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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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  
DECARE INTERNATIONAL  
  
**D** Employer identification number  
41-1852523  
  
**E** Telephone number  
(651) 406-5900  
  
**F** Gross receipts \$ 910,637,777  
  
**G** Name and address of principal officer  
MICHAEL WALSH  
3560 DELTA DENTAL DRIVE  
EAGAN, MN 551223166

**I** Tax-exempt status  501(c) ( 4 ) ► (insert no)  4947(a)(1) or  527

**J** Website: ► www.decare.com

**K** Form of organization  Corporation  Trust  Association  Other ► **L** Year of formation 1997 **M** State of legal domicile MN

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

DECARE INTERNATIONAL'S MISSION IS TO PROVIDE, MAINTAIN AND IMPROVE THE ORAL HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE

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	18
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	32
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	3,412,182
b Net unrelated business taxable income from Form 990-T, line 34	7b	-607,095

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	874,487,425	855,423,413
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,456,559	55,214,364
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	875,943,984	910,637,777

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		105,550
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	47,766,840	10,393,362
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)	824,985,312	844,561,581
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	872,752,152	855,060,493
19 Revenue less expenses Subtract line 18 from line 12	3,191,832	55,577,284

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	284,324,643	333,461,749
21 Total liabilities (Part X, line 26)	87,226,362	58,722,160
22 Net assets or fund balances Subtract line 21 from line 20	197,098,281	274,739,589

## 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	***** Signature of officer DAVID B MORSE PRESIDENT DDMN Type or print name and title	2010-11-15 Date
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Paid Preparer's Use Only	Preparer's signature ► Collin F Buzzell  Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey Inc 801 Nicollet Mall Suite 1100 Minneapolis, MN 55402	Date 2010-11-15 Check if self-employed ► <input type="checkbox"/>  EIN ►  Phone no ► (612) 573-8750	Preparer's identifying number (see instructions)
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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

DECARE INTERNATIONAL'S MISSION IS TO PROVIDE, MAINTAIN AND IMPROVE THE ORAL HEALTH OF THE PEOPLE IN THE COMMUNITIES WE SERVE

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 C

Yes  No

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 Q.

Yes  N

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 \$ 799,249.176 including grants of \$ ) (Revenue \$ 852,011.231 )

THE ORGANIZATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE, THE NET EARNINGS OF WHICH ARE DEVOTED TO CHARITABLE, EDUCATIONAL, AND RECREATIONAL PURPOSES, SPECIFICALLY, THE ORGANIZATION FULFILLS ITS SOCIAL WELFARE PURPOSE THROUGH ACTING AS THE PARENT COMPANY OF DELTA DENTAL OF MINNESOTA AND RELATED AFFILIATES.

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

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

**4d** Other program services (Describe in Schedule Q)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses **\$ 799,249,176**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .

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 . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

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  . . . . .

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  . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .

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  . . . . .

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  . . . . .

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. . . . .

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

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

12a Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes  No

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 . . . . .

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

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
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	Yes	
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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	29	No	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	Yes	
34	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	34	Yes	
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	Yes	
36	Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b>	51
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	32
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No
<b>a</b>	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?	<b>7b</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>8</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	<b>11a</b>	
<b>a</b>	Gross income from members or shareholders	<b>11b</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	18	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	0	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 DANI V FJELSTAD  
 3560 DELTA DENTAL DRIVE  
 EAGAN, MN 55122  
 (651) 406-5900

## **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.

<b>1b Total</b>	5,077,977	861,874	595,812
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►19

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>		No
<b>4</b> 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	<b>4</b>	Yes	
<b>5</b> 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	<b>5</b>		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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
WELLS FARGO RETIREMENT PLAN SERVICES PO BOX 173764 DENVER, CO 802173764	ADMIN OF EMPLOYEE RETIREMENT SERVICES	324,426
PRICEWATERHOUSE COOPERS PO BOX 75647 CHICAGO, IL 606755647	TAX CONSULTING	111,448
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2		

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .					
Program Service Revenue	<b>2a</b> SUBSCRIPTION REVENUE	Business Code				
		541,900	832,490,242	831,880,224	610,018	
	<b>b</b> ADMINISTRATION SERVICE		561,000	22,942,192	20,140,028	
	<b>c</b> other revenue		541,900	-9,021	-9,021	
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		855,423,413			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			495,655		495,655	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		54,718,709				
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)		54,718,709				
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		910,637,777	852,011,231	3,412,182	55,214,364	

