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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Delta Dental Plan of Michigan Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

4100 Okemos Road

City or town, state or province, country, and ZIP or foreign postal code

Okemos, MI 48864

F Name and address of principal officer

LAURA L CZELADA

4100 Okemos Road

Okemos, MI 48864

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.deltadentalmi.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1957

M State of legal domicile

MI

Part I Summary

Activities & Governance

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

Delta Dental of Michigan's mission is to advance and promote the improvement of oral health through prepaid dental services through contracts with independent professional service providers, support for research and education, and community outreach directed toward securing access to quality dental care for all

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2017-11-08

Date

GORAN JURKOVIC CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DAVID LOWENTHAL CPA

Preparer's signature

DAVID LOWENTHAL CPA

Date

2017-11-08

Check ☐ if self-employed

PTIN

P00378651

Firm's name

▶ Plante & MoranPLLC

Firm's EIN ▶ 38-1357951

Phone no (517) 332-6200

Firm's address

▶ 1111 Michigan Ave PO Box 2500

East Lansing, MI 488262500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O Delta Dental of Michigan's mission is to advance and promote the improvement of oral health through prepaid dental services through contracts with independent professional service providers, support for research and education, and community outreach directed toward securing access to quality dental care for all Delta Dental of Michigan is governed by a board of directors controlled by independent members of the community and it offers enrollment in prepaid oral health plans to a broad base of the community through a variety of payment models

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 1,876,131,005	including grants of \$ 538,291)	(Revenue \$ 1,975,273,788)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	1,876,131,005	
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	62,050
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,112
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►** GORAN JURKOVIC CFO 4100 Okemos Road Okemos, MI 48864 (517) 349-6000

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

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

[illegible]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	21,995,872	272,096	6,886,054

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 ▶ 138

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
DEWPOINT 300 WASHINGTON SQUARE SUITE 200 LANSING, MI 48933	IT CONSULTING	28,204,040
MESSA 1480 KENDALE BLVD EAST LANSING, MI 48826	COMMISSIONS	2,678,157
GS&F 209 10TH AVE SOUTH NASHVILLE, TN 37203	ADVERTISING	1,722,964
CLARITY SOLUTION GROUP 150 SOUTH WACKER DR CHICAGO, IL 60606	CONSULTING	1,032,584
MARSH USA INC PO BOX 402901 ATLANTA, GA 30384	COMMISSIONS	841,187

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 68	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue			Business Code			
	2a DENTAL CARE REVENUE		624100	1,918,627,669	1,918,627,669	
	b EXTERNAL SERVICES		524292	3,562,721		3,562,721
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,922,190,390			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		7,268,066			7,268,066
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		83,735,875	227,931		
	b Less cost or other basis and sales expenses		81,536,563	250,760		
	c Gain or (loss)		2,199,312	-22,829		
	d Net gain or (loss) ▶		2,176,483			2,176,483
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
11a ADMIN REIMBURSEMENT		900099	56,646,119	56,646,119		
b MISCELLANEOUS INCOME		900099	270,839		270,839	
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			56,916,958			
12 Total revenue. See Instructions ▶			1,988,551,897	1,975,273,788	3,562,721	9,715,388

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	538,291	538,291		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	18,326,186	12,001,371	6,324,815	
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.	54,521,659	35,684,060	18,837,599	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-1,231,700	-988,845	-242,855	
9 Other employee benefits.	10,145,863	6,740,999	3,404,864	
10 Payroll taxes.	4,415,821	2,953,473	1,462,348	
11 Fees for services (non-employees):				
a Management.	2,786,839	1,613,939	1,172,900	
b Legal.	1,037,296		1,037,296	
c Accounting.	367,877		367,877	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	407,301		407,301	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,782,255,899	1,777,420,106	4,835,793	
12 Advertising and promotion.	2,264,969	621,564	1,643,405	
13 Office expenses.	9,945,629	8,060,676	1,884,953	
14 Information technology.	6,717,102	4,519,681	2,197,421	
15 Royalties.				
16 Occupancy.	3,200,344		3,200,344	
17 Travel.	3,359,098	2,668,277	690,821	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	679,535	371,885	307,650	
20 Interest.	209,647		209,647	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	8,774,446	3,040,354	5,734,092	
23 Insurance.	795,966		795,966	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMISSIONS	14,754,809	14,754,809		
b HICA TAX- MI	9,081,879		9,081,879	
c FEDERAL HEALTHCARE TAX	4,841,466		4,841,466	
d PROCESSING FEES	4,077,796	4,077,796		
e All other expenses	3,197,177	2,052,569	1,144,608	
25 Total functional expenses. Add lines 1 through 24e.	1,945,471,195	1,876,131,005	69,340,190	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,118	1	2,118
	2	Savings and temporary cash investments		71,057,029	2	64,181,950
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		87,127,894	4	86,873,020
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		51,266,470	9	68,664,842
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	216,842,840		
	b	Less: accumulated depreciation	10b	113,162,832		
				92,980,664	10c	103,680,008
	11	Investments—publicly traded securities		245,486,851	11	278,878,191
	12	Investments—other securities. See Part IV, line 11		109,263,962	12	111,901,121
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		8,767,034	15	12,118,038	
16	Total assets. Add lines 1 through 15 (must equal line 34)		665,952,022	16	726,299,288	
Liabilities	17	Accounts payable and accrued expenses		60,237,090	17	71,883,639
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		156,441,627	25	195,513,761
	26	Total liabilities. Add lines 17 through 25		216,678,717	26	267,397,400
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		15,744,473	30	15,744,473
	31	Paid-in or capital surplus, or land, building or equipment fund		5,122,500	31	5,122,500
	32	Retained earnings, endowment, accumulated income, or other funds		428,406,332	32	438,034,915
33	Total net assets or fund balances		449,273,305	33	458,901,888	
34	Total liabilities and net assets/fund balances		665,952,022	34	726,299,288	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,988,551,897
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,945,471,195
3	Revenue less expenses Subtract line 2 from line 1	3	43,080,702
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	449,273,305
5	Net unrealized gains (losses) on investments	5	7,744,832
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	-41,196,951
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	458,901,888

