



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2014

Open to Public  
Inspection

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](http://www.irs.gov/form990)

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

B Check if applicable	C Name of organization DELTA DENTAL OF MINNESOTA		D Employer identification number 41-0952670
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (612) 224-3293
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 500 WASHINGTON AVE S NO 2060	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415		G Gross receipts \$ 188,592,232
<input type="checkbox"/> Application pending	F Name and address of principal officer RODNEY A YOUNG 500 WASHINGTON AVE S NO 2060 MINNEAPOLIS, MN 55415		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status  501(c)(3)  501(c) ( 4 ) ► (insert no)  4947(a)(1) or  527

J Website: ► WWW DELTADENTALMN.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1969 M State of legal domicile MN

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
TO PROVIDE DENTAL INSURANCE SERVICE PLANS TO MAKE DENTAL CARE AVAILABLE IN THE COMMUNITIES IT SERVES AS A NOT FOR PROFIT ORGANIZATION

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	17
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	125,270,411	152,356,098
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,910,360	8,252,373
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	826,066	562,190
	135,006,837	161,170,661

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
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)	0	6,939,865
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) . . . . .	123,827,081	145,882,036
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	123,827,081	153,356,071
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	11,179,756	7,814,590

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	221,217,236	231,232,697
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	17,211,639	27,168,737
	204,005,597	204,063,960

## Part II Signature Block

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

Sign Here	***** Signature of officer	2015-11-13 Date
	TAMERA ROBINSON CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name LAWRENCE H MOHR CPA	Preparer's signature LAWRENCE H MOHR CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00447603
	Firm's name ► BAKER TILLY VIRCHOW KRAUSE LLP			Firm's EIN ► 39-0859910	
	Firm's address ► 225 S 6TH ST 2300 MINNEAPOLIS, MN 55402		Phone no (612) 876-4500		

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 II

---

**1** Briefly describe the organization's mission

OPERATE A NONPROFIT HEALTH SERVICE PLAN TO MAKE DENTAL CARE AVAILABLE THAT ADVANCES ORAL HEALTH IN THE COMMUNITIES WE SERVE

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

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

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 \$ 130,677,206 including grants of \$ 534,170 ) (Revenue \$ 152,475,552 )

THE PRINCIPAL PURPOSE OF THE COMPANY IS TO IMPROVE ORAL HEALTH BY PROVIDING WIDESPREAD AND TIMELY AVAILABILITY OF ECONOMICAL DENTAL SERVICES FOR THE COMMUNITIES IN WHICH IT SERVES

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

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

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

(Expenses \$ **including grants of \$** ) (Revenue \$ **)**

**4e Total program service expenses**  130,677,206

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

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 . . . . .

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 . . . . .

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .

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

9 Did the organization report an amount in Part X, line 21 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 . . . . .

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 . . . . .

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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .
- 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 XI . . . . .

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

12b 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 . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

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

14b 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 . . . . .

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 . . . . .

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 . . . . .

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) . . . . .

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		No
2		No
3		No
4		
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
35a	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	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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b> 11,459		
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b> Yes		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .		<b>6b</b>	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>		<b>7a</b>	No
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .		<b>7b</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .		<b>7c</b>	No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .		<b>7d</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		<b>7e</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		<b>7f</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7g</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .		<b>7h</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .		<b>8</b>	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . .		<b>9a</b>	
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .		<b>9b</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter		<b>10a</b>	
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter		<b>11a</b>	
<b>a</b> Gross income from members or shareholders . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		<b>13a</b>	
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13b</b>	
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		<b>14b</b>	

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

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

### Section A. Governing Body and Management

			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	18	
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b>	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?	<b>7a</b>	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b>	The governing body?	<b>8b</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

### Section C. Disclosure

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed
<b>18</b>	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 <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>TAMERA ROBINSON</b>

**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

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week (list any hours for related organizations below dotted line)	<b>(C)</b> Position (do not check more than one box, unless person is both an officer and a director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-2/1099-MISC)	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> 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			

