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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4100 Okemos Road

City or town, state or country, and ZIP + 4
Okemos, MI 48864

D Employer identification number
38-1791480

E Telephone number
(517) 349-6000

G Gross receipts $ 1,453,292,179

F Name and address of principal officer
THOMAS J FLESZAR DDS M
4100 Okemos Road
Okemos, MI 48864

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 ddpmi com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1957 | **M** State of legal domicile MI

Part I Summary

Activities & Governance

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	17
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	687
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,937,176
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,532,881

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	1,384,653,179	1,315,435,653
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,019,237	2,315,371
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,213,565	47,701,097
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,435,885,981	1,365,452,121
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,277,203,447	1,234,102,205
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,479,735	82,253,217
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	77,677,977	70,643,513
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,423,361,159	1,386,998,935
19	Revenue less expenses Subtract line 18 from line 12	12,524,822	-21,546,814

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	350,745,656	352,014,045
21	Total liabilities (Part X, line 26)	182,894,210	128,963,341
22	Net assets or fund balances Subtract line 21 from line 20	167,851,446	223,050,704

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

****** | 2010-11-08
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-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Plante & MoranPLLC 1111 Michigan Ave PO Box 2500 East Lansing, MI 488262500			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 $ 1,332,612,015 including grants of $) (Revenue $ 1,312,498,477)

Promoting Dental CareDelta Dental Plan of Michigan, Inc is a leading group dental benefits provider in the Midwest The purpose of the organization 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 $1 2 billion and by providing dental benefits for the public and advancing the science of dentistry In addition, over 7 million claims were processed for nearly 1 6 million subscribers Cost Saving StrategiesDelta Dental 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, 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 Delta Dental with a Certificate of Excellence Current results revealed that Delta Dental'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 over 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 CommunityDelta Dental Plan of Michigan, Inc 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, the company's philanthropic affiliate, encourages advances in dentistry and supports dental education and research Only an organization of Delta Dental'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 Delta Dental Fund has granted over $12 million toward the advancement of dental science and improvement of the oral health of the public Delta Dental Fund 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, Delta Dental Fund provided grants totaling nearly $1 million for dental and community relation projects Among them was a grant to The Ohio State University College 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 Delta Dental Plan of Michigan is also committed to the community Delta Dental 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, Delta Dental, 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, Delta Dental 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 enrolled in 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 Delta Dental Plan of Michigan 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 Delta Dental are now available beyond this nation's borders Through a partnership with International SOS Assistance, Inc , Delta Dental enrollees can now receive expert treatment for non-emergency and emergency dental care when they are outside of the United States For five decades, Delta Dental has helped promote oral health by designing and administering innovative, cost-effective dental benefit programs Experts at plan design, Delta Dental 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 Delta Dental This kind of reach has enabled millions of people to receive cost-effective dental care Delta Dental'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, Delta Dental can deliver to customers and group members, the greatest access at the 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** ▶ $ 1,332,612,015

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, line10? *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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
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? *If "Yes," complete Schedule R, Part VI*	**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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	49,739		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	687		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	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 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 17		
b	Enter the number of voting members that are independent . .	1b 0		
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	Yes	
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	Yes	
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 ▶ MI

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			
See add'l data										

1b Total . . . . . ▶	11,906,358	32,800	3,153,124

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶102

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation
WALBRIDGE ALDINGER 777 WOODWARD AVE SUITE 300 DETROIT, MI 48226	GENERAL CONSTRUCTION CONTRACTOR	31,004,032
Adage Group LLC 3665 Observatory Ln HOLT, MI 48842	ADVErtising	1,773,848
CUMMINS BRIDGEWAY LLC 7580 EXPRESSWAY DR SW GRAND RAPIDS, MI 49548	RENTAL SERVICES	1,457,075
CLOVER CONSULTING 400 E DIVISION STE 6 PMB 163 ROCKFORD, MI 49341	IT SERVIES	1,321,449
SIERRA ITS 200 S PROSPECT PARK RIDGE, IL 60068	CONTRACT STAFFING	868,913
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶32		