**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	105,550	105,550		
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				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,318,505	4,016,210	302,295	
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	2,510,670	2,334,923	175,747	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	286,208	266,173	20,035	
9 Other employee benefits . . . . .	2,539,110	2,361,372	177,738	
10 Payroll taxes . . . . .	738,869	687,148	51,721	
11 Fees for services (non-employees)				
a Management . . . . .	53,003,522		53,003,522	
b Legal . . . . .				
c Accounting . . . . .	158,714		158,714	
d Lobbying . . . . .	340,804		340,804	
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	179,971	179,971		
12 Advertising and promotion . . . . .	62,253		62,253	
13 Office expenses . . . . .				
14 Information technology . . . . .	175,222		175,222	
15 Royalties . . . . .				
16 Occupancy . . . . .	587,039	587,039		
17 Travel . . . . .	111,312		111,312	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .	62,169	62,169		
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	1,195,788	855,927	339,861	
23 Insurance . . . . .	33,669		33,669	
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 CLAIMS EXPENSE	782,533,147	782,533,147		
b MISCELLANEOUS EXPENSES	3,506,953	3,506,953		
c DATA PROCESSING	3,265,412	3,265,412		
d POSTAGE	1,003,469	1,003,469		
e DUES AND SUBSCRIPTIONS	525,394		525,394	
f All other expenses	-2,183,257	-2,516,287	333,030	
25 Total functional expenses. Add lines 1 through 24f	855,060,493	799,249,176	55,811,317	0
26 Joint costs. Check here <input checked="" type="checkbox"/> 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>39,252,751</b>	<b>18,062,940</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>57,388,580</b>	<b>84,435,869</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	<b>5</b>	
	<b>6</b> 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 . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	<b>9,335,709</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	<b>161,215,887</b>	<b>228,536,797</b>
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	<b>17,131,716</b>	<b>2,426,143</b>
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>284,324,643</b>	<b>333,461,749</b>
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>59,276,145</b>	<b>39,914,473</b>
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>695,056</b>	<b>1,267,839</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	<b>27,255,161</b>	<b>17,539,848</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>87,226,362</b>	<b>58,722,160</b>
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .	<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	<b>0</b>	<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	<b>0</b>	<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>197,098,281</b>	<b>274,739,589</b>
	<b>33</b> Total net assets or fund balances . . . . .	<b>197,098,281</b>	<b>274,739,589</b>
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>284,324,643</b>	<b>333,461,749</b>

**Part XI Financial Statements and Reporting**

**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? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**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 . . . . .

**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? . . . . .

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1852523  
**Name:** DECARE INTERNATIONAL

**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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
JOHN SOMrock CHAIRMAN	1 00	X		X				51,875	8,340	0
MICHAEL HOWE VICE CHAIRMAN	1 00	X		X				35,775	1,380	0
BETTY BEDNARCZYK SECRETARY	1 00	X		X				14,000	0	0
DOUGLAS ALGER SECRETARY	1 00	X		X				32,525	6,500	0
RODNEY Young TREasurer	1 00	X		X				29,800	1,124	0
DAVID B MORSE DIRECTOR/PRESIDENT DELTA	50 00	X		X				0	829,185	35,624
MICHAEL F Walsh PRESIDENT/CEO	50 00	X		X				1,640,747	0	139,514
RHONDA ALTOM DIrector	1 00	X						27,600	0	0
JOHN ANDERSON director	1 00	X						24,050	0	0
JOHN BLUFORD director	1 00	X						24,675	1,549	0
FOSTEN BOYLE Director	1 00	X						13,600	7,194	0
BERNARD BROMMER Director	1 00	X						33,000	650	0
JOHN HANSON Director	1 00	X						23,150	2,090	0
JODI HARPSTEAD Director	1 00	X						18,500	0	0
VANCE OPPERMAN DIREctor	1 00	X						11,650	2,312	452
JAMES PETERS DIREctor	1 00	X						26,300	650	0
RICHARD PHILSTROM Director	1 00	X						28,900	900	0
JAMES SWANSTROM DIrector	1 00	X						24,350	0	0
DANI V Fjelstad EVP Finance & CFO	50 00		X					579,822	0	22,616
NORM Storbakken EVP Operations & IT	50 00			X				521,727	0	267,281
MARK MOksnes EVP SALES & Marketing	50 00			X				393,964	0	19,956
NANCY McMorran SVP PROfessional Service	50 00			X				299,439	0	13,689
MARY Stacke SVP Human Resources & Fa	50 00				X			330,102	0	9,855
GARY Ballman SVP Marketing	50 00				X			273,154	0	13,338
CHRIS Earl VP SALES	50 00				X			298,288	0	36,535