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	2,950	3,649,749	285,629

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
<b>5</b> 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
PDG PA 2200 COUNTY RD C WEST SUITE 2210 ROSEVILLE, MN 55113	DENTAL SERVICES	7,579,260
NORTHLAND DENTAL PARTNERS PO BOX 505054 ST LOUIS, MN 63150	DENTAL SERVICES	5,643,054
DENTAL SPECIALIST OF MI 2200 COUNTY RD C WEST SUITE 2210 ROSEVILLE, MN 55113	DENTAL SERVICES	913,010
MODERN DENTAL PROFESSIONALS - MINNESOTA PO BOX 90 MONDOVI, WI 54755	DENTAL SERVICES	806,807
AFFILIATED PEDIATRIC DENTISTS PA 14050 NICOLLET AVE SUITE 100 BURNNSVILLE, MN 55337	DENTAL SERVICES	664,486
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>190</b>		

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .				
<b>Program Service Revenue</b>	<b>2a</b> SUBSCRIPTION REVENUE	Business Code 624100	152,356,098	152,356,098	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		152,356,098		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,333,656		5,333,656
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(I) Real 1,011,019				
<b>b</b> Less rental expenses	568,283				
<b>c</b> Rental income or (loss)	442,736				
<b>d</b> Net rental income or (loss) . . . . .		442,736		442,736	
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities 29,772,005				
<b>b</b> Less cost or other basis and sales expenses	26,853,288				
<b>c</b> Gain or (loss)	2,918,717				
<b>d</b> Net gain or (loss) . . . . .		2,918,717		2,918,717	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code			
<b>11a</b> DENTAL APPLICATION FEES	624100	97,177	97,177		
<b>b</b> OTHER REVENUE	900099	22,277	22,277		
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		119,454			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		161,170,661	152,475,552	0	8,695,109

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	534,170	534,170		
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 . . . . .	2,777,026	2,582,634	194,392	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	2,039,363	1,896,608	142,755	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	42,025	39,083	2,942	
9 Other employee benefits . . . . .	1,778,395	1,653,908	124,487	
10 Payroll taxes . . . . .	303,056	281,842	21,214	
11 Fees for services (non-employees)				
a Management . . . . .	17,561,255	2,985,360	14,575,895	
b Legal . . . . .	337,647		337,647	
c Accounting . . . . .	242,475		242,475	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .	565,944		565,944	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,410,784	239,829	1,170,955	
12 Advertising and promotion . . . . .	1,540,105	1,247,485	292,620	
13 Office expenses . . . . .	634,859	126,948	507,911	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	409,065	409,065		
17 Travel . . . . .	300,337	12,013	288,324	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	10,207	10,207		
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	346,148		346,148	
23 Insurance . . . . .	247,340		247,340	
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 CLAIMS EXPENSE	108,072,676	108,072,676		
b COMMISSIONS EXPENSE	9,911,417	9,911,417		
c BUSINESS TAXES	1,600,523	160,052	1,440,471	
d BAD DEBT EXPENSE	987,030		987,030	
e All other expenses	1,704,224	513,909	1,190,315	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	153,356,071	130,677,206	22,678,865	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
	<b>Assets</b>		
<b>1</b>	Cash—non-interest-bearing	<b>1</b>	
<b>2</b>	Savings and temporary cash investments	20,566,447	<b>2</b> 23,543,625
<b>3</b>	Pledges and grants receivable, net	1,868,036	<b>3</b> 1,449,245
<b>4</b>	Accounts receivable, net	<b>4</b>	
<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
<b>6</b>	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	
<b>7</b>	Notes and loans receivable, net	<b>7</b>	
<b>8</b>	Inventories for sale or use	<b>8</b>	
<b>9</b>	Prepaid expenses and deferred charges	<b>9</b>	
<b>10a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 11,958,913	
<b>b</b>	Less accumulated depreciation	<b>10b</b> 7,493,405	5,002,759 <b>10c</b> 4,465,508
<b>11</b>	Investments—publicly traded securities	<b>11</b>	
<b>12</b>	Investments—other securities See Part IV, line 11	193,779,994	<b>12</b> 201,774,319
<b>13</b>	Investments—program-related See Part IV, line 11	<b>13</b>	
<b>14</b>	Intangible assets	<b>14</b>	
<b>15</b>	Other assets See Part IV, line 11	<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	221,217,236	<b>16</b> 231,232,697
	<b>Liabilities</b>		
<b>17</b>	Accounts payable and accrued expenses	<b>17</b> 11,633,138	9,668,821
<b>18</b>	Grants payable	<b>18</b>	
<b>19</b>	Deferred revenue	3,966,212	<b>19</b> 4,708,343
<b>20</b>	Tax-exempt bond liabilities	<b>20</b>	
<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D	<b>21</b>	
<b>22</b>	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	<b>22</b>	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties	<b>23</b>	
<b>24</b>	Unsecured notes and loans payable to unrelated third parties	<b>24</b>	
<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,612,289	<b>25</b> 12,791,573
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25	17,211,639	<b>26</b> 27,168,737
	<b>Net Assets or Fund Balances</b>		
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b>	Unrestricted net assets	<b>27</b>	
<b>28</b>	Temporarily restricted net assets	<b>28</b>	
<b>29</b>	Permanently restricted net assets	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
<b>30</b>	Capital stock or trust principal, or current funds	0	<b>30</b> 0
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b> 0
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds	204,005,597	<b>32</b> 204,063,960
<b>33</b>	Total net assets or fund balances	204,005,597	<b>33</b> 204,063,960
<b>34</b>	Total liabilities and net assets/fund balances	221,217,236	<b>34</b> 231,232,697