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	1,312,498,477	1,312,498,477	
	b	IS external services	524,292	2,937,176		2,937,176
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,315,435,653		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		6,640,594		6,640,594
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	83,402,450 / 112,385			
	b	Less cost or other basis and sales expenses	86,964,715 / 875,343			
	c	Gain or (loss)	-3,562,265 / -762,958			
	d	Net gain or (loss) . . . . . ▶		-4,325,223		-4,325,223
Other Revenue	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	administrative reimbur / 900,099	47,587,149			47,587,149
	b	Miscellaneous Income / 900,099	113,948			113,948
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	47,701,097			
	12	**Total revenue.** See Instructions . . . ▶	1,365,452,121	1,312,498,477	2,937,176	50,016,468

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	1,234,102,205	1,234,102,205		
5 Compensation of current officers, directors, trustees, and key employees	14,286,943	9,286,512	5,000,431	
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	44,838,643	26,985,832	17,852,811	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,370,055	5,864,706	4,505,349	
9 Other employee benefits	8,760,361	5,221,513	3,538,848	
10 Payroll taxes	3,997,215	2,395,295	1,601,920	
11 Fees for services (non-employees)				
a Management	1,759,033	800,727	958,306	
b Legal	436,998		436,998	
c Accounting	569,488	35,000	534,488	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	134,325		134,325	
g Other	15,129,217	7,903,390	7,225,827	
12 Advertising and promotion	599,236	173,072	426,164	
13 Office expenses	13,520,211	11,863,896	1,656,315	
14 Information technology	9,577,256	7,168,361	2,408,895	
15 Royalties				
16 Occupancy	2,437,957	3,215	2,434,742	
17 Travel	1,919,647	1,225,554	694,093	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	351,109	93,611	257,498	
20 Interest	141,944		141,944	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,341,719	4,535,387	2,806,332	
23 Insurance	532,157		532,157	
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 Commissions	8,914,441	8,914,441		
b processing fees	2,546,930	2,546,930		
c External Business Expen	2,167,365	2,167,365		
d Miscellaneous	1,107,286	637,696	469,590	
e Membership dues	874,148	159,599	714,549	
f All other expenses	583,046	527,708	55,338	
25 **Total functional expenses.** Add lines 1 through 24f	1,386,998,935	1,332,612,015	54,386,920	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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,056	1	2,047
	2	Savings and temporary cash investments		14,501,030	2	37,776,217
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		108,400,093	4	72,642,683
	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		4,716,711	9	-707,252
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 168,018,143			
	b	Less accumulated depreciation	10b 67,349,301	59,443,187	10c	100,668,842
	11	Investments—publicly traded securities		142,692,750	11	123,477,707
	12	Investments—other securities See Part IV, line 11		19,555,821	12	16,943,504
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,434,008	15	1,210,297
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		350,745,656	16	352,014,045
Liabilities	17	Accounts payable and accrued expenses		40,861,039	17	51,531,479
	18	Grants payable			18	
	19	Deferred revenue			19	
	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		142,033,171	25	77,431,862
	26	**Total liabilities.** Add lines 17 through 25		182,894,210	26	128,963,341
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		15,744,473	30	15,744,473
	31	Paid-in or capital surplus, or land, building or equipment fund		5,122,500	31	5,122,500
	32	Retained earnings, endowment, accumulated income, or other funds		146,984,473	32	202,183,731
	33	Total net assets or fund balances		167,851,446	33	223,050,704
	34	Total liabilities and net assets/fund balances		350,745,656	34	352,014,045

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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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?	3a		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	3b		

Additional Data

Software ID:
Software Version:
EIN: 38-1791480
Name: Delta Dental Plan of Mıchıgan Inc