**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	Office	Key employee	Highest compensated employee			
JOSEPH P LALLY VP STRATEGIC PLANNING	50 00				X		201,248	0	24,786
NORMA Porter VP FINANCE	50 00				X		119,736	0	12,166

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

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
CLAIMS EXPENSE	782,533,147	782,533,147		
MISCELLANEOUS EXPENSES	3,506,953	3,506,953		
DATA PROCESSING	3,265,412	3,265,412		
POSTAGE	1,003,469	1,003,469		
DUES AND SUBSCRIPTIONS	525,394		525,394	

2009

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
DECARE INTERNATIONAL**Employer identification number**

41-1852523

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

<b>(a) Description of security or category (including name of security)</b>	<b>(b) Book value</b>	<b>(c) Method of valuation Cost or end-of-year market value</b>
Financial derivatives		
Closely-held equity interests		
Other		
AVAILABLE FOR SALE SECURITIES	21,909,796	F
INVESTMENT IN SUBSIDIARIES	206,627,001	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	228,536.797	F

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12 ) ► 228,536,791

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

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

7-1-1 (24) - (b) 4, 11, 15, 222, 241, 244 (RM) - 15

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

**Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )** **17,539,848**

**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
Part X	Description of Uncertain Tax Positions Under FIN 48	THE COMPANY HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT THE ADOPTION OF FIN48 DID NOT HAVE AN IMPACT ON THEIR CONSOLIDATED FINANCIAL STATEMENT PRESENTATION

**Schedule I  
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
DECARE INTERNATIONALEmployer identification number  
41-1852523**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States . . . . .  ►

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .  ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DENTAL SERVICE 636 Broadway St NE MINNEAPOLIS, MN 55413	410857929	501(C)(3)	105,550				FUNDING TO SUPPORT PROGRAMS OF CHILDREN'S DENTAL SERVICE

2 Enter total number of section 501(c)(3) and government organizations . . . . .  ► \_\_\_\_\_ 1

3 Enter total number of other organizations . . . . .  ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Children's Dental Services monitors the use of grant funds utilizing Generally Accepted Accounting Principles (GAAP) CDS' auditor annually reviews all of CDS grant disbursements to ensure appropriate expenditure Furthermore, CDS utilizes an additional auditor/bookkeeper throughout the year to properly maintain grant fund accounts

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
DECARE INTERNATIONAL**Employer identification number**

41-1852523

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**1b** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**2** Yes

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**4a** Yes

**a** Receive a severance payment or change-of-control payment?

**4b** Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c** No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**5a** No

**a** The 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

**6a** Yes

**a** The organization?

**6b** Yes

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** No

**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

**8** No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9**

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**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.

**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	First Class travel occurred on limited occasions during 2009 for company business. Norm Storbakken had a housing allowance, as his primary residence is in Texas. All travel and entertainment expenses are reviewed by the outside auditors in accordance with the corporate travel & entertainment policy. The results of their review is reported directly to the audit committee of the board of directors.
	Part I, Line 4a	Dave Morse, President of DDMN received a CIC payment of \$522,277 from DeCare Dental which was reimbursed by DeCare International. THE SUPPLEMENTAL RETIREMENT PLANS WERE TERMINATED AS OF 4/8/2009 IN CONJUNCTION WITH THE SALE OF DECare DENTAL, LLC BY DECare INTERNATIONAL.
	Part I, Line 6	SHORT-TERM AND LONG-TERM INCENTIVE PAYMENTS ARE PAID ONLY UPON ACHIEVEMENT OF SPECIFIC COMPANY OPERATING (TARGETED NET GAIN AND MEMBERSHIP GROWTH), SERVICE (MEMBER SATISFACTION), AND STRATEGIC OBJECTIVES AS APPROVED BY THE BOARD OF DIRECTORS.
Supplemental Information	Part III	NOTE OFFICER COMPENSATION WAS PAID BY DECare DENTAL, LLC, A WHOLLY-OWNED SUBSIDIARY OF DECare INTERNATIONAL, UP THROUGH THE DATE OF THE SALE OF DECare DENTAL, LLC ON 4/9/2009. SUBSEQUENT TO THAT DATE, OFFICER COMPENSATION AND REMAINING EMPLOYEE COMPENSATION WAS PAID BY DECare INTERNATIONAL.