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Form 990 (2016)

Form 990, Part III, Line 4a:

PROMOTING DENTAL CAREDELTA DENTAL PLAN OF MICHIGAN, INC. IS A LEADING PREPAID DENTAL BENEFITS PROVIDER IN THE MIDWEST. THE PURPOSE OF THE ORGANIZATION IS TO ADVANCE AND PROMOTE THE IMPROVEMENT OF ORAL HEALTH. THIS IS DONE BY OFFERING INNOVATIVE, COST-EFFECTIVE PRODUCTS THAT MEET THE NEEDS OF CUSTOMERS. THIS WAS DEMONSTRATED IN 2016 BY PAYING OUT OVER \$1.7 BILLION FOR DENTAL CARE, BY PROVIDING DENTAL BENEFITS FOR THE PUBLIC AND ADVANCING THE SCIENCE OF DENTISTRY. IN ADDITION, OVER 10.2 MILLION CLAIMS WERE PROCESSED FOR OVER 3.3 MILLION SUBSCRIBERS. SEE SCHEDULE O FOR CONTINUATIONCOST SAVING STRATEGIESDELTA DENTAL BENEFIT PLANS ARE COMMITTED TO SAVING GROUPS AND SUBSCRIBERS MONEY. THE DELTA DIFFERENCE IS AN INTEGRATION OF ACTIVITIES, SUCH AS COST MANAGEMENT POLICIES, FEE REDUCTION AGREEMENTS WITH DENTISTS, AND AN ANTI-FRAUD HOTLINE, PUT TO WORK ENSURING QUALITY, COST-EFFECTIVE DENTAL BENEFIT DELIVERY. IN 2016, THE DELTA DIFFERENCE SAVED GROUPS AND SUBSCRIBERS APPROXIMATELY \$1.8 BILLION. IN ADDITION, THE DELTA DIFFERENCE HELPS KEEP OUR TREND BELOW THE NATIONAL INFLATIONARY TREND IN DENTAL BENEFITS. DELTA DENTAL'S INDUSTRY LEADING TECHNOLOGY PLATFORM, ENTERPRISE TECHNOLOGY SOLUTIONS (ETS), HAS BEEN INTERNATIONALLY RECOGNIZED AS PROVIDING THE BEST IN FAST, FLEXIBLE SERVICE INCLUDING ONLINE, REAL-TIME CLAIMS PROCESSING. DELTA DENTAL'S CONTINUED PRIORITY IS TO REDUCE COSTS AND IMPROVE SERVICE BY INCREASING THE VOLUME OF CLAIMS THAT ARE SUBMITTED ELECTRONICALLY. QUALITY INITIATIVES AND RESULTSBRINGING QUALITY TO ALL WE DO IS THE QUALITY POLICY FOR DELTA DENTAL PLAN OF MICHIGAN, INC. THE AFFILIATED DELTA DENTAL PLANS OF MICHIGAN, OHIO AND INDIANA HOLD THE PRESTIGIOUS ISO 9001 CERTIFICATION. QUALITY STANDARDS ARE EXTREMELY RIGOROUS AND GUARANTEE THAT DELTA DENTAL HAS DOCUMENTED ITS QUALITY PROCEDURES AND SYSTEMS THROUGHOUT THE COMPANY. THIS CERTIFICATION DEMONSTRATES OUR COMMITMENT TO SERVING THE NEEDS OF OUR CUSTOMERS AND STRENGTHENS OUR DEDICATION TO QUALITY AND INNOVATION. QUALITY SERVICE IS ALSO MEASURED THROUGH INTERNAL AUDITS. RESULTS INDICATE OVER 99 PERCENT OF CLAIMS ARE PROCESSED WITHIN 10 WORKING DAYS. COMMITMENT TO THE COMMUNITYDELTA DENTAL PLAN OF MICHIGAN, INC. BELIEVES ADVANCES IN DENTAL RESEARCH AND ENHANCED EDUCATIONAL OPPORTUNITIES FOR DENTISTS GO A LONG WAY TOWARD IMPROVING ORAL HEALTH. THE COMPANY IS A KEY PLAYER IN GROUNDBREAKING RESEARCH ON TRENDS IN ORAL HEALTH IN THE INSURED POPULATION. THE DELTA DENTAL FUND, THE COMPANY'S PHILANTHROPIC AFFILIATE, ENCOURAGES ADVANCES IN DENTISTRY AND SUPPORTS DENTAL EDUCATION AND RESEARCH. ONLY AN ORGANIZATION OF DELTA DENTAL'S SIZE AND EXPERIENCE IN THE BENEFITS FIELD HAS EXTENSIVE DATA REGARDING DENTAL TREATMENT PATTERNS OVER EXTENDED PERIODS OF TIME. BECAUSE OF ITS COMMITMENT TO ADVANCING THE SCIENCE OF DENTISTRY, EACH YEAR THE COMPANY GRANTS RESEARCHERS AT FIVE DENTAL SCHOOLS IN MICHIGAN, OHIO AND INDIANA ACCESS TO THIS IMPORTANT INFORMATION TO STUDY ORAL HEALTH TRENDS. THE RESULTS OF THEIR STUDIES WILL ADD SIGNIFICANT DATA TO THE BODY OF KNOWLEDGE IN THE FIELD OF DENTISTRY. SINCE IT WAS FORMED IN 1980, THE