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

(A) Name and Title	(B) Average hours per week	(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			
COLLEEN G VIENNA DDS DIREctor	5 00	X						19,700	5,350	1,900
LONNY E ZIETZ DDS MS DIREctor	5 00	X						7,300	2,000	500
bruce baird dds director	5 00	X						19,100	0	0
FATHER JACK H BAKER DIRECTOR	5 00	X						27,500	500	0
lisa dancsok MEMBER AT LARGE	5 00	X						25,400	500	0
TODD V ESTER DDS DIRECTOR	5 00	X						25,279	500	0
RORY GAMBLE DIRECTOR	5 00	X						17,700	500	0
JOSEPH C HARRIS DDS DIRECtor	5 00	X						19,800	500	0
JEFFERY A KELLER DIREctor	5 00	X						1,900	0	0
TERRI A MILLER CPCU MEMBER AT LARGE	5 00	X						12,150	250	12,100
TIMOTHY E MOFFIT MEMBER AT LARGE	5 00	X						23,300	500	0
C RICHARD SEITZ DIREctor	5 00	X						21,200	3,000	0
BRUCE R SMITH Director	5 00	X						21,200	6,100	0
LU BATTAGLIERI TREASURER/SECRETARY	5 00	X		X				25,900	500	0
TERENCE R COMAR DDS M VICE CHAIRPERSON	5 00	X		X				26,100	500	0
JOHN A BREZA DDS IMMEDIATE PAST CHAIRPERS	5 00	X		X				26,100	4,500	0
JAMES P HALLAN CHAIRPERSON	5 00	X		X				42,491	7,600	0
ANTHONY ROBINSON DIRECTOR, COMM & GOVT AC	50 00					X		212,104	0	37,160
JOADI KECK DIRECTOR, HR	50 00					X		234,086	0	53,839
DANIEL RIENSTRA SENIOR ACCOUNT EXECUTIVE	50 00					X		306,954	0	88,671
THOMAS DIMMER SENIOR ACCOUNT EXECUTIVE	50 00					X		254,127	0	40,809
WILLIAM ALBERT DIRECTOR, SALES	50 00					X		250,588	0	42,977
GORAN JURKOVIC CHIEF FINANCIAL OFFICER	50 00			X				205,463	0	52,354
JAMES EPILITO PRESIDENT	50 00			X				220,381	0	8,587
MICHAEL CLARK MARKETING PRESIDENT	50 00			X				327,592	0	43,295

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

(A) Name and Title	(B) Average hours per week	(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			
BRENDA LAIRD V-P INFORMATION TECHNOLO	50 00			X				344,133	0	324,089
KAREN GREEN V-P INFORMATICS/QUALITY	50 00			X				312,148	0	93,937
RANDY TASCO V-P SALES & ACCT MGT	50 00			X				376,323	0	73,726
EDWARD ZOBECK EXEC V-P, HUMAN RESOURC	50 00			X				530,210	0	274,544
NANCY HOSTETLER SR V-P, CORP & PUBLIC A	50 00			X				1,751,161	0	68,812
SHERRY CRISP SR V-P, OPERATIONS	50 00			X				396,691	0	99,391
PATRICK CAHILL EXEC V-P, INT'L DEVELOP	50 00			X				1,072,520	0	163,706
JED JACOBSON SR V-P, PROFESSIONAL SE	50 00			X				496,976	0	291,555
CHARLES FLOYD EXEC VICE PRES, UNDERWR	50 00			X				622,278	0	461,486
LAURA L CZELADA COO	50 00			X				889,714	0	773,988
THOMAS FLESZAR DDS MS CEO	50 00			X				1,951,984	0	77,319
RICK KARAS SR V-P, LABOR MKT RELAT	50 00			X				788,805	0	68,379

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Commissions	8,914,441	8,914,441		
processing fees	2,546,930	2,546,930		
External Business Expen	2,167,365	2,167,365		
Miscellaneous	1,107,286	637,696	469,590	
Membership dues	874,148	159,599	714,549	

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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 Michigan Inc

