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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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 province, country, and ZIP or foreign postal code
OKEMOS, MI 48864

D Employer identification number
38-1791480

E Telephone number
(517) 349-6000

G Gross receipts $ 1,644,190,394

F Name and address of principal officer
LAURA L CZELADA
4100 OKEMOS ROAD
OKEMOS, MI 48864

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 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

1 Briefly describe the organization's mission or most significant activities
DELTA DENTAL OF MICHIGAN'S MISSION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH THROUGH PREPAID DENTAL SERVICES THROUGH CONTRACTS WITH INDEPENDENT PROFESSIONAL SERVICE PROVIDERS, SUPPORT FOR RESEARCH AND EDUCATION, AND COMMUNITY OUTREACH DIRECTED TOWARD SECURING ACCESS TO QUALITY DENTAL CARE FOR ALL

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

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**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	790
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	92,326
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-6,725

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	1,476,068,935	1,476,942,723
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,358,398	18,210,118
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,852,240	59,655,933
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,546,279,573	1,554,808,774
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,158,854	2,095,294
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	78,814,833	76,579,278
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,394,745,623	1,447,706,287
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,479,719,310	1,526,380,859
19	Revenue less expenses Subtract line 18 from line 12	66,560,263	28,427,915

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	569,056,072	595,571,216
21	Total liabilities (Part X, line 26)	148,073,130	190,966,604
22	Net assets or fund balances Subtract line 21 from line 20	420,982,942	404,604,612

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

****** | 2015-11-13
Signature of officer | Date

GORAN JURKOVIC CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID LOWENTHAL CPA	DAVID LOWENTHAL CPA			P00378651

Firm's name ▶ PLANTE & MORANPLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 1111 MICHIGAN AVE PO BOX 2500
EAST LANSING, MI 488262500 — 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**

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

1 Briefly describe the organization's mission

SEE SCHEDULE ODELTA DENTAL OF MICHIGAN'S MISSION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH THROUGH PREPAID DENTAL SERVICES THROUGH CONTRACTS WITH INDEPENDENT PROFESSIONAL SERVICE PROVIDERS, SUPPORT FOR RESEARCH AND EDUCATION, AND COMMUNITY OUTREACH DIRECTED TOWARD SECURING ACCESS TO QUALITY DENTAL CARE FOR ALL DELTA DENTAL OF MICHIGAN IS GOVERNED BY A BOARD OF DIRECTORS CONTROLLED BY INDEPENDENT MEMBERS OF THE COMMUNITY AND IT OFFERS ENROLLMENT IN PREPAID ORAL HEALTH PLANS TO A BROAD BASE OF THE COMMUNITY THROUGH A VARIETY OF PAYMENT MODELS

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

4a (Code) (Expenses $ 1,468,652,894 including grants of $ 2,095,294) (Revenue $ 1,536,413,672)