DELTA DENTAL FUND HAS GRANTED OVER \$25 MILLION TOWARD THE ADVANCEMENT OF DENTAL SCIENCE AND IMPROVEMENT OF THE ORAL HEALTH OF THE PUBLIC. DELTA DENTAL FUND REGULARLY PROVIDES FUNDING FOR PROGRAMS THAT HELP AT-RISK POPULATIONS AND INDIVIDUALS WITH SPECIAL NEEDS OBTAIN DENTAL TREATMENT, FOR SCHOLARSHIP AND LEADERSHIP AWARDS TO DENTAL STUDENTS, FOR GRANTS TO PURCHASE LEARNING TOOLS AND OTHER PROGRAMS TO DENTAL SCHOOLS, FOR CONTINUING EDUCATION PROGRAMS FOR THE DENTAL PROFESSION, AND FOR EDUCATIONAL MATERIALS ON THE IMPORTANCE OF ORAL HEALTH AND HAZARDS TO ORAL HEALTH. IN 2016, DELTA DENTAL FUND PROVIDED GRANTS TOTALING OVER \$2.5 MILLION FOR DENTAL AND COMMUNITY RELATIONS PROJECTS. AMONG THEM WERE GRANTS TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, CINCINNATI PUBLIC SCHOOL DISTRICT TO SUPPORT COMMUNITY WATER FLUORIDATION, AND TO FUND DENTAL CLINICS. IN ADDITION, WE PROVIDED THE DEPARTMENT WITH FUNDING TO IMPLEMENT TWO FLUORIDE PROGRAMS FOR UP TO 8,000 FLINT AREA CHILDREN AFFECTED BY THE WATER CRISIS. THE FIRST PROGRAM IS A SCHOOL-BASED FLUORIDE RINSE PROGRAM FOR STUDENTS IN THE ELEMENTARY GRADES AND THE SECOND IS A FLUORIDE VARNISH PROGRAM FOR HEAD START CHILDREN. DELTA DENTAL PLAN OF MICHIGAN IS ALSO COMMITTED TO THE COMMUNITY. DELTA DENTAL HAS ALWAYS BEEN KEENLY AWARE OF ITS CIVIC AND SOCIAL RESPONSIBILITY. DELTA DENTAL PLANS ARE PROUD TO SHARE, THROUGH DIRECT FINANCIAL CONTRIBUTIONS, WITH HUNDREDS OF COMMUNITY AGENCIES AND GROUPS. IN ADDITION, EMPLOYEES LOG COUNTLESS HOURS OF THEIR OWN TIME AS VOLUNTEERS. COMMUNITY SUPPORT GENERALLY FALLS UNDER THE BROAD CATEGORIES THAT PROVIDE SUPPORT TO AGENCIES AND INSTITUTIONS SERVING CHILDREN, SENIORS, LOW-INCOME INDIVIDUALS, MINORITIES, AND THE DISABLED AND AT-RISK INDIVIDUALS, TO ORGANIZATIONS THAT PROMOTE EDUCATION, ARTS AND RECREATION AND COMMUNITY DEVELOPMENT, AND TO CHARITABLE PROJECTS OR PROGRAMS RECOMMENDED BY EMPLOYEES, CUSTOMERS, PARTICIPATING DENTISTS AND OTHER KEY GROUPS. THROUGHOUT 2016, WE CONTINUED OUR ROLE AS STRONG ADVOCATES FOR SOUND ORAL HEALTH POLICY AT THE STATE AND FEDERAL LEVELS. THROUGH A PUBLIC-PRIVATE PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, DELTA DENTAL ADMINISTERS THE HEALTHY KIDS DENTAL (HKD) AND MICHILD PROGRAMS. HEALTHY KIDS DENTAL IS A DENTAL BENEFITS PROGRAM FOR MEDICAID BENEFICIARIES UNDER AGE 21. IT IS AVAILABLE IN ALL OF MICHIGAN'S 83 COUNTIES AND COVERS BASIC DENTAL HEALTH BENEFITS SUCH AS X-RAYS, CLEANINGS, CAVITY FILLINGS, ROOT CANALS, TOOTH EXTRACTIONS AND DENTURES. NEARLY 1,000,000 MICHIGAN CHILDREN ARE SERVED BY THIS PROGRAM. THE AMERICAN DENTAL ASSOCIATION NAME MICHIGAN'S HKD PROGRAM ONE OF THE FIVE MODELS FOR IMPROVING ACCESS TO DENTAL CARE FOR LOW-INCOME POPULATIONS. ALSO IN 2016, DELTA DENTAL CONTINUED OUR INVOLVEMENT IN MICHIGAN'S MEDICAID EXPANSION PLAN, CALLED HEALTHY MICHIGAN PLAN (HMP). THE PROGRAM IMPROVES ACCESS TO MEDICAL AND DENTAL CARE FOR LOW-INCOME MICHIGAN RESIDENTS AGES 19 TO 64 AND IS ADMINISTERED BY MICHIGAN'S MEDICAID HEALTH PLANS. HMP PROVIDES DENTAL BENEFITS TO INCREASED ACCESS TO CARE FOR LOW-INCOME POPULATIONS WHO DO NOT QUALIFY FOR THE TRADITIONAL MEDICAID PROGRAM. UNEQUALLED ACCESS TO DENTISTSFOR FIVE DECADES, DELTA DENTAL HAS