-fraud hotline, put to work ensuring quality, cost-effective dental benefit delivery In 2009, The Delta Difference saved groups and subscribers nearly \$445 million In addition, The Delta Difference helps keep our trend below the national inflationary trend in dental benefits Another cost saving strategy was the advent of a secure web site allowing dental offices to submit and review claims, check eligibility and get reimbursed via electronic direct deposit Many dentists mail claims incurring postage costs up to 70 cents per claim By using the Dental Office Toolkit, these costs are reduced to zero In 2009, 72% of claims were submitted electronically The online tool reduces staff time for claims processing and will ultimately lower the cost of doing business for everyone, including customers and subscribers Quality Initiatives and ResultsBringing Quality to All We Do is the quality policy for Delta Dental Plan of Michigan, Inc The affiliated Delta Dental Plans of Michigan (DDPMI), Ohio and Indiana hold the prestigious ISO 9001 certification, underscoring our commitment to providing quality products and services that surpass customer's expectations Quality standards are extremely rigorous and guarantee that Delta Dental has documented its quality procedures and systems throughout the company The longstanding commitment to providing quality to customers, dentists, subscribers and other business partners has now been internationally recognized In July 2003, our Customer Service Call Center was certified by BenchmarkPortal as a "Certified Center of Excellence" offering "world-class" customer service This certification was awarded following a lengthy and rigorous audit that documented the performance of our call center against the best practices of a peer group of comparable customer service call centers These call centers included those of all our major commercial competitors In January 2007, BenchmarkPortal again recognized DD with a Certificate of Excellence Current results revealed that DD's performance outranked all other corporations in the dental industry and ranked second compared to the benchmarked health care industry Quality service is also measured through internal audits Results indicate that 96 percent of claims are processed within 10 working days, 99 percent of inquiries are resolved on first contact and calls were answered in 13 seconds Commitment to the CommunityDDPMI believes advances in dental research and enhanced educational opportunities for dentists go a long way toward improving oral health The company is a key player in groundbreaking research on trends in oral health in the insured population The Delta Dental Fund (DDF), the company's philanthropic affiliate, encourages advances in dentistry and supports dental education and research Only an organization of DD's size and experience in the benefits field would have over 25 years worth of extensive data regarding dental treatment patterns over extended periods of time Because of its commitment to advancing the science of dentistry, each year the company grants researchers at five dental schools in Michigan, Ohio and Indiana access to this important information to study oral health trends The results of their studies will add significant data to the body of knowledge in the field of dentistry Since it was formed in 1980, the DDF has granted nearly \$12 million toward the advancement of dental science and improvement of the oral health of the public DDF regularly provides funding for programs that help at-risk populations and individuals with special needs obtain dental treatment, for scholarship and leadership awards to dental students, for grants to purchase learning tools and other programs to dental schools, for continuing education programs for the dental profession, and for educational materials on the importance of oral health and hazards to oral health In 2009, DDF provided grants totaling nearly \$1 million for dental and community relation projects Among them was a grant to The Ohio State University of Dentistry to support the mobile dental clinic it operates to provide dental treatment to thousands of children in Columbus, Ohio, who lack access to dental care DDPMI is also committed to the community DD has always been keenly aware of its civic and social responsibility Delta Dental Plans are proud to share, through direct financial contributions, with hundreds of community agencies and groups In addition, employees log countless hours of their own time as volunteers Community support generally falls under the broad categories that provide support to agencies and institutions serving children, seniors, low-income individuals, minorities, and the disabled and at-risk individuals, to organizations that promote education, arts and recreation and community development, and to charitable projects or programs recommended by employees, customers, participating dentists and other key groups In 2009, DD, along with its employees, provided more than \$846,000 to initiatives to improve oral health, advance dental science, or contribute to the well-being of citizens in the communities where we do business Through a public-private partnership with the Michigan Department of Community Health, DD administers the Healthy Kids Dental and MICHild programs Healthy Kids Dental is a dental benefits program for Medicaid beneficiaries under age 21 It is available in 61 counties and covers basic dental health benefits such as X-rays, cleanings, cavity fillings, root canals, tooth extractions and dentures Approximately 314,000 Michigan children are served by this program MICHild is an insurance program that is state and federally funded which makes comprehensive health and dental coverage available to uninsured low and middle income children under 19 years of age DDPMI has applied its administrative expertise and dentist networks to improving oral health care for this segment of the population also Unequaled Access to DentistsThe benefits of DD are now available beyond this nation's borders Through a partnership with International SOS Assistance, Inc , DD enrollees can now receive expert treatment for non-emergency and emergency dental care when they are outside of the United States For five decades, DD has helped promote oral health by designing and administering innovative, cost-effective dental benefit programs Experts at plan design, DD has created dental benefit programs that meet customer cost-objectives while helping to improve and maintain oral health The programs feature large panels of full-time participating dentists In fact, 3 out of 4 dentists nationwide participate with DD This kind of reach has enabled millions of people to receive cost-effective dental care DD's group members are afforded added protection because they guarantee that participating dentists will accept their payment for covered services and that no charges, other than co-payments and deductibles will be billed This lowers claim costs for customers and reduces out-of-pocket costs for subscribers With two networks of full-time participating dentists in one integrated claims system, DD can deliver to customers and group members, the greatest access at best cost	
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\$ 276,503,161