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	161,170,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,356,071
3	Revenue less expenses Subtract line 2 from line 1	3	7,814,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	204,005,597
5	Net unrealized gains (losses) on investments	5	2,243,773
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	-10,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	204,063,960

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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? 3b 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	3a	No
	3b	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-0952670  
**Name:** DELTA DENTAL OF MINNESOTA

**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			
(1) MICHAEL HOWE ..... CHAIRMAN	1 50 ..... 3 50	X		X			650	66,200	0
(1) LOIS MARTIN ..... TREASURER	0 50 ..... 1 50	X		X			650	35,150	0
(2) DR BRUCE TEMPLETON ..... DIRECTOR	0 30 ..... 1 50	X					0	30,350	0
(3) DR JOHN ANDERSON ..... DIRECTOR	0 50 ..... 1 00	X					0	36,450	0
(4) DR JAMES SWANSTROM ..... DIRECTOR	0 30 ..... 1 50	X					650	31,450	0
(5) KATHLEEN PEPSKI ..... DIRECTOR	0 50 ..... 1 50	X					0	18,050	0
(6) KIM MAGEAU ..... VICE CHAIR	0 50 ..... 1 50	X		X			0	36,750	0
(7) WILLIAM MIXON ..... DIRECTOR	0 50 ..... 1 50	X					0	8,123	0
(8) RODNEY YOUNG ..... CEO AND PRESIDENT	17 80 ..... 30 40	X		X			0	672,369	35,320
(9) PHILIP SMITH ..... DIRECTOR	0 30 ..... 1 40	X					0	11,650	0
(10) JOHN SOMROCK ..... DIRECTOR	0 50 ..... 2 00	X					1,000	45,175	0
(11) JOHN BLUFORD ..... DIRECTOR	0 30 ..... 1 50	X					0	30,800	0
(12) DR PAUL CARLSON ..... DIRECTOR	0 30 ..... 1 40	X					0	29,500	0
(13) DR SUSAN ANDERSON ..... DIRECTOR	0 30 ..... 1 40	X					0	28,200	0
(14) DEB KNUTSON ..... DIRECTOR	0 30 ..... 1 50	X					0	33,200	0
(15) BERNARD BROMMER ..... DIRECTOR	0 50 ..... 1 80	X					0	38,450	0
(16) DOUGLAS ALGER ..... SECRETARY	0 50 ..... 1 50	X		X			0	39,700	0
(17) DR MICHAEL ZAKULA ..... DIRECTOR	0 30 ..... 1 40	X					0	27,550	0
(18) STEPHANIE ALBERT ..... VP & GEN COUNSEL/ASSISTANT SECRETARY	11 20 ..... 35 70			X			0	262,055	29,285
(19) TAMERA ROBINSON ..... SVP & CFO/ASSISTANT TREASURER	18 10 ..... 27 50			X			0	265,288	19,668
(20) CHRISTOPHER N EARL ..... SVP SALES & BUSINESS DEVELOPMENT	23 80 ..... 23 80			X			0	393,958	35,348
(21) JUDY PETERSON ..... VP HUMAN RESOURCES	0 00 ..... 50 00			X			0	212,668	27,255
(22) TIMOTHY QUINN ..... CMO & VP CONSUMER MKTG	21 00 ..... 19 00			X			0	250,185	22,979
(23) MICHAEL MCGUIRE ..... CHIEF OPERATIONS OFFICER	15 70 ..... 33 70				X		0	195,937	28,094
(24) VALERIE SORENSEN ..... VP ACCOUNT MANAGEMENT	34 50 ..... 15 50				X		0	244,145	23,520