HELPED PROMOTE ORAL HEALTH BY DESIGNING AND ADMINISTERING INNOVATIVE, COST-EFFECTIVE DENTAL BENEFIT PROGRAMS. EXPERTS AT PLAN DESIGN, DELTA DENTAL HAS CREATED DENTAL BENEFIT PROGRAMS THAT MEET CUSTOMER COST-OBJECTIVES WHILE HELPING TO IMPROVE AND MAINTAIN ORAL HEALTH. THE PROGRAMS FEATURE LARGE PANELS OF FULL-TIME PARTICIPATING DENTISTS. IN FACT, 3 OUT OF 4 DENTISTS NATIONWIDE PARTICIPATE WITH DELTA DENTAL. THIS KIND OF REACH HAS ENABLED MILLIONS OF PEOPLE TO RECEIVE COST-EFFECTIVE DENTAL CARE. DELTA DENTAL'S GROUP MEMBERS ARE AFFORDED ADDED PROTECTION BECAUSE THEY GUARANTEE THAT PARTICIPATING DENTISTS WILL ACCEPT THEIR PAYMENT FOR COVERED SERVICES AND THAT NO CHARGES, OTHER THAN CO-PAYMENTS AND DEDUCTIBLES WILL BE BILLED. THIS LOWERS CLAIM COSTS FOR CUSTOMERS AND REDUCES OUT-OF-POCKET COSTS FOR SUBSCRIBERS WITH TWO NETWORKS OF FULL-TIME PARTICIPATING DENTISTS IN ONE INTEGRATED CLAIMS SYSTEM, DELTA DENTAL CAN DELIVER TO CUSTOMERS AND GROUP MEMBERS, THE GREATEST ACCESS AT THE BEST COST.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH C HARRIS DDS CHAIRPERSON	5 00 6 00	X		X				44,506	5,700	0
KELLY J SCHEIDERER VICE CHAIRPERSON	5 00 6 00	X		X				13,700	2,100	17,500
JOSHUA S HOWIE SECRETARY/TREASURER	5 00 5 00	X		X				123,300	2,100	0
DOUGLAS R ANDERSON DIRECTOR	5 00 11 00	X						15,438	7,400	17,500
Christopher T Fisher DIRECTOR	5 00 0 00	X						11,200	700	0
Sara M Dolan DIRECTOR	5 00 0 00	X						11,900	700	0
Charles E Hall DIRECTOR	5 00 0 00	X						9,800	0	0
LISA A DANCOSK DIRECTOR (THRU 5/2016)	5 00 5 00	X						10,200	0	0
THOMAS FLESZAR DDS MS DIRECTOR	5 00 12 00	X						26,900	19,876	0
STEPHEN A EKLUND DDS MSHA PHD DIRECTOR	5 00 6 00	X						22,800	125,100	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANN M FLERMOEN DIRECTOR	5 00 11 00	X						27,942	11,310	0
KURT D GALLINGER DIRECTOR	5 00 2 00	X						24,200	2,100	0
JED JACOBSON DDS MS MPH DIRECTOR (EMPLOYED THRU 6/2016)	5 00 48 00 2 00	X						671,199	10,150	55,752
JEFFREY A KELLER DIRECTOR	5 00 5 00	X						21,400	1,400	0
TERRI A MILLER CPCU DIRECTOR (THRU 5/2016)	5 00 5 00	X						14,400	30,160	1,185
TIMOTHY E MOFFIT dba DIRECTOR (THRU 5/2016)	5 00 10 00	X						14,706	7,910	0
C RICHARD SEITZ DIRECTOR	5 00 5 00	X						26,300	0	0
RORY GAMBLE DIRECTOR (THRU 5/2016)	5 00 5 00	X						6,700	0	0
TERENCE R COMAR DDS MS PAST CHAIRPERSON (THRU 10/2016)	5 00 6 00	X						24,100	3,700	0
BRUCE R SMITH IMMEDIATE PAST CHAIRPERSON	5 00 18 00	X						67,500	41,690	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA L CZELADA CPA CEO, PRESIDENT	36 00 14 00			X				9,213,107	0	2,693,718
GORAN JURKOVIC CPA COO, Chief Financial Officer	24 00 26 00			X				1,636,919	0	1,412,846
LUIGI BATTAGLIERI SR VP, CHIEF RELATIONSHIP	50 00 0 00				X			1,933,368	0	243,919
KAREN GREEN VP INFORMATICS/QUALITY	50 00 0 00				X			262,961	0	33,438
RANDY TASCO VP CHIEF MARKETING OFFICER	50 00 0 00				X			3,224,346	0	1,484,018
NANCY HOSTETLER SR VP, CHIEF OF STAFF	49 00 1 00				X			430,798	0	44,784
TOBY HALL SR VP, CHIEF ACTUARY	50 00 0 00				X			602,106	0	203,422
JON GROAT VP GENERAL COUNSEL	33 00 17 00				X			364,795	0	25,974
AMY BASEL VP OF FINANCE	43 00 7 00				X			361,985	0	69,760
KENNETH THEIS SVP & CIO	50 00 0 00				X			611,339	0	186,459