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.****Name of the organization**  
DECARE INTERNATIONAL**Employer identification number**

41-1852523

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Tax Form 990 was prepared, reviewed and filed by RSM McGladrey, the external auditors of DeCare International. The company provided all information to RSM McGladrey, including officer and director compensation disclosures. Company management also reviewed the return. The company has engaged outside legal expertise from time to time in prior years to validate full disclosure as part of its preparation process. A copy of the return was provided to the Chairman of the Board and the Chairman of the Board's Personnel and Compensation Committee. The Personnel and Compensation Committee reviews and discusses the return, and presents its review to the full Board of Directors.
Form 990, Part VI, Section B, line 12c		ON AN ANNUAL BASIS ALL MANAGEMENT PERSONNEL MUST COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY WHICH ARE SUBMITTED TO THE CHAIRMAN OF THE AUDIT COMMITTEE FOR REVIEW AND DISCUSSION AT A MEETING OF THE FULL AUDIT COMMITTEE
Form 990, Part VI, Section B, line 15		The DeCare International Board of Directors Oversight Committee authorizes the Personnel and Compensation Subcommittee of the Oversight Committee to establish the executive total compensation policy for the President and key senior executives. These activities include approving the design for the components of a total compensation package that includes base salary, incentive, benefits, and perquisites, after reviewing thoroughly researched and documented studies conducted by an external consultant. AN INDEPENDENT COMPENSATION CONSULTING FIRM is the external consultant that is used for the executive compensation study. The external consultant presents her findings to the Personnel and Compensation Subcommittee. The survey data used for the report is grouped by industry, i.e. the four comparators of Health Insurance, Not For Profit, Delta Dental Plans and Government. After considerable discussion, a motion is made, seconded and unanimously approval of the compensation strategy is completed.
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND GAAP BASIS FINANCIALS ARE AVAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► 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.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
DECARE INTERNATIONAL**Employer identification number**  
41-1852523**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
---	-------------------------	--	---------------------	---------------------------	----------------------------------

DECARE ASO LLC  
3560 DELTA DENTAL DRIVE  
EAGAN, MN 551223166  
41-1905554ADMIN OF DENTAL  
SERVICE PLANS  
MN  
831,577,848  
80,674,469 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
---	-------------------------	--	----------------------------	---	----------------------------------

DELTA DENTAL OF MINNESOTA  
3650 DELTA DENTAL DRIVE  
EAGAN, MN 551223166  
41-0952670  
DECARE TRUST  
3650 DELTA DENTAL DRIVE  
EAGAN, MN 551223166  
26-4482509DENTAL SERVICE PLANS  
MN  
501(C)(4)  
N/A N/A  
TRUST  
MN  
501(C)(3)  
170(B)(1) (A)(VI) N/A

**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?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		
								Yes	No	Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HEALTH VENTURES NETWORK 3650 delta dental drive EagAN, MN551223166 41-1539439	VISION COVERAGE	MN	N/A	C	27,674	828,211	

**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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
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-n)(c)  
Amount involved

(1) DELTA DENTAL OF MINNESOTA

J

590,219

(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?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
			Yes      No		Yes      No		Yes      No

## TY 2009 Category 3 filer statement

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

<b>Amount Of Indebtedness</b>	<b>Type Of Indebtedness</b>	<b>Name</b>	<b>Address</b>	<b>Identifying Number</b>	<b>Number Of Shares</b>
0	N/A	DECARE INTERNATIONAL	3560 DELTA DENTAL DRIVE EAGAN, MN 551223166	41-1852523	0

## TY 2009 Category 3 filer statement

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

<b>Amount Of Indebtedness</b>	<b>Type Of Indebtedness</b>	<b>Name</b>	<b>Address</b>	<b>Identifying Number</b>	<b>Number Of Shares</b>
0	N/A	DECARE INTERNATIONAL	3560 DELTA DENTAL DRIVE EAGAN, MN 551223166	41-1852523	0

## TY 2009 Category 3 filer statement

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

<b>Amount Of Indebtedness</b>	<b>Type Of Indebtedness</b>	<b>Name</b>	<b>Address</b>	<b>Identifying Number</b>	<b>Number Of Shares</b>
0	N/A	DECARE INTERNATIONAL	3560 DELTA DENTAL DRIVE EAGAN, MN 551223166	41-1852523	0

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** DECAR INTERNATIONAL**EIN:** 41-1852523

Description	Amount
DEFERRED REVENUE-BEG BALANCE	-217,652
TAXES	-6,853
DEFERRED REVENUE-ENDING BALANCE	198,232
BAD DEBT RESERVE - BEGINNING BAL	-30,101