Employer identification number
38-1791480

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ $ _____

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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		1,290,724		1,290,724
b Buildings		48,172,318	15,505,053	32,667,265
c Leasehold improvements				
d Equipment		32,681,905	24,161,271	8,520,634
e Other		85,873,196	27,682,977	58,190,219
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				100,668,842

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
IBNR - claim adjustment reserves	45,737,788
Unearned Premiums	30,794,619
FAS 158 FUNDED STATUS	899,455
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	77,431,862

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

Identifier	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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Delta Dental Plan of Michigan Inc

Employer identification number
38-1791480

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 orprovision 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**	Yes	
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 accured 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**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

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 RELATED TO TRAVEL FOR A SPOUSE THIS AMOUNT WAS TREATED AS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE THE HEALTH OR SOCIAL CLUB DUES WERE TREATED AS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE
	Part I, Line 4a	NANCY HOSTETLER - $1,376,394

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1791480
Name: Delta Dental Plan of Michigan Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY ROBINSON	(I)	127,308	80,878	3,918	17,580	19,580	249,264	0
	(II)	0	0	0	0	0	0	0
JOADI KECK	(I)	130,100	45,313	58,673	38,373	15,466	287,925	0
	(II)	0	0	0	0	0	0	0
DANIEL RIENSTRA	(I)	59,712	244,872	2,370	71,770	16,901	395,625	0
	(II)	0	0	0	0	0	0	0
THOMAS DIMMER	(I)	63,802	188,959	1,366	22,367	18,442	294,936	0
	(II)	0	0	0	0	0	0	0
WILLIAM ALBERT	(I)	109,438	138,650	2,500	23,718	19,259	293,565	0
	(II)	0	0	0	0	0	0	0
GORAN JURKOVIC	(I)	153,360	46,020	6,083	32,668	19,686	257,817	0
	(II)	0	0	0	0	0	0	0
JAMES EPILITO	(I)	215,270	0	5,111	0	8,587	228,968	0
	(II)	0	0	0	0	0	0	0
MICHAEL CLARK	(I)	171,700	151,685	4,207	23,458	19,837	370,887	0
	(II)	0	0	0	0	0	0	0
BRENDA LAIRD	(I)	184,327	140,422	19,384	314,632	9,457	668,222	0
	(II)	0	0	0	0	0	0	0
KAREN GREEN	(I)	157,559	139,692	14,897	74,176	19,761	406,085	0
	(II)	0	0	0	0	0	0	0
RANDY TASCO	(I)	195,000	171,072	10,251	53,767	19,959	450,049	0
	(II)	0	0	0	0	0	0	0
EDWARD ZOBECK	(I)	250,192	226,335	53,683	254,559	19,985	804,754	0
	(II)	0	0	0	0	0	0	0
NANCY HOSTETLER	(I)	183,006	172,292	1,395,863	47,626	21,186	1,819,973	0
	(II)	0	0	0	0	0	0	0
SHERRY CRISP	(I)	200,717	186,957	9,017	89,796	9,595	496,082	0
	(II)	0	0	0	0	0	0	0
PATRICK CAHILL	(I)	167,708	543,481	361,331	154,718	8,988	1,236,226	0
	(II)	0	0	0	0	0	0	0
JED JACOBSON	(I)	242,337	242,150	12,489	275,852	15,703	788,531	0
	(II)	0	0	0	0	0	0	0
CHARLES FLOYD	(I)	286,000	304,189	32,089	445,294	16,192	1,083,764	0
	(II)	0	0	0	0	0	0	0
LAURA L CZELADA	(I)	394,000	475,065	20,649	764,393	9,595	1,663,702	0
	(II)	0	0	0	0	0	0	0
THOMAS FLESZAR DDS MS	(I)	657,800	1,182,198	111,986	51,974	25,345	2,029,303	0
	(II)	0	0	0	0	0	0	0
RICK KARAS	(I)	186,665	315,354	286,786	63,026	5,353	857,184	0
	(II)	0	0	0	0	0	0	0

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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 Michigan Inc

Employer identification number
38-1791480

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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