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY JOHNSTON VP, CHIEF SCIENCE OFFICER	50 00 0 00				X			235,110	0	55,045
MICHAEL GILMORE VP, CHIEF INVESTMENT OFFICER	47 00 3 00				X			324,459	0	92,986
ANTHONY ROBINSON VP, SALES	30 00 20 00					X		367,898	0	42,105
JOADI KECK VP, HR & ADMINISTRATION	50 00 0 00					X		356,526	0	61,305
JERAME TUCKER ACCOUNT EXECUTIVE	50 00 0 00					X		274,933	0	33,789
LYNN DRASCHIL OPERATING CIO	50 00 0 00					X		333,626	0	56,530
MARK BAUGHMAN VP OF APPLICATION DEVELOP & MAINT	50 00 0 00					X		273,405	0	54,019

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Delta Dental Plan of Michigan Inc	Employer identification number 38-1791480
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV		
2	Political expenditures	▶	\$ _____
3	Volunteer hours		

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?		☐ Yes ☐ No
b	If "Yes," describe in Part IV		

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶	\$ _____	4,500
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶	\$ _____	4,500
4	Did the filing organization file Form 1120-POL for this year?		☒ Yes ☐ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV			

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) MEEKHOF ADMINISTRATIVE ACCOUNT	106 W ALLEGAN SUITE 200 LANSING, MI 48933	46-3768687	1,000	
(2) NORTH OAKLAND FUTURE	409 SHADY OAKS LK ORION, MI 48362	27-2791783	2,500	
(3) PROSPEROUS MICHIGAN FUND	208 N CAPITOL AVE FLOOR 3 LANSING, MI 48933	45-5322366	1,000	
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317014217	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization Delta Dental Plan of Michigan Inc				Employer identification number 38-1791480	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,859,592		7,859,592
b Buildings		104,509,530	34,507,550	70,001,980
c Leasehold improvements				
d Equipment		40,932,768	30,318,829	10,613,939
e Other		63,540,950	48,336,453	15,204,497
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				103,680,008

Part VII

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

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other _____ (A) DDIC STOCK	200,217	F
(B) Investment in RHC	62,891,993	F
(C) INVESTMENT IN GLM	48,808,911	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	111,901,121	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
IBNR - claim adjustment reserves	65,331,928	
Unearned Premiums	28,829,333	
FAS 158 FUNDED STATUS	101,352,500	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	195,513,761	

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' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Delta Dental Plan of Michigan Inc

Employer identification number
38-1791480

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Contributions are made at board member discretion to organizations that support Delta Dental Plan of Michigan's mission. In order for funds to be disbursed, voucher records must pass through the approval process, similar to any other expenditure made by Delta Dental Plan of Michigan. BLESSINGS IN A BACKPACK - DELTA DENTAL PROVIDED \$62,905 TO BLESSINGS IN A BACKPACK TO HELP FEED MORE THAN 1,000 ELEMENTARY SCHOOL CHILDREN IN NEED THROUGH THE 2016-2017 SCHOOL YEAR. EVERY FRIDAY, BAGS OF FOOD WERE SENT HOME WITH THE CHILDREN TO ENSURE THEY HAD ENOUGH TO EAT OVER THE WEEKEND. FORGOTTEN HARVEST - DELTA DENTAL PROVIDED \$250,000 TO FORGOTTEN HARVEST TO HELP UNDERWRITE THREE OF ITS AFTER-SCHOOL AND SUMMER FEEDING PROGRAMS, WHICH SERVED 7,600 CHILDREN AND THEIR FAMILIES. GREATER LANSING FOOD BANK - DELTA DENTAL PROVIDED \$22,886 TO THE GREATER LANSING FOOD BANK AS PART OF ITS ANNUAL TAKE A BITE OUT OF HUNGER HOLIDAY FOOD DRIVE. THE COMPANY MATCHED \$1 FOR EVERY FOOD ITEM DONATED BY ITS EMPLOYEES AS PART OF THE DRIVE. ITEC - DELTA DENTAL PROVIDED \$25,000 TO ITEC TO HELP FUND ITS TECHTRANSPORT BUS, WHICH PROVIDES A SPACE FOR STUDENTS TO LEARN ABOUT SPACE AND ROBOTICS, RECEIVE ASSISTANCE WITH MATH AND SCIENCE HOMEWORK AND PREPARE FOR COLLEGE.

Additional Data

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

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

(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
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	26-1964620	501(C)(3)	62,905				CHARITABLE DONATION
ITEC - LANSING 200 N FOSTER AVE LANSING, MI 48912	26-1077810	501(C)(3)	25,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LEAP INC 1000 S WASHINGTON AVE LANSING, MI 48933	20-8132313	501(C)(6)	17,500				CHARITABLE DONATION
LANSING PROMISE 330 MARSHALL ST LANSING, MI 48912	45-3363322	501(C)(3)	20,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MICHIGAN ECONOMIC DEVELOPMENT FOUNDATION PO BOX 13063 LANSING, MI 48901	38-2527475	501(C)(3)	25,000				CHARITABLE DONATION
FORGOTTEN HARVEST 21800 GREENFIELD RD OAK PARK, MI 48237	38-2926476	501(C)(3)	250,000				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN CANCER SOCIETY 20450 CIVIC CENTER DR SOUTHFIELD, MI 48076	13-1788491	501(C)(3)	15,000				CHARITABLE DONATION
GREATER LANSING FOODBANK 5303 S CEDAR ST LANSING, MI 48911	38-2424756	501(C)(3)	22,886				CHARITABLE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MICHIGAN LAW ENFORCEMENT OFFICERS MEMORIAL PO BOX 30681 LANSING, MI 48909	38-6000134	GOVERNMENTAL	100,000				CHARITABLE DONATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Delta Dental Plan of Michigan Inc	Employer identification number 38-1791480
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
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.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on 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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.	Yes	
8 Were any amounts reported on 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 on 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	The organization allows for first class travel in certain circumstances for only the most senior executives and KEY EMPLOYEES THIS AMOUNT WAS TREATED AS NONTAXABLE TO THESE INDIVIDUALS TRAVEL FOR COMPANIONS RELATED TO TRAVEL FOR A SPOUSE THIS AMOUNT WAS TREATED AS TAXABLE TO THE BOARD MEMBER OR EMPLOYEE VARIOUS INDIVIDUALS ON SCHEDULE J ARE ELIGIBLE FOR REIMBURSEMENT OF SUBSTANTIATED HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THAT HAVE A BUSINESS PURPOSE THIS BENEFIT IS NOT TAXABLE BUT THE EXPENSE MUST BE SUBSTANTIATED AS A BUSINESS EXPENSE

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 3	Outside compensation consultants are used to determine market data for the executive positions and for other officers and key employees THE POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CMO, CHIEF ACTUARY, CFO, AND CSO THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS The final determination of compensation is done by the Compensation Committee of the Board of Directors, which is made up of independent persons, and is based on the comparability data provided by the compensation consultants The deliberations and decisions regarding the compensation are contemporaneously documented in the committee minutes and approved by the board THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2016 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN 2017