PROMOTING ORAL HEALTHDELTA DENTAL PLAN OF MICHIGAN, INC IS A LEADING PREPAID 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 2014 BY PAYING OUT OVER $1 3 BILLION FOR DENTAL CARE AND PROVIDING DENTAL BENEFITS FOR THE PUBLIC AND ADVANCING THE SCIENCE OF DENTISTRY IN ADDITION, OVER 8 7 MILLION CLAIMS WERE PROCESSED FOR OVER 2 6 MILLION SUBSCRIBERS SEE SCHEDULE O FOR CONTINUATIONCOST 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 2014, THE DELTA DENTAL DIFFERENCE SAVED GROUPS AND SUBSCRIBERS APPROXIMATELY $1 2 BILLION IN ADDITION, THE DELTA DIFFERENCE HELPS KEEP OUR TREND BELOW THE NATIONAL INFLATIONARY TREND IN DENTAL BENEFITS DELTA DENTAL'S INDUSTRY LEADING TECHNOLOGY PLATFORM, ENTERPRISE TECHNOLOGY SOLUTIONS (ETS), HAS BEEN INTERNATIONALLY RECOGNIZED AS PROVIDING THE BEST IN FAST, FLEXIBLE SERVICE INCLUDING ONLINE, REAL-TIME CLAIMS PROCESSING DELTA DENTAL'S CONTINUED PRIORITY IS TO REDUCE COSTS AND IMPROVE SERVICE BY INCREASING THE VOLUME OF CLAIMS THAT ARE SUBMITTED ELECTRONICALLY IN 2014, AN ESTIMATED 81% OF CLAIMS WERE SUBMITTED ELECTRONICALLY, WHICH REPRESENTS A 1% INCREASE FROM THE PREVIOUS YEAR, AND MORE THAN 95% OF ALL CLAIMS - ELECTRONIC, ONLINE AND PAPER - WERE PROCESSED WITHOUT ANY MANUAL INTERVENTION 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 QUALITY SERVICE IS ALSO MEASURED THROUGH INTERNAL AUDITS RESULTS INDICATE OVER 98 PERCENT OF CLAIMS ARE PROCESSED WITHIN 10 WORKING DAYS 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 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 HAS 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 $21 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 2014, DELTA DENTAL FUND PROVIDED GRANTS TOTALING OVER $3 5 MILLION FOR DENTAL AND COMMUNITY RELATIONS PROJECTS AMONG THEM WERE GRANTS TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, THE OHIO STATE UNIVERSITY, AND UNIVERSITY OF DETROIT TO SUPPORT COMMUNITY WATER FLUORIDATION, DENTAL SEALANT PROGRAMS, AND MOBILE DENTAL COACHES 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 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 78 COUNTIES AND COVERS BASIC DENTAL HEALTH BENEFITS SUCH AS X-RAYS, CLEANINGS, CAVITY FILLINGS, ROOT CANALS, TOOTH EXTRACTIONS AND DENTURES APPROXIMATELY 530,000 MICHIGAN CHILDREN ARE SERVED BY THIS PROGRAM MICHILD IS AN INSURANCE PROGRAM THAT IS STATE AND FEDERALLY FUNDED WHICH MAKES COMPREHENSIVE HEALTH AND DENTAL COVERAGE AVAILABLE TO UNINSURED LOW AND MIDDLE INCOME CHILDREN UNDER 19 YEARS OF AGE 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 ALSO IN 2014, MICHIGAN'S MEDICAID EXPANSION PLAN, CALLED HEALTHY MICHIGAN PLAN (HMP) LAUNCHED THE PROGRAM IMPROVES ACCESS TO MEDICAL AND DENTAL CARE FOR LOW-INCOME MICHIGAN RESIDENTS AGES 19 - 64 AND IS ADMINISTERED BY MICHIGAN'S 13 MEDICAID HEALTH PLANS DELTA DENTAL PARTNERED WITH NINE OF THE HEALTH PLANS TO ADMINISTER THE HMP DENTAL BENEFITS AT THE END OF 2014, DELTA DENTAL HAD NEARLY 300,000 HMP ENROLLEES 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 ▶** 1,468,652,894

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	60,292		
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	790		
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 (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
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 governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶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

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

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

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

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

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

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

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

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								11,519,652	247,883	5,822,476

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶168

			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**	Yes	
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MESSA 1480 KENDALE BLVD EAST LANSING, MI 48826	COMMISSIONS	2,652,074
JONES DAY 7805 BEN FRANKLIN STATION WASHINGTON, DC 20044	LEGAL SERVICES	731,074
TEK SYSTEMS PO BOX 198568 ATLANTA, GA 30384	IT SERVICES	511,296
VECTRON ANALYTICS LLC PO BOX 1562 BIRMINGHAM, MI 48012	CONSULTING	458,101
MERCER HEALTH AND BENEFITS CONSULTING 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674	CONSULTING	437,326

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶31

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 624100	1,476,850,397	1,476,850,397		
	b	EXTERNAL SERVICES 524292	92,326		92,326	
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	1,476,942,723			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	8,165,423			8,165,423
	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: 99,426,315				
	b	Less cost or other basis and sales expenses: 89,388,233 / -6,613				
	c	Gain or (loss): 10,038,082 / 6,613				
	d	Net gain or (loss) . . . . . ▶	10,044,695			10,044,695
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 900099	59,563,275	59,563,275		
	b	MISCELLANEOUS INCOME 900099	92,658			92,658
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	59,655,933			
	12	**Total revenue.** See Instructions . . . . . ▶	1,554,808,774	1,536,413,672	92,326	18,302,776