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?	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? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• 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.						
	• 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.						
	• 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.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• 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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table>	Yes	No	 12A	Yes		
Yes	No						
 12A	Yes						
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
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				
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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	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				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and 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, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25</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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," 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 a grant selection committee member, or to a person related to such an individual? <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	Yes	
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 of the organization (or a family member) was an officer, director, trustee, or 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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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 11 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

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	27,473		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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 the instructions for exceptions and 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? . . .			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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
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?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the 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		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	11	
b	Enter the number of voting members that are independent . . .	1b	6	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

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 make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GORAN JURKOVIC, CHIEF FINANCIAL OFFICER 4100 Okemos Road Okemos, MI 48864 (517) 349-6000

Part VII

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

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
James P Hallan VICE CHAIRPERSON	5.00	X		X				5,600	44,491	0
Michael T Schaeffer DD Secretary/TREASURER	5.00	X		X				5,950	3,300	0
Douglas R Anderson DDS Member-At-Large	5.00	X						0	0	6,800
Bruce R Smith Member-At-Large	5.00	X						5,600	21,700	0
Laura O Stearns DIRECTOR	5.00	X						3,500	15,200	0
Ann M Flermoen DDS DIRECTOR	5.00	X						0	0	6,600
Lawrence D Crawford DD Member-At-Large	5.00	X						5,250	3,700	0
Steven B Stratton DIRECTOR	5.00	X						4,200	1,300	0
James R Stahl DDS Member-At-Large	5.00	X						5,950	0	0
FRANK BUZAKI JR DIRECTOR	5.00	X						0	0	6,450
PATRICK T CAHILL DIRECTOR	50.00	X						1,400	1,072,520	163,706
Colleen G Vienna DDS Immediate Past Chairpers	5.00			X				3,850	21,200	7,000
Kelly J Scheiderer RHI Chairperson	5.00			X				0	0	10,800
THOMAS J FLESZAR DDS President, CEO	50.00			X				0	1,951,984	77,319

1b	Total	41,300	3,135,395	278,675
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

		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>		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>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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						
Program Service Revenue			Business Code					
	2a	Dental care revenue	624,100	285,651,932	285,651,932			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		285,651,932				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,291,720			1,291,720	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	6,321,392					
		b Less cost or other basis and sales expenses	6,473,194					
		c Gain or (loss)	-151,802					
	d	Net gain or (loss)		-151,802			-151,802	
	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 . .						
	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 . .							
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 . .							
Miscellaneous Revenue		Business Code						
11a	Miscellaneous income		900,099	473,043			473,043	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			473,043				
12	Total revenue. See Instructions			287,264,893	285,651,932	0	1,612,961	

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) but are not required to complete columns (B), (C), and (D).

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 U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	258,537,580	258,537,580	13,825	
5	Compensation of current officers, directors, trustees, and key employees	39,500	25,675		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,276		26,276	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	10,200		10,200	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	236,722		236,722	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	admin/investment o/h	20,439,226	13,285,497	7,153,729	
b	Commission Expense	2,511,771	2,511,771		
c	Premium Tax Expense	1,312,000	1,312,000		
d	BAD DEBT EXPENSE	471,256	471,256		
e	BANK CHARGES	279,157	279,157		
f	All other expenses	121,101	80,225	40,876	
25	Total functional expenses. Add lines 1 through 24f	283,984,789	276,503,161	7,481,628	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	5,027,718
	2	Savings and temporary cash investments			28,900,312	2	26,330,350
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			23,195,159	4	15,368,685
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,325	9	931
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			22,721,683	11	34,065,342
	12	Investments—other securities. See Part IV, line 11			2,273,215	12	2,006,286
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			35,465	15	81,594
	16	Total assets. Add lines 1 through 15 (must equal line 34)			77,128,159	16	82,880,906
Liabilities	17	Accounts payable and accrued expenses			9,025,388	17	2,110,915
	18	Grants payable				18	
	19	Deferred revenue			12,168	19	1,221,400
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				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. Complete Part X of Schedule D			17,211,722	25	21,774,717
	26	Total liabilities. Add lines 17 through 25			26,249,278	26	25,107,032
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ 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, check here ☒ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			9,712,604	31	9,712,604
	32	Retained earnings, endowment, accumulated income, or other funds			41,166,277	32	48,061,270
	33	Total net assets or fund balances			50,878,881	33	57,773,874
	34	Total liabilities and net assets/fund balances			77,128,159	34	82,880,906

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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
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 . . .		