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4b	DELTA DENTAL PLAN OF MICHIGAN, HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN ORDER TO BE ELIGIBLE FOR THE SERP, AN EMPLOYEE MUST BE A SENIOR VICE PRESIDENT OR HIGHER AN OUTSIDE INDEPENDENT ACTUARY CALCULATES THE VALUE ON AN ANNUAL BASIS IN 2016, GORAN JURKOVIC, CFO, PARTICIPATED IN THE SERP BUT DID NOT RECEIVE A DISTRIBUTION IN 2016, LAURA L CZELADA, PRESIDENT & CEO, RECEIVED A SERP DISTRIBUTION OF \$6,777,087 IN 2016, LUGI BATTAGLIERI, SR VP CHIEF RELATIONSHIP, RECEIVED A SERP DISTRIBUTION OF \$1,195,593 IN 2016, RANDY TASCO, VP CHIEF MARKETING OFFICER, RECEIVED A SERP DISTRIBUTION OF \$2,234,414

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 7	AS INDICATED IN SCHEDULE J, PART II, TOP MANAGEMENT OFFICIALS RECEIVED A BONUS BASED UPON PERFORMANCE AND THE FINANCIAL RESULTS OF THE ORGANIZATION THE BONUS WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JED JACOBSON DDS MS MPH DIRECTOR (EMPLOYED THRU 6/2016)	(i)	187,369	280,360	203,470	52,074	3,678	726,951	0
	(ii)	10,150	0	0	0	- 0	- 10,150	0
11 LAURA L CZELADA CPA CEO, PRESIDENT	(i)	846,866	1,575,570	6,790,671	2,686,363	7,355	11,906,825	6,777,087
	(ii)	0	0	0	0	- 0	- 0	0
2 GORAN JURKOVIC CPA COO, Chief Financial Officer	(i)	844,887	776,485	15,547	1,390,840	22,006	3,049,765	0
	(ii)	0	0	0	0	- 0	- 0	0
3 LUIGI BATTAGLIERI SR VP, CHIEF RELATIONSHIP	(i)	350,634	369,665	1,213,069	243,889	30	2,177,287	1,195,593
	(ii)	0	0	0	0	- 0	- 0	0
4 KAREN GREEN VP INFORMATICS/QUALITY	(i)	184,376	77,123	1,462	11,432	22,006	296,399	0
	(ii)	0	0	0	0	- 0	- 0	0
5 RANDY TASCO VP CHIEF MARKETING OFFICER	(i)	475,228	507,478	2,241,640	1,462,012	22,006	4,708,364	2,234,414
	(ii)	0	0	0	0	- 0	- 0	0
6 NANCY HOSTETLER SR VP, CHIEF OF STAFF	(i)	205,941	203,767	21,090	22,778	22,006	475,582	0
	(ii)	0	0	0	0	- 0	- 0	0
7 TOBY HALL SR VP, CHIEF ACTUARY	(i)	270,098	313,561	18,447	181,416	22,006	805,528	0
	(ii)	0	0	0	0	- 0	- 0	0
8 ION GROAT VP GENERAL COUNSEL	(i)	260,163	99,401	5,231	18,619	7,355	390,769	0
	(ii)	0	0	0	0	- 0	- 0	0
9 AMY BASELVP OF FINANCE	(i)	256,679	100,808	4,498	47,754	22,006	431,745	0
	(ii)	0	0	0	0	- 0	- 0	0
10 KENNETH THEISSVP & CIO	(i)	294,065	313,502	3,772	164,453	22,006	797,798	0
	(ii)	0	0	0	0	- 0	- 0	0
11 JEFFREY JOHNSTON VP, CHIEF SCIENCE OFFICER	(i)	233,562	0	1,548	34,870	20,175	290,155	0
	(ii)	0	0	0	0	- 0	- 0	0
12 MICHAEL GILMORE VP, CHIEF INVESTMENT OFFICER	(i)	230,791	90,750	2,918	70,980	22,006	417,445	0
	(ii)	0	0	0	0	- 0	- 0	0
13 ANTHONY ROBINSON VP, SALES	(i)	251,557	107,500	8,841	20,099	22,006	410,003	0
	(ii)	0	0	0	0	- 0	- 0	0
14 JOADI KECK VP, HR & ADMINISTRATION	(i)	250,347	96,391	9,788	45,892	15,413	417,831	0
	(ii)	0	0	0	0	- 0	- 0	0
15 ERAME TUCKER ACCOUNT EXECUTIVE	(i)	53,058	221,587	288	11,783	22,006	308,722	0
	(ii)	0	0	0	0	- 0	- 0	0
16 LYNN DRASCHIL OPERATING CIO	(i)	246,092	83,430	4,104	56,500	30	390,156	0
	(ii)	0	0	0	0	- 0	- 0	0
17 MARK BAUGHMAN VP OF APPLICATION DEVELOP & MAINT	(i)	200,577	67,084	5,744	38,606	15,413	327,424	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Delta Dental Plan of Michigan Inc

Employer identification number
38-1791480

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOSEPH CARTER HARRIS DDS	JOSEPH HARRIS, CHAIR OF DDPMI, IS AN OWNER OF JOSEPH CARTER HARRIS DDS	169,527	PAYMENTS FOR DENTAL SERVICES		No
(2) TERI BATTAGLIERI	SPOUSE OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	247,306	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(3) BRIAN BATTAGLIERI	SON OF DDPMI KEY EMPLOYEE LUIGI BATTAGLIERI	136,754	EMPLOYEE OF DELTA DENTAL PLAN OF MICHIGAN		No
(4) COMAR & COMAR PC	TERENCE COMAR, DIRECTOR OF DDPMI, IS AN OWNER IN COMAR & COMAR, PC	152,456	Participating dentist - payments for dental services		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Delta Dental Plan of Michigan Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