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,095,294	2,095,294		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,922,576	9,049,674	4,872,902	
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	51,879,289	34,959,498	16,919,791	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-1,920,432	-1,416,708	-503,724	
9 Other employee benefits	8,767,532	5,679,682	3,087,850	
10 Payroll taxes	3,930,313	2,628,444	1,301,869	
11 Fees for services (non-employees)				
a Management	2,641,063	1,754,086	886,977	
b Legal	1,928,149		1,928,149	
c Accounting	326,546		326,546	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	430,916		430,916	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,378,308,693	1,376,256,639	2,052,054	
12 Advertising and promotion	2,289,586	601,354	1,688,232	
13 Office expenses	11,783,978	10,413,325	1,370,653	
14 Information technology	5,952,375	4,281,727	1,670,648	
15 Royalties				
16 Occupancy	2,516,220	509	2,515,711	
17 Travel	3,037,800	2,551,386	486,414	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	190,905	105,991	84,914	
20 Interest	60,000		60,000	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,609,465	2,948,107	5,661,358	
23 Insurance	662,916		662,916	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COMMISSIONS	12,061,596	12,061,596		
b 2014 HEALTH INSURANCE C	8,401,502		8,401,502	
c PROCESSING FEES	3,762,915	3,762,915		
d FEDERAL HEALTHCARE TAX	2,972,779		2,972,779	
e All other expenses	1,768,883	919,375	849,508	
25 **Total functional expenses.** Add lines 1 through 24e	1,526,380,859	1,468,652,894	57,727,965	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,119	1	2,118
	2	Savings and temporary cash investments		43,931,787	2	79,181,217
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		88,529,604	4	65,005,021
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,765,302	9	39,152,107
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 189,804,805			
	b	Less accumulated depreciation	10b 96,865,678	100,769,383	10c	92,939,127
	11	Investments—publicly traded securities		243,757,229	11	248,184,768
	12	Investments—other securities See Part IV, line 11		64,620,703	12	63,345,428
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,679,945	15	7,761,430
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		569,056,072	16	595,571,216
Liabilities	17	Accounts payable and accrued expenses		50,851,474	17	53,818,780
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		97,221,656	25	137,147,824
	26	**Total liabilities.** Add lines 17 through 25		148,073,130	26	190,966,604
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), 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		400,115,969	32	383,737,639
	33	Total net assets or fund balances		420,982,942	33	404,604,612
	34	Total liabilities and net assets/fund balances		569,056,072	34	595,571,216

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,554,808,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,526,380,859
3	Revenue less expenses Subtract line 2 from line 1	3	28,427,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	420,982,942
5	Net unrealized gains (losses) on investments	5	-5,545,786
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-39,260,459
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	404,604,612

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 MICHIGAN 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH C HARRIS DDS VICE CHAIRPERSON	7 00 7 00	X		X				35,791	3,200	0
(1) BRUCE R SMITH CHAIRPERSON	1 00 13 00	X		X				52,300	24,490	0
(2) KELLY JUBB SCHEIDERER SECRETARY/TREASURER	4 00 2 00	X		X				14,400	0	17,500
(3) DOUGLAS R ANDERSON DIRECTOR	3 00 8 00	X						15,083	6,420	17,500
(4) JOSHUA S HOWIE MEMBER-AT-LARGE	3 00 3 00	X						30,500	2,100	0
(5) LISA DANCSOK DIRECTOR	2 00 1 00	X						22,100	0	0
(6) RORY GAMBLE DIRECTOR	3 00 2 00	X						14,400	0	0
(7) JEFFREY A KELLER DIRECTOR	3 00 2 00	X						17,100	0	0
(8) TERRI A MILLER CPCU DIRECTOR	2 00 3 00	X						30,500	21,600	0
(9) TIMOTHY E MOFFIT DBA MEMBER-AT-LARGE	2 00 4 00	X						73,474	7,140	0
(10) C RICHARD SEITZ MEMBER-AT-LARGE	5 00 5 00	X						26,300	15,000	0
(11) TERENCE R COMAR DDS MS IMMEDIATE PAST CHAIRPERSON	5 00 6 00	X						29,800	11,800	0
(12) THOMAS FLESZAR DDS MS DIRECTOR	3 00 2 00	X						487,202	10,900	0
(13) STEPHEN A EKLUND DIRECTOR	2 00 3 00	X						38,700	123,500	0
(14) ANN MARIE FLERMOEN MEMBER-AT-LARGE	5 00 6 00	X						27,963	8,440	0
(15) KURT D GALLINGER DIRECTOR	3 00 1 00	X						23,500	13,293	0
(16) AMY BASEL VP OF FINANCE	46 00 4 00			X				224,133	0	59,800
(17) LAURA L CZELADA CPA CEO, PRESIDENT	37 00 13 00			X				1,907,714	0	2,579,844
(18) GORAN JURKOVIC CPA CHIEF FINANCIAL OFFICER	29 50 20 50			X				1,401,176	0	902,991
(19) MICHAEL ANSELMO SVP & CIO (1/6/14 - 2/26/14)	50 00 0 00				X			159,477	0	1,836
(20) LUIGI BATTAGLIERI SR V-P, CHIEF RELATIONSHIP	50 00 0 00				X			681,868	0	427,116
(21) KAREN GREEN V-P INFORMATICS/QUALITY	50 00 0 00				X			248,279	0	26,838
(22) RANDY TASCO V-P CHIEF MARKETING OFFICE	50 00 0 00				X			1,011,841	0	1,190,305
(23) EDWARD ZOBECK CHIEF ADMIN OFFICER THRU 2/14/14	40 00 10 00				X			1,001,945	0	18,933
(24) NANCY HOSTETLER SR V-P, CHIEF OF STAFF	49 00 1 00				X			414,952	0	51,968