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, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Delta Dental Plan of Ohio Inc

Employer identification number
31-0685339

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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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 XIV 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 XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
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 on investments 	2a	
b	Donated services and use of facilities 	2b	
c	Recoveries of prior year grants 	2c	
d	Other (Describe in Part XIV) 	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 XIV) 	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) 	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
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 XIV) 	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 XIV) 	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) 	5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident ifier	Return Reference	Explanation
		The Enterprise adopted new accounting guidance related to accounting for income taxes as of January 1, 2009. The new accounting standard clarifies the guidance for the recognition and measurement of income tax benefits related to uncertain tax positions. The adoption of the new guidance did not have a material impact on the consolidated and combined financial statements. As of December 31, 2009, the Enterprise's unrecognized tax benefits were not significant. There were no significant penalties or interest recognized during the year or accrued at year end.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Delta Dental Plan of Ohio Inc

Employer identification number
31-0685339

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	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) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	7	No
8	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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS WAS FOR THE SPOUSE ONLY AND THIS BENEFIT WAS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Delta Dental Plan of Ohio Inc

Employer identification number

31-0685339

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958	▶	\$ _____
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶	\$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
James Stahl DDS	on BoD of DDPOH and a dentist that receives insurance payments from ddpoh	242,824	Health care payments		No

SCHEDULE O
 (Form 990)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
 Delta Dental Plan of Ohio Inc

Employer identification number
 31-0685339

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		DELTA DENTAL PLAN OF OHIO HAS A SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION
Form 990, Part VI, Section A, line 7a		THE SOLE MEMBER HAS VOTING RIGHTS AND THE VOTE IS TO ELECT DIRECTORS
Form 990, Part VI, Section A, line 7b		THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY THE SOLE MEMBER IF 10% OF THE ASSETS ARE TO BE SPENT/SOLD OR A NEW PRESIDENT IS TO BE APPOINTED
Form 990, Part VI, Section B, line 11		THE INFORMATION PRESENTED ON THE FORM 990 IS GATHERED BY THE SENIOR TAX ADMINISTRATOR FOR THE ORGANIZATION THE CFO REVIEWS THE INFORMATION ONCE APPROVED THE INFORMATION IS GIVEN TO OUTSIDE TAX PREPARERS WHO PREPARE AND REVIEW THE FORM 990 ONCE COMPLETE AN ELECTRONIC COPY OF THE FORM 990 IS PUT ONTO A WEBSITE FOR THE BOARD TO REVIEW
Form 990, Part VI, Section B, line 12c		ALL POSITIONS LISTED ARE REQUIRED TO PROVIDE SIGNED DOCUMENTATION ANNUALLY RELATED TO CONFLICT OF INTEREST
Form 990, Part VI, Section B, line 15		OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR THE EXECUTIVE POSITIONS AND FOR OTHER OFFICERS THE FINAL DETERMINATION OF COMPENSATION IS DONE BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 19		YES, THEY MAKE THEIR DOCUMENTS AVAILABLE TO THE PUBLIC BY REQUEST
FORM 990, PART XI, LINES 2C AND 2D		DELTA DENTAL PLAN OF OHIO IS AUDITED BY AN INDEPEDENT ACCOUTANT AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization Delta Dental Plan of Ohio Inc	Employer identification number 31-0685339
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Part I

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

(a) Name, address, and EIN 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
Renaissance systems and services llc po box 30416 lansing, MI 489097916 38-3638865	E-commerce solutions for dentists	MI	6,630,147	1,810,366	DELTA DENTAL PLAN OF MICHIGAN

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
Renaissance Health Service Corporation PO BOX 30416 LANSING, MI 489097916 38-1675667 DELTA DENTAL PLAN OF INDIANA	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	N/A
PO BOX 30416 LANSING, MI 489097916 35-1545647 DELTA DENTAL PLAN OF MICHIGAN	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	Renaissance Health Service Corporation
4100 OKEMOS ROAD OKEMOS, MI 48864 38-1791480 DELTA DENTAL OF TENNESSEE	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	Renaissance Health Service Corporation
PO BOX 30416 LANSING, MI 489097916 62-0812197 DELTA DENTAL FUND	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	Renaissance Health Service Corporation
PO BOX 30416 LANSING, MI 489097916 38-2337000 DELTA DENTAL OF NEW MEXICO	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	11A TYPE II	Renaissance Health Service Corporation
PO BOX 30416 LANSING, MI 489097916 85-0224562 DELTA DENTAL OF KENTUCKY	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	Renaissance Health Service Corporation
PO BOX 30416 LANSING, MI 489097916 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	Renaissance Health Service Corporation