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** DECAR INTERNATIONAL**EIN:** 41-1852523

Description	Amount
dFERRED REVENUE-ENDING BALANCE	-10,583
TAXES	-3,636
dFERRED REVENUE-BEG. BALANCE	12,701

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** DECAR INTERNATIONAL**EIN:** 41-1852523

Description	Amount
UNEARNED PREMIUMS 832(b)(4)	755,783
LOSS RESRV ADJ SEC 846 DISCOUNT	2,033
TAXES	-13,813

**TY 2009 Earnings and Profits Other  
Adjustments Statement****Name:** DECAR INTERNATIONAL**EIN:** 41-1852523

Description	Amount
DEFERRED BAD DEBT RESERVE - END	28,583
UNREALIZED LOSS ON DERIVATIVES	280,193

## TY 2009 Itemized Other Current Liabilities Schedule

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
DECARE SYSTEMS IRELAND LTD		ACCRUED EXPENSES	360,042	346,097
		DEFERRED INCOME	0	14,348

## TY 2009 Itemized Other Current Liabilities Schedule

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
DECARE OPERATIONS IRELAND LTD		ACCRUED EXPENSES	61,049	138,173
		INCOME TAX PAYABLE	0	-100,388
		DEFERRED INCOME	22,973	14,101

## TY 2009 Itemized Other Current Liabilities Schedule

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
DECARE DENTAL INSURANCE IRELAND LIMITED		CLAIMS RESERVE		2,831,435
		OTHER CURRENT LIABILITIES	62,736	1,984,539
		DEFERRED REVENUE		5,116,134
		INCOME TAX PAYABLE	725	0

## TY 2009 Itemized Other Current Assets Schedule

**Name:** DECAR INTERNATIONAL

**EIN:** 41-1852523

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Other Current Assets Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
DECARE SYSTEMS IRELAND LTD		GRANT RECEIVABLE	5,639	-42,888
		OTHER CURRENT ASSETS	0	313,134
		PREPAID EXPENSES	497,371	130,695

# TY 2009 Itemized Other Current Assets Schedule

**Name:** DECare INTERNATIONAL

**EIN:** 41-1852523

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Other Current Assets Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
DECARE OPERATIONS IRELAND LTD		GRANT RECEIVABLE	-17,902	-16,921
		VAT RECEIVABLE	0	34,898
		OTHER CURRENT ASSETS	20,139	27,833

# TY 2009 Itemized Other Current Assets Schedule

**Name:** DECare INTERNATIONAL

**EIN:** 41-1852523

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Other Current Assets Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
DECARE DENTAL INSURANCE IRELAND LIMITED		HELD TO MATURITY ST INVESTMENTS	6,524,596	7,302,465
		OTHER CURRENT ASSETS	22,943	111,568

**TY 2009 Itemized Other Current Assets  
Schedule****Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Other Current Assets Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
		INTERCOMPANY RECEIVABLE	0	1,359,043

## TY 2009 Other Deductions Schedule

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER S, G & A	401,162	518,503

## TY 2009 Other Deductions Schedule

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE FEES	27,574	35,639
CONSULTING	66,318	85,716
OTHER S, G & A	146,032	188,748

## TY 2009 Other Deductions Schedule

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
CONSULTING FEE	2,338	3,023
OTHER S, G & A	84,083	108,677

## TY 2009 Itemized Other Liabilities Schedule

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
DECARE SYSTEMS IRELAND LTD		LONG TERM DEFERRED GRANT REVENUE	306,767	249,785

## TY 2009 Itemized Other Liabilities Schedule

**Name:** DECare INTERNATIONAL**EIN:** 41-1852523

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
DECARE DENTAL INSURANCE IRELAND LIMITED		OTHER LONG TERM LIABILITIES	2,904,742	0

## TY 2009 Other Income Statement

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount	Amount
FOREIGN CURRENCY TRANSLATION LOSS	-15,450	-19,969
GRANT INCOME	-6,040	-7,807

## TY 2009 Other Income Statement

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount	Amount
GAIN SHARING	-388,366	-501,963

## TY 2009 Other Income Statement

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount	Amount
GRANT INCOME	5,714	7,385

## TY 2009 Other Income Statement

**Name:** DECARE INTERNATIONAL**EIN:** 41-1852523

Description	Foreign Amount	Amount
REALIZED LOSS ON DERIVATIVES	-126,671	-163,722
UNREALIZED LOSS ON DERIVATIVES	-280,193	-362,150