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JED JACOBSON DDS MS MPH	50 00				X			728,443	0	72,262
SR V-P, PROFESSIONAL SERV	0 00									
(1) TOBY HALL	50 00				X			534,211	0	220,226
SR V-P- CHIEF ACTUARY	0 00									
(2) JON GROAT	42 00				X			336,589	0	23,679
V-P GENERAL COUNSEL	8 00									
(3) ANTHONY ROBINSON	50 00					X		300,700	0	45,137
V-P, SALES	0 00									
(4) DANIEL LOVEJOY	50 00					X		297,873	0	34,961
MANAGER SALE & ACCOUNT MGT	0 00									
(5) SARA EZIUKA	50 00					X		277,257	0	57,803
ACCOUNT EXECUTIVE	0 00									
(6) KELLY MCCLAIN	50 00					X		350,076	0	19,881
ACCOUNT EXECUTIVE	0 00									
(7) MARK DAVIDSON	50 00					X		348,802	0	53,896
INTERNATIONAL DEVELOPMENT	0 00									
(8) BRENDA LAIRD	0 00						X	355,203	0	0
FORMER V-P INFORMATION TECHNOLOGY	0 00									

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
DELTA DENTAL PLAN OF MICHIGAN INC	38-1791480

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ 69,150

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 69,150

4 Did the filing organization file **Form 1120-POL** for this year? ☑ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) VISION FOR A BRIGHTER MICHIGAN FUTURE	208 N CAPITOL AVE LANSING, MI 48933	46-5497156	500	
(2) SCHOR LANSING FUND	300 N FAIRVIEW AVE LANSING, MI 48912	46-1990008	1,000	
(3) REPUBLICAN GOVERNOR'S ASSOCIATION	1747 PENNSYLVANIA AV NW WASHINGTON, DC 20006	11-3655877	25,000	
(4) GOVERNOR'S CLUB	PO BOX 16070 LANSING, MI 48901	45-0950905	17,650	
(5) MOVING MICHIGAN FORWARD	PO BOX 15246 LANSING, MI 48901	46-3862415	25,000	

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

		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, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,859,592		7,859,592
b Buildings		103,372,742	28,036,459	75,336,283
c Leasehold improvements				
d Equipment		28,714,471	23,750,320	4,964,151
e Other		49,858,000	45,078,899	4,779,101
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				92,939,127

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DDIC STOCK	419,875	C
(B) INVESTMENT IN RHC	62,925,553	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	63,345,428	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
IBNR - CLAIM ADJUSTMENT RESERVES	40,517,107
UNEARNED PREMIUMS	25,710,161
FAS 158 FUNDED STATUS	70,920,556
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	137,147,824

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	AS OF DECEMBER 31, 2014 AND 2013, DELTA DENTAL PLAN OF MICHIGAN'S UNRECOGNIZED TAX BENEFITS WERE NOT SIGNIFICANT THERE WERE NO SIGNIFICANT PENALTIES OR INTEREST RECOGNIZED DURING THE YEAR OR ACCRUED AT YEAR END DELTA DENTAL PLAN OF MICHIGAN IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES DELTA DENTAL PLAN OF MICHIGAN IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2011 DELTA DENTAL PLAN OF MICHIGAN IS BEING AUDITED BY THE INTERNAL REVENUE SERVICE FOR THE 2012 AND 2013 PERIODS THE RESULTS OF THE EXAMINATION ARE UNKNOWN AT THIS TIME, AND THE CONSOLIDATED FINANCIAL STATEMENTS HAVE NOT BEEN ADJUSTED FOR ANY POTENTIAL OUTCOMES AS OF DECEMBER 31, 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
DELTA DENTAL PLAN OF MICHIGAN INC