**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			
(26) DAVID ANDERSON ..... DIRECTOR OF SALES	23 80 ..... 15 00				X		0	194,942	20,773
(1) CLIVE WEST ..... DIRECTOR OF COMMERCIAL MARKETS	32 50 ..... 7 50				X		0	177,435	21,793
(2) JOSEPH LALLY ..... VP GOVT RELATIONS & COMPLIANCE	4 90 ..... 42 10				X		0	234,019	21,594

2014

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service**Name of the organization**  
DELTA DENTAL OF MINNESOTA**Employer identification number**

41-0952670

**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
2a	
2b	
2c	
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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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
<b>1a</b> Land . . . . .		2,362,225			2,362,225
<b>b</b> Buildings . . . . .		9,596,688	7,493,405		2,103,283
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .					
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					4,465,508

**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) AVAILABLE-FOR-SALE SECURITIES	155,549,827	F
(B) TRADING SECURITIES	46,224,492	F
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )</b>	<b>201,774,319</b>	

**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
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )</b>		

**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
<b>Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)</b>	

**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	
DUE TO STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	2,791,573
DIVIDEND PAYABLE TO PARENT	10,000,000
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )</b>	<b>12,791,573</b>

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	152,494,337
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	2,243,773
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	2,243,773
3	Subtract line 2e from line 1 . . . . .	3	150,250,564
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	565,944
b	Other (Describe in Part XIII) . . . . .	4b	10,354,153
c	Add lines 4a and 4b . . . . .	4c	10,920,097
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	161,170,661

**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	142,435,974
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	0
3	Subtract line 2e from line 1 . . . . .	3	142,435,974
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	565,944
b	Other (Describe in Part XIII) . . . . .	4b	10,354,153
c	Add lines 4a and 4b . . . . .	4c	10,920,097
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .	5	153,356,071

**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	THE COMPANIES HAVE REVIEWED THEIR TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAVE CONCLUDED THAT THEY DO NOT MEET THE THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF AN UNCERTAIN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. GENERALLY, THE COMPANIES ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET RENTAL INCOME REPORTED IN EXPENSES ON AUDIT 442,736 COMMISSIONS EXPENSE REPORTED AS PART OF REVENUE ON AUDIT 9,911,417
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMMISSIONS EXPENSE REPORTED AS PART OF REVENUE ON AUDIT 9,911,417 NET RENTAL INCOME REPORTED IN EXPENSES ON AUDIT 442,736

## **Part XIII      Supplemental Information (continued)**

Return Reference	Explanation

Schedule I  
(Form 990)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](http://www.irs.gov/form990).

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

DELTA DENTAL OF MINNESOTA

Employer identification number

41-0952670

**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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .  22

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

**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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0952670  
**Name:** DELTA DENTAL OF MINNESOTA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
MODERN DENTAL PROFESSIONALS - MINNESOTA INC PO BOX 90 MONDOVI, WI 54755	41-1935735		50,000				MN DENTAL WORKFORCE PILOT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE BEMIDJI AREA PO BOX 191 BEMIDJI, MN 56619	81-0599601	501(C)(3)	5,000				CAVITY PREVENTION ZONE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS AND GIRLS CLUB OF CENTRAL MINNESOTA 345 30TH AVE NORTH SAINT CLOUD, MN 56303	41-1245177	501(C)(3)	5,000				PROJECT HEALTHY SMILES/HEALTHY KIDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOORSTEP HEALTHCARE SERVICES 5861 CEDAR LAKE ROAD SOUTH MINNEAPOLIS, MN 55416	68-0620960	501(C)(3)	20,000				COMMUNITY OUTREACH PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTHFINDERS COLLABORATIVE INCPO BOX 731 NORTHFIELD, MN 55057	20-1805262	501(C)(3)	10,000				ACCESS TO ORAL HEALTH