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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SUITE 244 PARTNERS LLC											
240 VENTURE CIRCLE NASHVILLE, TN37228 20-3643584	HOLDS THE LEASE TO SUITE 244 AT LP FIELD (TITANS STADIUM)	TN	FORE HOLDING CORPORATION	N/A				No			No
LIQUID CORN LLC											
240 VENTURE CIRCLE NASHVILLE, TN37228 20-3349680	OWNS SUITE 244	TN	FORE HOLDING CORPORATION	N/A				No			No
PREMIER INSURANCE SERVICES LLC											
240 VENTURE CIRCLE NASHVILLE, TN37228 11-3662057	INSURANCE BROKER	TN	FORE HOLDING CORPORATION	N/A				No			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
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See Additional Data Table

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) DELTA DENTAL PLAN OF MICHIGAN	L	20,480,290
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:
Software Version:
EIN: 31-0685339
Name: Delta Dental Plan of Ohio Inc

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

(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 501(c)(3))	(f) Direct Controlling Entity
Renaissance Health Service Corporation PO BOX 30416 LANSING, MI489097916 38-1675667	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	N/A
DELTA DENTAL PLAN OF INDIANA PO BOX 30416 LANSING, MI489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL PLAN OF MICHIGAN 4100 OKEMOS ROAD OKEMOS, MI48864 38-1791480	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL OF TENNESSEE PO BOX 30416 LANSING, MI489097916 62-0812197	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL FUND PO BOX 30416 LANSING, MI489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	11A TYPE II	Renaissance Health Service Corporation
DELTA DENTAL OF NEW MEXICO PO BOX 30416 LANSING, MI489097916 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL OF KENTUCKY PO BOX 30416 LANSING, MI489097916 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	Renaissance Health Service Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Renaissance Holding Company PO BOX 30381 LANSING, MI48909 41-2177193	HOLDING COMPANY	MI	FORE HOLDING COMPANY	C			
Renaissance Life & Health Insurance Company pO BOX 30381 IANSING, MI48909 35-1536282	INSURANCE	IN	DELTA DENTAL PLAN OF INDIANA	C			
Renaissance Life & Health Insurance Company of America PO BOX 30416 LANSING, MI489097916 47-0397286	INSURANCE	DE	RENAISSANCE HOLDING COMPANY	C			
Renaissance Health Insurance Company of New York PO BOX 30416 LANSING, MI489097916 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C			
US Dental Care 260 WEST MAIN ST SUITE 215A HENDERSONVILLE, TN37075 62-1627075	DENTAL PLAN SALES	TN	RENAISSANCE HOLDING COMPANY	C			
Renaissance Health Networks 4100 OKEMOS ROAD po box 30381 IANSING, MI489097881 11-3774096	PPO Network	MI	RENAISSANCE HOLDING COMPANY	C			
Renaissance Dental Group LLC 4100 OKEMOS ROAD po box 30381 IANSING, MI489097881 13-4354182	PPO Network	IN	RENAISSANCE HOLDING COMPANY	C			
Renaissance Dental Network LLC 4100 OKEMOS ROAD po box 30381 IANSING, MI489097881 42-1749772	PPO Network	MI	RENAISSANCE HEALTH NETWORKS LLC	C			
Dental Wellness Network LLC 1540 W EDGEWOOD SUITE B INDIANAPOLIS, IN46217 01-0862825	PPO Network	MI	RENAISSANCE HEALTH NETWORKS LLC	C			
Fore Holding Corporation 240 VENTURE CIRCLE NASHVILLE, TN37228 20-4116122	EMPLOYEE BENEFITS	TN	DELTA DENTAL OF TENNESSEE	C			
DENTAL CHOICE INC 10100 LINN STATION RD 700 LOUISVILLE, KY402293861 61-1105118	PPO NETwork	KY	DELTA DENTAL OF KENTUCKY	C			
DENTAL CHOICE PROPERTIES LLC 10100 LINN STATION RD 700 LOUISVILLE, KY402293861 61-0659432	REAL ESTATE HOLDING COMPANY	KY	DELTA DENTAL OF KENTUCKY	C			
DENTAL CHOICE AGENCY INC 10100 LINN STATION RD 700 LOUISVILLE, KY402293861 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY AND DENTAL CHOICE	KY	DELTA DENTAL OF KENTUCKY	C			

Additional Data

Software ID:
Software Version:
EIN: 31-0685339
Name: Delta Dental Plan of Ohio Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
admin/investment o/h	20,439,226	13,285,497	7,153,729	
Commission Expense	2,511,771	2,511,771		
Premium Tax Expense	1,312,000	1,312,000		
BAD DEBT EXPENSE	471,256	471,256		
BANK CHARGES	279,157	279,157		