Employer identification number
38-1791480

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) MICHIGAN ECONOMIC DEVELOPMENT FOUNDATION PO BOX 13063 LANSING,MI 48901	38-2527475	501(C)(3)	15,000		CASH	N/A	CHARITABLE DONATION
(2) BLESSINGS IN A BACKPACK 4121 SHELBYVILLE RD LOUISVILLE,KY 40207	26-1964620	501(C)(3)	73,844		CASH	N/A	CHARITABLE DONATION
(3) DELTA DENTAL FUND PO BOX 30416 LANSING,MI 489097916	38-2337000	501(C)(3)	2,000,000		CASH	N/A	VITAL DENTAL EDUCATION AND RESEARCH
(4) LANSING SCHOOL DISCTRICT 517 W KALAMAZOO LANSING,MI 48999	38-6001599	501(C)(3)	6,450		CASH	N/A	READING IS FUNDAMENTAL/MARCH IS READING MONTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

Return Reference	Explanation
PART I, LINE 2	CONTRIBUTIONS ARE MADE AT BOARD MEMBER DISCRETION TO ORGANIZATIONS THAT SUPPORT DELTA DENTAL PLAN OF MICHIGAN'S MISSION IN ORDER FOR FUNDS TO BE DISBURSED, VOUCHER RECORDS MUST PASS THROUGH THE APPROVAL PROCESS, SIMILAR TO ANY OTHER EXPENDITURE MADE BY DELTA DENTAL PLAN OF MICHIGAN SUPPORT OF THE NATIONAL BLESSINGS IN A BACKPACK PROGRAM, WHICH PROVIDES WEEKEND FOOD BACKPACKS TO IMPOVERISHED ELEMENTARY SCHOOL CHILDREN DURING THE 2012-13 SCHOOL YEAR, WE PROVIDED $69,000 TO PAY FOR WEEKLY FOOD FOR 1,295 CHILDREN DURING THE 2013-14 SCHOOL YEAR, WE SPENT $74,000 WHICH PROVIDED FOOD FOR 1,309 STUDENTS IN ADDITION TO PROVIDING FUNDING, DELTA DENTAL OF MICHIGAN EMPLOYEES VOLUNTEER ON A WEEKLY BASIS AT FAIRVIEW ELEMENTARY SCHOOL IN LANSING, MICHIGAN TO PACK AND DISTRIBUTE THE BACKPACKS SEVENTY-FIVE OF OUR EMPLOYEES VOLUNTEERED FOR MICHIGAN'S FIRST-EVER MISSION OF MERCY AT SAGINAW VALLEY STATE UNIVERSITY, WHERE ALMOST 1,300 UNINSURED PATIENTS RECEIVED FREE DENTAL CARE VALUED AT CLOSE TO $1 MILLION CELEBRATION OF NATIONAL READING MONTH, WHICH INCLUDED 79 EMPLOYEE VOLUNTEER READERS VISITING AREA CLASSROOMS TO READ TO CHILDREN AND SHARE ORAL HEALTH INFORMATION AND MATERIALS, THE CREATION OF 1,200 FIRST GRADE READING/ORAL HEALTH TOTE BAGS CONTAINING READING AND ORAL HEALTH RESOURCES WHICH STATE LEGISLATORS DELIVERED TO CLASSROOMS THEY VISITED IN THEIR DISTRICTS, DELTA DENTAL OF MICHIGAN SPONSORED ORAL HEALTH STORY HOURS FOR LIBRARIES THAT ARE MEMBERS OF THE CAPITAL AREA LIBRARIES ASSOCIATION HOSTING THE RONALD MCDONALD HOUSE OF MID-MICHIGAN'S 2013 RACE FOR THE HOUSE EVENTS, WHICH WERE HELD ON DELTA DENTAL OF MICHIGAN'S CAMPUS IN ADDITION TO PROVIDING THE VENUE AT NO CHARGE, EMPLOYEES VOLUNTEERED TO HELP WITH THE EVENT

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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 Regulations 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 duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION ALLOWS FOR FIRST CLASS TRAVEL IN CERTAIN CIRCUMSTANCES FOR ONLY THE MOST SENIOR EXECUTIVES AND KEY EMPLOYEES THIS AMOUNT WAS TREATED AS NONTAXABLE TO THESE INDIVIDUALS TRAVEL FOR COMPANIONS RELATED TO TRAVEL FOR A SPOUSE THIS AMOUNT WAS TREATED AS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE VARIOUS INDIVIDUALS ON SCHEDULE J ARE ELIGIBLE FOR REIMBURSEMENT OF SUBSTANTIATED HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THAT HAVE A BUSINESS PURPOSE THIS BENEFIT IS NOT TAXABLE BUT THE EXPENSE MUST BE SUBSTANTIATED AS A BUSINESS EXPENSE
PART I, LINE 3	OUTSIDE COMPENSATION CONSULTANTS ARE USED TO DETERMINE MARKET DATA FOR THE EXECUTIVE POSITIONS AND FOR OTHER OFFICERS AND KEY EMPLOYEES THE POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CMO, CHIEF ACTUARY, CFO, AND CSO THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS THE FINAL DETERMINATION OF COMPENSATION IS DONE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS BASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES AND APPROVED BY THE BOARD THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2014 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN JUNE OF 2015
PART I, LINES 4A-B	SERP DISTRIBUTION MADE TO THOMAS FLESZAR $465,102 SEVERANCE PAYMENT MADE TO ANSELMO $95,000 ADDITIONALLY, DELTA DENTAL PLAN OF MICHIGAN, HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN ORDER TO BE ELIGIBLE FOR THE SERP, AN EMPLOYEE MUST BE A SENIOR VICE PRESIDENT OR HIGHER AN OUTSIDE INDEPENDENT ACTUARY CALCULATES THE VALUE ON AN ANNUAL BASIS