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INITIATIVE FOUNDATION 405 1ST STREET SE LITTLE FALLS, MN 56345	36-3451562	501(C)(3)	20,000				EARLY CHILDHOOD DENTAL NETWORK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL CHILDREN'S ORAL HEALTH 4108 PARK ROAD STE 300 CHARLOTTE, NC 28209	20-3921574	501(C)(3)	12,500				NORTH DAKOTA ORAL HEALTH ZONE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET STE 610 DULUTH, MN 55802	41-1554455	501(C)(3)	10,000				EXPANSION OF RURAL COMMUNITY BASED EARLY CHILDHOOD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4243 4TH AVE SOUTH MINNEAPOLIS, MN 55409	23-7113799	501(C)(3)	10,000				NURSING HOME AND DENTAL VAN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIETNAMESE SOCIAL SERVICES OF MN 227 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55103	36-3532232	501(C)(3)	5,000				IMMIGRANT ORAL HEALTH PROMOTION PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER ST UNITED WAY BLDG ROCHESTER, MN 28209	20-3677586	501(C)(3)	7,500				UNDER AND UNINSURED STUDENTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
GRAND MARAIS FAMILY DENTISTRY PAPO BOX 670 GRAND MARAIS, MN 55604	46-3464516		39,000				DELTA DENTAL WORKFORCE PILOT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY DENTAL CARE 1670 BEAM AVENUE STE 204 MAPLEWOOD, MN 55109	04-3692982	501(C)(3)	25,000				ROBBINSDALE CLINIC EXPANSION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY HEALTH CARE CENTER PO BOX 2625 FARGO, ND 58108	45-0430628	501(C)(3)	25,000				DELIVERY OF COMPREHENSIVE DIABETES CARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 E 28TH ST STE 100 MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	21,500				ENGAGING ORAL HEALTH CARE PROVIDERS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVE NORTH MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	13,500				DENTAL WORKFORCE PILOT PROJECT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PILLSBURY UNITED COMMUNITIES 125 WEST BROADWAY STE 130 MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	17,500				LINKING SCHOOLS DENTAL SCREENINGS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PORTICO HEALTHNET 2610 UNIVERSITY AVE WEST STE 55 SAINT PAUL, MN 55114	41-1814659	501(C)(3)	20,000				DENTAL CARE ACCESS INITIATIVE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 20001	52-0895622	501(C)(3)	5,000				SCHOLARSHIPS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOLDER OPTIONS 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	15,000				MENTORING PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA TIMBERWOLVES600 1ST AVE MINNEAPOLIS, MN 55403	41-1796677		54,250				SPONSOR MASCOT TO DISTRIBUTE TOOTHBRUSH/TOOTHPASTE KITS TO SCHOOL CHILDREN AND EDUCATE AT SCHOOLS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	7,500				DIABETES EXPO

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA CHAPTER OF THE NATIONAL FOOTBALL FOUNDATION 1686 CLOUD DRIVE NE BLAINE, MN 55449	26-1766618		10,000				MN FOOTBALL HONORS AWARDS EVENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
MINNESOTA PUBLIC RADIO 480 CEDAR STREET SAINT PAUL, MN 55101	41-0953924	501(C)(3)	5,000				HEALTHY STATES HACKING HEALTHCARE

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	7,500				GO RED FOR WOMEN

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
CANCER LEGAL LINE 366 JACKSON STREET STE 400 SAINT PAUL, MN 55101	02-0736402	501(C)(3)	10,000				SPONSOR CANCER LEGAL LINE GALA

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTH PROMOTIONS NOW 1270 GLEN AVE MOORESTOWN, NJ 08057	23-1973624		5,936				PURCHASE TOOTHBRUSH/TOOTHPASTE KITS FOR TIMBERWOLVES MASCOT TO DISTRIBUTE TO CHILDREN

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

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceFor 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](http://www.irs.gov/form990).Name of the organization  
DELTA DENTAL OF MINNESOTA

Employer identification number

41-0952670

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

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**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?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 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?**b** Any related organization?

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?**b** Any related organization?