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
John A Breza DDS	Person is on BOD and a dentist that receives insurance payments from DDPMI	187,549	Health care payments		No
Terence R Comar DDS MS	Person is on BOD and a dentist that receives insurance payments from DDPMI	189,096	Health care payments		No
Todd V Ester DDS	Person is on BOD and a dentist that receives insurance payments from DDPMI	433,956	Health care payments		No
Joseph C Harris DDS	Person is on BOD and a dentist that receives insurance payments from DDPMI	148,598	Health care payments		No

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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 Michigan Inc

Employer identification number
38-1791480

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		DELTA DENTAL PLAN OF MICHIGAN HAS A SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION
Form 990, Part VI, Section A, line 7a		THE SOLE MEMBER HAS VOTING RIGHTS AND ELECTS 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		Yes, all positions listed are required to provide signed documentation annually related to conflict of interest If a conflict of interest exists, the board member would not vote on the conflicted issue
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 and key employees The final determination of compensation is done by the Executive Committee of the Board of Directors
Form 990, Part VI, Section C, line 19		They are available upon request
FORM 990 PART XI LINE 2C AND 2D		DELTA DENTAL PLAN OF MICHIGAN IS AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DELTA DENTAL PLAN OF MICHIGAN ALSO RECEIVES AN AUDITED FINANCIAL STATEMENT BY AN INDEPENDENT ACCOUNTANT THAT IS PREPARED ON A STATUTORY BASIS 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)

Department of the Treasury
Internal Revenue Service

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 Michigan Inc

Employer identification number
38-1791480

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 N/A	

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	PROVIDE DENTAL SERVICE PLANS	MI	501(C)(4)	N/A	N/A
Delta Dental Plan of Ohio PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	Renaissance Health Service Corporation
Delta Dental Plan of Indiana PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL OF TENNESSEE PO BOX 30416 LANSING, MI 489097916 62-0812197	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL FUND PO BOX 30416 LANSING, MI 489097916 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, MI 489097916 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	Renaissance Health Service Corporation
DELTA DENTAL OF KENTUCKY 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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
Dental choice properties llc 10100 linn station rd suite 700 louisville, KY40223 61-0659432	real estate holding company	KY	delta dental of kentucky	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

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 orgranization 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**	**Yes**
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**	**Yes**
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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 38-1791480
Name: Delta Dental Plan of Michigan 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 Ohio PO BOX 30416 LANSING, MI489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	Renaissance Health Service Corporation
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 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 LANSING, 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 lANSING, MI489097881 11-3774096	PPO Network	MI	RENAISSANCE HOLDING COMPANY	C			
Renaissance Dental Group LLC 4100 OKEMOS ROAD po box 30381 lANSING, MI489097881 13-4354182	PPO Network	IN	renaissance holDING COMPANY	C			
Renaissance Dental Network LLC 4100 OKEMOS ROAD po box 30381 lANSING, 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 suite 700 louisville, KY40223 61-1105118	REAL ESTATE HOLDING COMPANY	KY	DELTA DENTAL OF KENTUCKY	C			
dental choice agency inc 10100 linn station rd suite 700 louisville, KY40223 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY & DENTAL CHOICE	KY	DELTA DENTAL OF KENTUCKY	C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	DELTA DENTAL OF TENNESSEE	K	2,659,235
(2)	DELTA DENTAL PLAN OF OHIO	K	20,480,290
(3)	DELTA DENTAL PLAN OF INDIANA	K	8,825,654
(4)	RENAISSANCE HEALTH SERVICE CORPORATION	K	125,004
(5)	DELTA DENTAL FUND	K	165,996
(6)	RENAISSANCE LIFE AND HEALTH INSURANCE COMPANY OF AMERICA	K	3,812,173
(7)	RENAISSANCE SYSTEMS AND SERVICES LLC	L	1,481,171
(8)	delta dental plan of new mexico	K	455,000

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Delta Dental Plan of Michigan Inc	Form 990 Page 10	38-1791480

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	7,341,719

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	7,341,719
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	