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 THOMAS FLESZAR DDS MS, DIRECTOR	(I)	22,100	0	465,102	0	0	487,202	465,102
	(II)	10,900	0	0	0	0	10,900	0
1 STEPHEN A EKLUND, DIRECTOR	(I)	38,700	0	0	0	0	38,700	0
	(II)	123,500	0	0	0	0	123,500	0
2 AMY BASEL, VP OF FINANCE	(I)	173,079	50,232	822	37,794	22,006	283,933	0
	(II)	0	0	0	0	0	0	0
3 LAURA L CZELADA CPA, CEO, PRESIDENT	(I)	775,912	1,118,749	13,053	2,572,489	7,355	4,487,558	0
	(II)	0	0	0	0	0	0	0
4 GORAN JURKOVIC CPA, CHIEF FINANCIAL OFFICER	(I)	649,050	738,415	13,711	880,985	22,006	2,304,167	0
	(II)	0	0	0	0	0	0	0
5 MICHAEL ANSELMO, SVP & CIO (1/6/14 - 2/26/14)	(I)	49,397	0	110,080	0	1,836	161,313	0
	(II)	0	0	0	0	0	0	0
6 LUIGI BATTAGLIERI, SR V-P, CHIEF RELATIONSHIP	(I)	318,064	347,930	15,874	427,086	30	1,108,984	0
	(II)	0	0	0	0	0	0	0
7 KAREN GREEN, V-P INFORMATICS/QUALITY	(I)	174,770	71,996	1,513	4,832	22,006	275,117	0
	(II)	0	0	0	0	0	0	0
8 RANDY TASCO, V-P CHIEF MARKETING OFFICE	(I)	421,887	582,497	7,457	1,168,299	22,006	2,202,146	0
	(II)	0	0	0	0	0	0	0
9 EDWARD ZOBECK, CHIEF ADMIN OFFICER THRU 2/14/14	(I)	69,317	465,174	467,454	15,265	3,668	1,020,878	0
	(II)	0	0	0	0	0	0	0
10 NANCY HOSTETLER, SR V-P, CHIEF OF STAFF	(I)	200,176	197,556	17,220	29,962	22,006	466,920	0
	(II)	0	0	0	0	0	0	0
11 JED JACOBSON DDS MS MPH, SR V-P, PROFESSIONAL SERV	(I)	266,390	279,945	182,108	64,907	7,355	800,705	0
	(II)	0	0	0	0	0	0	0
12 TOBY HALL, SR V-P-CHIEF ACTUARY	(I)	254,631	260,171	19,409	198,220	22,006	754,437	0
	(II)	0	0	0	0	0	0	0
13 JON GROAT, V-P GENERAL COUNSEL	(I)	239,364	91,027	6,198	16,324	7,355	360,268	0
	(II)	0	0	0	0	0	0	0
14 ANTHONY ROBINSON, V-P, SALES	(I)	211,217	82,244	7,239	23,131	22,006	345,837	0
	(II)	0	0	0	0	0	0	0
15 DANIEL LOVEJOY, MANAGER SALE & ACCOUNT MGT	(I)	71,718	224,447	1,708	12,955	22,006	332,834	0
	(II)	0	0	0	0	0	0	0
16 SARA EZIUKA, ACCOUNT EXECUTIVE	(I)	58,634	218,003	620	35,797	22,006	335,060	0
	(II)	0	0	0	0	0	0	0
17 KELLY MCCLAIN, ACCOUNT EXECUTIVE	(I)	56,510	292,582	984	12,526	7,355	369,957	0
	(II)	0	0	0	0	0	0	0
18 MARK DAVIDSON, INTERNATIONAL DEVELOPMENT	(I)	229,414	118,125	1,263	31,890	22,006	402,698	0
	(II)	0	0	0	0	0	0	0
19 BRENDA LAIRD, FORMER V-P INFORMATION TECHNOLOGY	(I)	14,016	341,038	149	0	0	355,203	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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
(1) JOSEPH CARTER HARRIS DDS	JOSEPH HARRIS, DIRECTOR OF DDPMI, IS AN OWNER OF JOSEPH CARTER HARRIS DDS	124,461	PAYMENTS FOR DENTAL SERVICES		No
(2) TERI BATTAGLIERI	SPOUSE OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	204,172	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(3) BRIAN BATTAGLIERI	SON OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	104,932	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(4) VECTRON ANALYTICS	COMPANY OWNED BY JEFFREY FLESZAR, SON OF THOMAS FLESZAR, FORMER CEO	458,101	CONSULTING SERVICES		No
(5) COMAR & COMAR PC	TERENCE COMAR, DIRECTOR OF DDPMI, IS AN OWNER IN COMAR & COMAR, PC	110,034	PARTICIPATING DENTIST - PAYMENTS FOR DENTAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
DELTA DENTAL PLAN OF MICHIGAN INC	38-1791480