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 3	ALL COMPENSATION IS PAID BY STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) (DBPM), A RELATED ORGANIZATION DBPM USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 6	AN EMPLOYEE INCENTIVE PLAN IS AVAILABLE TO ALL EMPLOYEES AND IS APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THE 2014 PLAN ALLOWS FOR PAYMENT PROVIDED FOR THAT THE COMPANY REACH AN OPERATING GAIN OF 75% OF THE BUDGETED OPERATING GAIN NO INCENTIVE PAYOUTS ARE MADE IF LESS THAN 75% IF THE COMPANY MEETS THE 75% LEVEL OR HIGHER, INDIVIDUAL PERFORMANCE GOALS ARE USED TO DETERMINE THE INCENTIVE LEVEL IN 2014, THE COMPANY ACHIEVED THE THRESHOLD AND ALL ELIGIBLE EMPLOYEES RECEIVED AN INCENTIVE PAYMENT THE INCENTIVE AMOUNTS AND TARGETS FOR EMPLOYEES OF DBPM VARY BASED ON POSITION

**Additional Data**

**Software ID:**  
**Software Version:**

**EIN:** 41-0952670

**Name:** DELTA DENTAL OF MINNESOTA

**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			(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				
<b>1</b> RODNEY YOUNG, CEO AND PRESIDENT	(i) 0 (ii) 523,619	0 148,750	0 0	0 0	0 15,600	0 19,720	0 707,689	0 0
<b>1</b> STEPHANIE ALBERT, VP & GEN COUNSEL/ASSISTANT SECRETARY	(i) 0 (ii) 214,555	0 47,500	0 0	0 0	0 15,600	0 13,685	0 291,340	0 0
<b>2</b> TAMERA ROBINSON, SVP & CFO/ASSISTANT TREASURER	(i) 0 (ii) 259,038	0 6,250	0 0	0 0	0 15,029	0 4,639	0 284,956	0 0
<b>3</b> CHRISTOPHER N EARL, SVP SALES & BUSINESS DEVELOPMENT	(i) 0 (ii) 314,468	0 79,490	0 0	0 0	0 15,600	0 19,748	0 429,306	0 0
<b>4</b> JUDY PETERSON, VP HUMAN RESOURCES	(i) 0 (ii) 173,668	0 39,000	0 0	0 0	0 12,720	0 14,535	0 239,923	0 0
<b>5</b> TIMOTHY QUINN, CMO & VP CONSUMER MKTG	(i) 0 (ii) 201,435	0 48,750	0 0	0 0	0 14,963	0 8,016	0 273,164	0 0
<b>6</b> MICHAEL MCGUIRE, CHIEF OPERATIONS OFFICER	(i) 0 (ii) 195,937	0 0	0 0	0 0	0 10,163	0 17,931	0 224,031	0 0
<b>7</b> VALERIE SORENSEN, VP ACCOUNT MANAGEMENT	(i) 0 (ii) 198,740	0 45,405	0 0	0 0	0 14,601	0 8,919	0 267,665	0 0
<b>8</b> DAVID ANDERSON, DIRECTOR OF SALES	(i) 0 (ii) 166,514	0 28,428	0 0	0 0	0 8,608	0 12,165	0 215,715	0 0
<b>9</b> CLIVE WEST, DIRECTOR OF COMMERCIAL MARKETS	(i) 0 (ii) 146,535	0 30,900	0 0	0 0	0 10,615	0 11,178	0 199,228	0 0
<b>10</b> JOSEPH LALLY, VP GOVT RELATIONS & COMPLIANCE	(i) 0 (ii) 188,845	0 45,174	0 0	0 0	0 13,996	0 7,598	0 255,613	0 0

**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](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Name of the organization  
DELTA DENTAL OF MINNESOTA**Employer identification number**