38-1791480

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	DELTA DENTAL PLAN OF MICHIGAN HAS A SOLE MEMBER, RENAISSANCE HEALTH SERVICE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE SOLE MEMBER HAS VOTING RIGHTS AND ELECTS DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY THE SOLE MEMBER IF 10% OF THE ASSETS ARE T O BE SPENT/SOLD OR A NEW PRESIDENT IS TO BE APPOINTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The information presented on the Form 990 is gathered by the senior tax administrator for the organization. The CFO reviews the information. Once approved the information is given to outside tax preparers who prepare and review the Form 990. Once complete an electronic copy of the Form 990 is put onto a website for the board to review. THIS IS DONE BEFORE THE RETURN IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Company's Vice President and General Counsel is charged with reviewing and monitoring any potential conflict of interest transactions. All members of the board of directors, officers, and key employees are required to review and execute a conflict of interest policy. This policy requires that any conflicts of interest be disclosed on an annual basis, or at any other time that the person executing the policy becomes aware of a situation or transaction that actually or potentially creates a conflict of interest. All conflict of interest disclosure forms are initially reviewed by the Vice President and General Counsel. If a prohibited transaction were identified, the matter would be brought to the Chairperson of the Board for further review and appropriate action. In the event of a conflict of interest involving a member of the Board of Directors, such as a conflict in which a member had an interest, the member is required to disclose the potential conflict and abstain from any vote on the matter. Whether further precautions are required (e.g., prohibiting the interested party from engaging in discussions) would depend upon the specific nature and background of the conflict.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Outside compensation consultants are used to determine market data for the executive positions and for other officers and key employees THE POSITIONS COVERED ARE THE CEO, COO, CAO, CIO, CRO, CMO, CHIEF ACTUARY, CFO, AND CSO THE ORGANIZATION CONTRACTS WITH TOWERS WATSON TO DO A COMPENSATION AND REASONABLENESS ANALYSIS EVERY TWO YEARS The final determination of compensation is done by the Compensation Committee of the Board of Directors, which is made up of independent persons, and is based on the comparability data provided by the compensation consultants The deliberations and decisions regarding the compensation are contemporaneously documented in the committee minutes and approved by the board THE COMPENSATION WAS LAST REVIEWED UNDER THIS PROCESS DURING 2016 THE REPORT BASED ON THIS REVIEW WAS THEN ISSUED BY THE CONSULTANTS IN 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII	CERTAIN EMPLOYEES ARE OFFICERS OF MULTIPLE COMPANIES WITHIN THE LARGER ORGANIZATION THE AVERAGE HOURS WORKED REFLECTS APPROXIMATE TIME SPENT IN EACH OF THOSE INDIVIDUAL COMPANIES WHILE THE HOURS ARE ALLOCATED TO INDIVIDUAL COMPANIES, MUCH OF THE OFFICERS' TIME IS SPENT WORKING ON ISSUES THAT IMPACT THE ENTIRE ORGANIZATION, NOT JUST ONE COMPANY COMPENSATION IS REPORTED IN FULL TO AGREE TO THE EMPLOYEE'S W-2 AS REQUIRED BY IRS INSTRUCTIONS ANY ALLOCATION OF COMPENSATION IS INCLUDED ON SCHEDULE R

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	ACTUARIAL SERVICES Program service expenses 1,222 Management and general expenses 1,222 Fundraising expenses 0 Total expenses 2,444 CONTRACT LABOR Program service expenses 7, 254,859 Management and general expenses 2,974,788 Fundraising expenses 0 Total expenses 10,229,647 CONTRACTED SERVICES Program service expenses 3,258,110 Management and general expenses 1,859,783 Fundraising expenses 0 Total expenses 5,117,893 DENTAL CONSULTANT Program service expenses 819,116 Management and general expenses 0 Fundraising expenses 0 Total expenses 819,116 PURCHASED DENTAL SERVICES Program service expenses 1,766,086, 799 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,766,086, 799

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Gain on equity in subsidiaries 2,537,962 pension RELATED CHANGES -43,734,913

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART XII LINE 2C and 2D	DELTA DENTAL PLAN OF MICHIGAN IS AUDITED BY AN INDEPENDENT ACCOUNTANT AS PART OF A CONSOLIDATED FINANCIAL STATEMENT ISSUED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DELTA DENTAL PLAN OF MICHIGAN ALSO RECEIVES AN AUDITED FINANCIAL STATEMENT BY AN INDEPENDENT ACCOUNTANT THAT IS PREPARED ON A STATUTORY BASIS THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 12A	DELTA DENTAL PLAN OF MICHIGAN RECEIVES AN AUDITED FINANCIAL STATEMENT FROM AN INDEPENDENT ACCOUNTANT BUT THESE STATEMENTS ARE PREPARED ON A STATUTORY BASIS AND NOT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Delta Dental Plan of Michigan Inc

Employer identification number
38-1791480

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RED CEDAR INVESTMENT MANAGEMENT LLC 2852 EYDE PARKWAY SUITE 240 EAST LANSING, MI 48823 46-2667997	REGISTERED INVESTMENT ADVISORS	MI	-69,530	229,448	GLM HOLDING COMPANY

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.							
See Additional Data Table							
(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

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		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.