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DELTA DENTAL PLAN OF MICHIGAN HAS A SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER HAS VOTING RIGHTS AND ELECTS DIRECTORS

Return Reference	Explanation
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

Return Reference	Explanation
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 THIS IS DONE BEFORE THE RETURN IS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPANY'S VICE PRESIDENT AND GENERAL COUNSEL IS CHARGED WITH REVIEWING AND MONITORING ANY POTENTIAL CONFLICT OF INTEREST TRANSACTIONS ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND EXECUTE A CONFLICT OF INTEREST POLICY THIS POLICY REQUIRES THAT ANY CONFLICTS OF INTEREST BE DISCLOSED ON AN ANNUAL BASIS, OR AT ANY OTHER TIME THAT THE PERSON EXECUTING THE POLICY BECOMES AWARE OF A SITUATION OR TRANSACTION THAT ACTUALLY OR POTENTIALLY CREATES A CONFLICT OF INTEREST ALL CONFLICT OF INTEREST DISCLOSURE FORMS ARE INITIALLY REVIEWED BY THE VICE PRESIDENT AND GENERAL COUNSEL IF A PROHIBITED TRANSACTION WERE IDENTIFIED, THE MATTER WOULD BE BROUGHT TO THE CHAIRPERSON OF THE BOARD FOR FURTHER REVIEW AND APPROPRIATE ACTION IN THE EVENT OF A CONFLICT OF INTEREST INVOLVING A MEMBER OF THE BOARD OF DIRECTORS, SUCH AS A CONFLICT IN WHICH A MEMBER HAD AN INTEREST, THE MEMBER IS REQUIRED TO DISCLOSE THE POTENTIAL CONFLICT AND ABSTAIN FROM ANY VOTE ON THE MATTER WHETHER FURTHER PRECAUTIONS ARE REQUIRED (E.G , PROHIBITING THE INTERESTED PARTY FROM ENGAGING IN DISCUSSIONS) WOULD DEPEND UPON THE SPECIFIC NATURE AND BACKGROUND OF THE CONFLICT

Return Reference	Explanation
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 POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CMO, CHIEF ACTUARY, CFO, AND CSO THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS THE FINAL DETERMINATION OF COMPENSATION IS DONE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS MADE UP OF INDEPENDENT PERSONS, AND IS BASED ON THE COMPARABILITY DATA PROVIDED BY THE COMPENSATION CONSULTANTS THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MINUTES AND APPROVED BY THE BOARD THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2014 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN JUNE OF 2015

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990 PART VII	CERTAIN OFFICERS ARE OFFICERS IN MULTIPLE RELATED ORGANIZATIONS AVERAGE HOURS WORKED REFLECTS THE TIME SPENT IN EACH ORGANIZATION HOWEVER COMPENSATION IS REPORTED IN FULL TO AGREE TO THE W-2 ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACT LABOR PROGRAM SERVICE EXPENSES 4,891,359 MANAGEMENT AND GENERAL EXPENSES 1,440,024 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,331,383 CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 282,754 MANAGEMENT AND GENERAL EXPENSES 612,030 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 894,784 PURCHASED DENTAL SERVICES PROGRAM SERVICE EXPENSES 1,371,082,526 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,371,082,526

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON EQUITY IN SUBSIDIARIES -1,236,794 PENSION RELATED CHANGES -38,023,665