41-0952670

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) IS THE SOLE MEMBER OF DELTA DENTAL OF MINNESOTA
FORM 990, PART VI, SECTION A, LINE 7A	STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) IS THE SOLE MEMBER OF DELTA DENTAL OF MI NNESOTA AND HAS THE AUTHORITY TO APPOINT MEMBERS OF THE GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B	STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA), AS THE SOLE MEMBER OF DELTA DENTAL OF M INNESOTA, HAS RIGHTS TO APPROVE CERTAIN ACTIONS OF THE BOARD OF DIRECTORS, AS OUTLINED IN THE ORGANIZATIONS BYLAWS
FORM 990, PART VI, SECTION B, LINE 11	TAX FORM 990 WAS PREPARED, REVIEWED AND FILED BY BAKER TILLY VIRCHOW KRAUSE, LLP THE EXTER NAL AUDITORS OF STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) THE COMPANY PROVIDED AL L INFORMATION TO BAKER TILLY VIRCHOW KRAUSE, LLP, INCLUDING OFFICER AND DIRECTOR COMPENSAT ION DISCLOSURES COMPANY MANAGEMENT ALSO REVIEWED THE RETURN, THE COMPANY HAD ENGAGED OUTS IDE LEGAL EXPERTISE FROM TIME TO TIME IN PRIOR YEARS TO VALIDATE FULL DISCLOSURE AS PART O F ITS PREPARATION PROCESS A COPY OF THE RETURN WITHOUT THE COMPENSATION PAGES WAS PROVIDE D TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING A FULL COPY OF THE RETURN WITH COMPENSATION PAGES WAS MADE AVAILABLE TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE O F THE BOARD PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS ALL DIRECTORS AND OFFICERS MUST COMPLETE AND SIGN A CONFLICT OF INTERES T POLICY AND DISCLOSURE THESE DISCLOSURES ARE SUBMITTED TO LEGAL COUNSEL FOR REVIEW LEGA L COUNSEL REVIEWS THESE DISCLOSURES WITH THE AUDIT COMMITTEE AT A MEETING OF THE FULL AUDI T COMMITTEE
FORM 990, PART VI, SECTION B, LINE 15	OFFICERS OF THE FILING ORGANIZATION ARE NOT COMPENSATED BY THE FILING ORGANIZATION INDIVI DUALS SERVING AS OFFICERS OF THE FILING ORGANIZATION SERVE IN THE SAME OR SIMILAR CAPACITY FOR A RELATED 501 (C)(4) ORGANIZATION, STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) (DBPM) ALL COMPENSATION RECEIVED BY OFFICERS OF THE FILING ORGANIZATION (IN THEIR CAPACIT IES AS EMPLOYEES OF DBPM) IS PAID BY DBPM AND DBPM IS RESPONSIBLE FOR COMPENSATION SETTING POLICY AND PROCEDURE
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST STATUTOR Y FINANCIAL STATEMENTS ARE FILED WITH THE MINNESOTA DEPARTMENT OF COMMERCE AND THE NATIONA L ASSOCIATION OF INSURANCE COMMISSIONERS AS A MATTER OF PUBLIC RECORD GAAP BASIS FINANCIA LS ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVER NING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH I N SECTION 6104(D)
FORM 990, PART XI, LINE 9	DIVIDEND PAYABLE -10,000,000
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED SINCE PRIOR YEAR

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► 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](http://www.irs.gov/form990).

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
DELTA DENTAL OF MINNESOTAEmployer identification number  
41-0952670**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

**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	No					
(1) STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA) 500 WASHINGTON AVENUE S SUITE 2060  MINNEAPOLIS, MN 55415 41-1852523	HOLDING COMPANY	MN	501 (C)(4)	N/A	N/A	
(2) DELTA DENTAL OF MINNESOTA FOUNDATION 500 WASHINGTON AVENUE S SUITE 2060  MINNEAPOLIS, MN 55415 26-4482509	FOUNDATION	MN	501 (C)(3)	LINE 7	STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							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	
(1) HEALTH VENTURES NETWORK  500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 41-1539439	VISION COVERAGE	MN	STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	C					No
(2) DENTAL CLAIMS ADMINISTRATIVE SERVICES  500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 46-4977966	ADMINISTRATIVE SERVICES	MN	DELTA DENTAL OF MINNESOTA	C	960,087	76,965	100 000 %	Yes	

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

**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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>		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
(1) STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	O	6,996,902	ACTUAL AMOUNT
(2) STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	N	452,364	ACTUAL AMOUNT
(3) STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	P	5,685,767	ACTUAL AMOUNT
(4) STRATACOR (FKA DENTAL BENEFIT PLANS OF MINNESOTA)	R	10,000,000	DIVIDEND PAYABLE

**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) Disproportionate 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 VII Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2014