See Additional Data Table

(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

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

1a

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) PO BOX 30416 LANSING, MI 489097916 38-1675667	PROMOTING DENTAL CARE	MI	501(C)(4)	N/A	N/A		No
(1) PO BOX 30416 LANSING, MI 489097916 31-0685339	PROVIDE DENTAL SERVICE PLANS	OH	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(2) PO BOX 30416 LANSING, MI 489097916 35-1545647	PROVIDE DENTAL SERVICE PLANS	IN	501(C)(4)	N/A	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(3) PO BOX 30416 LANSING, MI 489097916 62-0812197	PROVIDE DENTAL SERVICE PLANS	TN	501(C)(4)	N/A	Renaissance Health Service Corporation	Yes	
(4) PO BOX 30416 LANSING, MI 489097916 38-2337000	SUPPORT DENTAL EDUCATION AND RESEARCH PROGRAMS	MI	501(C)(3)	LINE 12B, II	DELTA DENTAL PLAN OF MICHIGAN INC	Yes	
(5) PO BOX 30416 IANSING, MI 489097916 85-0224562	PROVIDE DENTAL SERVICE PLANS	NM	501(C)(4)	N/A	Renaissance Health Service Corporation	Yes	
(6) pO BOX 30416 IANSING, MI 489097916 61-0659432	PROVIDE DENTAL SERVICE PLANS	KY	501(C)(4)	N/A	Renaissance Health Service Corporation	Yes	
(7) pO BOX 30416 IANSING, MI 489097916 56-1018068	PROVIDE DENTAL SERVICE PLANS	NC	501(C)(4)	N/A	Renaissance Health Service Corporation	Yes	
(8) pO BOX 30416 IANSING, MI 489097916 71-0561140	PROVIDE DENTAL SERVICE PLANS	AR	501(C)(4)	N/A	Renaissance Health Service Corporation	Yes	
(9) pO BOX 30416 IANSING, MI 489097916 26-1569324	Emphasize DENTAL HEALTH IN COMMUNITIES	AR	501(C)(3)	PF	DELTA DENTAL OF ARKANSAS	Yes	
(10) 4100 OKEMOS RD OKEMOS, MI 48864 46-1376165	Emphasize DENTAL HEALTH IN COMMUNITIES	IN	501(c)(3)	PF	RENAISSANCE HOLDING COMPANY	Yes	
(11) 240 VENTURE CIRCLE NASHVILLE, TN 37228 47-1654054	Emphasize DENTAL HEALTH IN COMMUNITIES	TN	501(c)(3)	Line 12a, I	DELTA DENTAL OF TENNESSEE INC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Renaissance Holding Company PO BOX 30381 LANSING, MI 48909 41-2177193	holding company	MI	RENAISSNCE HEALTH SERVICE CORPORATION	C	8,772,472	88,088,485	58 000 %	Yes	
(1) Renaissance Life & Health Insurance Company of America PO BOX 30416 LANSING, MI 489097916 47-0397286	INSURANCE	IN	RENAISSANCE HOLDING COMPANY	C				Yes	
(2) Renaissance Health Insurance Company of New York PO BOX 30416 LANSING, MI 489097916 13-4098096	INSURANCE	NY	RENAISSANCE HOLDING COMPANY	C				Yes	
(3) FORE HOLDING CORPORATION 240 VENTURE CIRCLE NASHVILLE, TN 37228 20-4116122	HOLDING COMPANY	TN	DELTA DENTAL OF TENNESSEE	C				Yes	
(4) DENTAL CHOICE INC 10100 LINN STATION ROAD SUITE 700 LOUISVILLE, KY 40223 61-1105118	PROVIDE DENTAL SERVICE PLANS	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
(5) DENTAL CHOICE AGENCY INC 10100 LINN STATION RD SUITE 700 LOUISVILLE, KY 40223 61-1336003	PRIMARY GENERAL AGENCY FOR DDKY & DENTAL CHOICE	KY	DELTA DENTAL OF KENTUCKY	C				Yes	
(6) OMEGA ADMINISTRATORS INC 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120 04-3740469	PROVIDING THIRD- PARTY ADMINISTRATIVE SERVICES	AR	DELTA DENTAL OF ARKANSAS	C				Yes	
(7) GLM HOLDING COMPANY 4100 OKEMOS ROAD OKEMOS, MI 48864 47-2557772	INVESTMENT IN SUBSIDIARIES	MI	DELTA DENTAL OF MICHIGAN	C	-84,681	47,898,574	75 000 %	Yes	
(8) DEWPOINT INC 300 S WASHINGTON SQUARE LANSING, MI 48933 38-3300595	IT CONSULTING	MI	GLM HOLDING COMPANY	C	5,581,223	38,825,725	75 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	DELTA DENTAL OF TENNESSEE	L	3,886,188	ACTUAL COST
(1)	DELTA DENTAL PLAN OF OHIO	L	25,629,708	ACTUAL COST
(2)	DELTA DENTAL PLAN OF INDIANA	L	9,646,366	ACTUAL COST
(3)	DELTA DENTAL FUND	L	307,406	ACTUAL COST
(4)	RENAISSANCE LIFE AND HEALTH INSURANCE COMPANY OF AMERICA	L	4,951,057	ACTUAL COST
(5)	delta dental plan of new mexico	L	1,274,281	ACTUAL COST
(6)	DELTA DENTAL OF KENTUCKY	L	2,330,331	ACTUAL COST
(7)	DELTA DENTAL OF NORTH CAROLINA	L	2,269,326	ACTUAL COST
(8)	RENAISSANCE SYSTEMS AND SERVICES	L	112,949	ACTUAL COST
(9)	DELTA DENTAL OF ARKANSAS	L	4,976,187	ACTUAL COST
(10)	DELTA DENTAL OF NORTH CAROLINA	D	1,350,000	ACTUAL LOAN AMOUNT
(11)	RENAISSANCE HEALTH INSURANCE COMPANY OF NEW YORK	L	70,453	ACTUAL COST
(12)	DELTA DENTAL OF NORTH CAROLINA	A	127,800	ACTUAL COST
(13)	RENAISSANCE HOLDING COMPANY	L	566,620	ACTUAL COST
(14)	DELTA DENTAL OF NORTH CAROLINA	S	162,000	aCTUAL COST
(15)	RENAISSANCE HEALTH SERVICE CORPORATION	L	11,820	ACTUAL COST