Return Reference	Explanation
FORM 990 PART XII 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 THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED CEDAR INVESTMENT MANAGEMENT LLC 2852 EYDE PARKWAY SUITE 240 EAST LANSING, MI 48823 46-2667997	REGISTERED INVESTMENT ADVISORS	MI	-30,342	221,330	DELTA DENTAL PLAN OF MICHIGAN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) RENAISSANCE HEALTH SERVICE CORPORATION PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
(1) DELTA DENTAL PLAN OF OHIO PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(2) DELTA DENTAL PLAN OF INDIANA PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(3) 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	Yes	
(4) DELTA DENTAL FUND PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	11A TYPE II	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(5) 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	Yes	
(6) 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	Yes	
(7) DELTA DENTAL OF NORTH CAROLINA PO BOX 30416 LANSING, MI 489097916 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(8) DELTA DENTAL OF ARKANSAS PO BOX 30416 LANSING, MI 489097916 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	N/A	RENAISSANCE HEALTH SERVICE CORPORATION	Yes	
(9) DELTA DENTAL OF ARKANSAS FOUNDATION PO BOX 30416 LANSING, MI 489097916 26-1569324	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	AR	501(C)(3)	PF	DELTA DENTAL OF ARKANSAS	Yes	
(10) RENAISSANCE FAMILY FOUNDATION INC 4100 OKEMOS RD OKEMOS, MI 48864 46-1376165	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	IN	501(C)(3)	PF	RENAISSANCE HOLDING COMPANY	Yes	
(11) SMILE 180 FOUNDATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 47-1654054	EMPHASIZE DENTAL HEALTH IN COMMUNITIES	TN	501(C)(3)	LINE 11A, I	DELTA DENTAL OF TENNESSEE INC	Yes	

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	(i) Section 512(b)(13) controlled entity?	
Yes	**No**								
RENAISSANCE HOLDING COMPANY PO BOX 30381 LANSING, MI 48909 41-2177193	HOLDING COMPANY	MI	RENAISSNCE HEALTH SERVICE CORPORATION	C	-219,395	68,362,455	58 000 %	Yes	
RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA PO BOX 30416 LANSING, MI 489097916 47-0397286	INSURANCE	IN	RENAISSANCE HOLDING COMPANY	C				Yes	
RENAISSANCE HEALTH INSURANCE COMPANY OF NEW YORK PO BOX 30416 LANSING, MI 489097916 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C				Yes	
FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-4116122	EMPLOYEE BENEFITS	TN	DELTA DENTAL OF TENNESSEE	C				Yes	
DENTAL CHOICE INC 10100 LINN STATION ROAD SUITE 700 LOUISVILLE, KY 40223 61-1105118	PROVIDE DENTAL SERVICE PLANS	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
DENTAL CHOICE AGENCY INC 10100 LINN STATION RD SUITE 700 LOUISVILLE, KY 40223 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY & DENTAL CHOICE	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
OMEGA ADMINISTRATORS INC 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120 04-3740469	PROVIDING THIRD-PARTY ADMINISTRATIVE SERVICES	AR	DELTA DENTAL OF ARKANSAS	C				Yes	
GLM HOLDING COMPANY 4100 OKEMOS ROAD OKEMOS, MI 48864 47-2557772	INVESTMENT IN SUBSIDIARIES	MI	DELTA DENTAL OF MICHIGAN	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DELTA DENTAL OF TENNESSEE	L	3,644,697	ACTUAL COST
DELTA DENTAL PLAN OF OHIO	L	24,146,865	ACTUAL COST
DELTA DENTAL PLAN OF INDIANA	L	8,770,213	ACTUAL COST
RENAISSANCE HEALTH SERVICE CORPORATION	L	125,004	ACTUAL COST
DELTA DENTAL FUND	L	241,304	ACTUAL COST
RENAISSANCE LIFE AND HEALTH INSURANCE COMPANY OF AMERICA	L	3,916,238	ACTUAL COST
DELTA DENTAL PLAN OF NEW MEXICO	L	1,504,317	ACTUAL COST
DELTA DENTAL OF KENTUCKY	L	2,239,174	ACTUAL COST
DELTA DENTAL OF NORTH CAROLINA	L	1,743,583	ACTUAL COST
RENAISSANCE HOLDING COMPANY	L	504,218	ACTUAL COST
DELTA DENTAL FUND	B	2,000,000	ACTUAL COST
DELTA DENTAL OF ARKANSAS	L	2,643,452	ACTUAL COST
DELTA DENTAL OF NORTH CAROLINA	D	2,700,000	ACTUAL LOAN AMOUNT
RENAISSANCE HEALTH INSURANCE COMPANY OF NEW YORK	L	112,609	ACTUAL COST