

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
DELTA DENTAL OF MINNESOTA

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
500 WASHINGTON AVE S NO 2060

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55415

D Employer identification number
41-0952670

E Telephone number
(612) 224-3293

G Gross receipts \$ 422,693,844

F Name and address of principal officer
RODNEY A YOUNG
500 WASHINGTON AVE S NO 2060
MINNEAPOLIS, MN 55415

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

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1969

M State of legal domicile
MN

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	254,504,859	346,471,352
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,147,047	10,705,880
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	680,267	802,737
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,332,173	357,979,969
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	529,139	561,856
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,331,981	14,360,093
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,874,545	350,306,207
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	264,735,665	365,228,156
19 Revenue less expenses Subtract line 18 from line 12	-403,492	-7,248,187
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	213,169,462	186,165,465
21 Total liabilities (Part X, line 26)	48,327,179	52,857,814
22 Net assets or fund balances Subtract line 21 from line 20	164,842,283	133,307,651

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: ***** Date: 2019-11-07

TAMERA ROBINSON SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00447603

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP Firm's EIN ▶ 39-0859910

Firm's address ▶ 225 S 6TH ST 2300 Phone no (612) 876-4500
MINNEAPOLIS, MN 55402

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

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

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

If "Yes," describe these new services on Schedule 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 \$ 318,918,000 including grants of \$ 561,856) (Revenue \$ 346,471,352)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 318,918,000

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	0		
<p>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)</p>			2b	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>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)?</p>			4a	No
<p>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)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>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?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>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?</p>			7a	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b		12a	
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	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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 [x] 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 TAMERA ROBINSON 500 WASHINGTON AVE S NO 2060 MINNEAPOLIS, MN 55415 (612) 224-3276

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contributions and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f for different types of program service revenue and 2g Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, rental income, fundraising events, gaming activities, and other revenue.

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	561,856	561,856		
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	1,445,916	1,344,702	101,214	
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	8,017,139	7,455,938	561,201	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	482,338	448,575	33,763	
9 Other employee benefits	3,855,340	3,585,467	269,873	
10 Payroll taxes	559,360	520,205	39,155	
11 Fees for services (non-employees)				
a Management	36,719,098	6,242,247	30,476,851	
b Legal	217,607		217,607	
c Accounting	179,738		179,738	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	483,599		483,599	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,840,348	1,332,835	6,507,513	
12 Advertising and promotion	1,576,428	1,276,908	299,520	
13 Office expenses	1,340,127	267,976	1,072,151	
14 Information technology	721,616	144,297	577,319	
15 Royalties				
16 Occupancy	578,384	578,384		
17 Travel	279,097	11,163	267,934	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,421	67,421		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	475,651		475,651	
23 Insurance	357,084		357,084	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLAIMS EXPENSE	281,940,369	281,940,369		
b COMMISSIONS EXPENSE	12,318,496	12,318,496		
c BUSINESS TAXES	1,956,866	195,687	1,761,179	
d EXCHANGE FEES	1,514,003		1,514,003	
e All other expenses	1,740,275	625,474	1,114,801	
25 Total functional expenses. Add lines 1 through 24e	365,228,156	318,918,000	46,310,156	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	12,482,392	2	10,179,003
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,793,897	4	7,240,692
	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	3,000,000	7	3,000,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,958,913		
	b Less accumulated depreciation	10b 9,558,753	2,915,754	10c 2,400,160
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	188,061,507	12	162,447,791
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	915,912	15	897,819
16 Total assets. Add lines 1 through 15 (must equal line 34)	213,169,462	16	186,165,465	
Liabilities	17 Accounts payable and accrued expenses	15,875,247	17	17,079,380
	18 Grants payable		18	
	19 Deferred revenue	3,704,387	19	4,278,317
	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	28,747,545	25	31,500,117
	26 Total liabilities. Add lines 17 through 25	48,327,179	26	52,857,814
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	164,842,283	32	133,307,651
33 Total net assets or fund balances	164,842,283	33	133,307,651	
34 Total liabilities and net assets/fund balances	213,169,462	34	186,165,465	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	357,979,969
2	Total expenses (must equal Part IX, column (A), line 25)	2	365,228,156
3	Revenue less expenses Subtract line 2 from line 1	3	-7,248,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164,842,283
5	Net unrealized gains (losses) on investments	5	-12,286,445
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	-12,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,307,651

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-0952670

Name: DELTA DENTAL OF MINNESOTA

Form 990 (2018)

Form 990, Part III, Line 4a:

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

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			
RODNEY A YOUNG CEO & PRESIDENT	15 00 34 90	X		X				0	1,450,238	39,994
MICHAEL W HOWE TREASURER	2 00 6 00	X		X				0	92,300	0
KIM MAGEAU VICE CHAIR	0 60 2 40	X		X				0	38,400	0
LOIS MARTIN DIRECTOR	0 50 2 00	X						0	31,850	0
DOUGLAS ALGER FORMER DIRECTOR - THROUGH 6/2018	0 50 2 00	X						0	33,400	0
DR BRUCE R TEMPLETON DIRECTOR	0 50 2 90	X						0	79,388	0
DEB S KNUTSON CHAIR	0 50 2 50	X		X				0	37,750	0
DR JAMES R SWANSTROM DIRECTOR	0 30 2 00	X						0	29,800	0
DR JOHN M ANDERSON DIRECTOR	0 50 2 00	X						0	48,854	0
JOHN BLUFORD III DIRECTOR	0 30 2 00	X						0	26,250	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	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN D SOMROCK CHAIR EMERITUS / DIRECTOR	0 50 3 40	X						0	54,700	0
MICHAEL ZAKULA SECRETARY	0 50 2 00	X		X				0	49,700	0
DR PAUL CARLSON DIRECTOR	0 30 1 50	X						0	27,200	0
DR SUSAN C ANDERSON DIRECTOR	0 30 1 50	X						0	27,550	0
RAYMOND J WALDRON DIRECTOR	0 30 2 00	X						0	25,600	0
KIMBERLY F PRICE DIRECTOR	0 30 2 50	X						0	21,050	0
ROBERT A WIELAND FORMER DIRECTOR - THROUGH 8/2018	0 30 2 00	X						0	17,800	0
CLAUDE VINCENTI FORMER DIRECTOR - THROUGH 11/2018	0 30 2 00	X						0	17,800	0
TAMERA K ROBINSON SVP & CFO/ASSISTANT TREASURER	15 60 33 20			X				0	654,752	19,778
MICHAEL J MCGUIRE CHIEF OPERATIONS OFFICER	19 40 30 40			X				0	598,232	44,536

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			
STEPHANIE A ALBERT VP & GENERAL COUNSEL/ ASST SECRETARY	16 80 32 50			X				0	402,617	36,798
TIMOTHY RJ QUINN CMO & VP CONSUMER MARKETING	33 30 16 70				X			0	399,963	26,959
JUDY PETERSON VP, HUMAN RESOURCES	0 00 50 00				X			0	325,959	36,576
KEVIN DAVIDSON VP, CORPORATE DEVELOPMENT	0 00 40 00					X		0	360,753	41,126
VALERIE SORENSON VP, ACCOUNT MANAGEMENT	14 70 35 30					X		0	351,431	26,773
FORREST FLINT VP, STRATEGY AND INNOVATION	10 90 29 10					X		0	333,545	37,289
JOSEPH LALLY VP, GOV'T RELATIONS & COMPLIANCE	6 00 34 00					X		0	290,002	26,138
RICHARD DEMARCO VP, OPERATIONS	20 00 16 00					X		0	277,140	35,958

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
DELTA DENTAL OF MINNESOTA

Employer identification number
41-0952670

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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 ► \$ _____

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		2,362,225		2,362,225
b Buildings		9,596,688	9,558,753	37,935
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,400,160

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) AVAILABLE-FOR-SALE SECURITIES	125,727,450	F
(B) TRADING SECURITIES	36,720,341	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	162,447,791	

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	
DUE TO STRATACOR	19,500,117
DIVIDEND PAYABLE TO PARENT	12,000,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	31,500,117

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	335,160,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-10,017,306
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	-10,017,306
3	Subtract line 2e from line 1	3	345,177,872
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	483,599
b	Other (Describe in Part XIII)	4b	12,318,498
c	Add lines 4a and 4b	4c	12,802,097
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	357,979,969

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	352,426,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	352,426,059
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	483,599
b	Other (Describe in Part XIII)	4b	12,318,498
c	Add lines 4a and 4b	4c	12,802,097
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	365,228,156

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0952670

Name: DELTA DENTAL OF MINNESOTA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE COMPANIES HAVE REVIEWED THEIR TAX POSITIONS FOR ALL OPEN TAX YEARS AND HAVE CONCLUDED THAT THEY DO NOT MEET THE THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF AN UNCERTAIN IN COME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COMMISSIONS EXPENSE REPORTED AS PART OF REVENUE ON AUDIT 12,318,498

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMMISSIONS EXPENSE REPORTED AS PART OF REVENUE ON AUDIT 12,318,498

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization DELTA DENTAL OF MINNESOTA

Employer identification number 41-0952670

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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	FUNDING REQUESTS AND GRANT APPLICATIONS ARE REVIEWED BY TEAM MEMBERS AND ARE APPROVED BY EITHER THE VP OF GOVERNMENT RELATIONS OR THE CEO EITHER THE VP OF GOVERNMENT RELATIONS OR THE CEO MAY REFER TO THE COMMUNITY BENEFITS COMMITTEE OR THE BOARD OF DIRECTORS FOR APPROVAL DEPENDING ON THE AMOUNT OF THE REQUEST AND THE BUDGET ALLOCATED FOR SUCH REQUESTS

Additional Data

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

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

(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
BOLDER OPTIONS 2100 STEVENS AVE MINNEAPOLIS, MN 554042533	41-1909408	501(C)(3)		15,000			YOUTH AND FAMILY ORAL HEALTH INITIATIVE
BOYS AND GIRLS CLUB OF CENTRAL MINNESOTA 345 30TH AVE N ST CLOUD, MN 56303	41-1245177	501(C)(3)		15,000			PROJECT HEALTHY SMILES/HEALTHY KIDS

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
CARE CLINIC 1407 W 4TH ST RED WING, MN 55066	27-0540451	501(C)(3)		7,500			INCREASING ACCESS TO AFFORDABLE DENTAL CARE IN GOODHUE COUNTY
CHILDREN'S DEFENSE FUND 25 E STREET NW WASHINGTON, DC 200011522	52-0895622	501(C)(3)		30,000			BRIDGE TO BENEFITS

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
ECUMEN 3530 LEXINGTON AVE N SHOREVIEW, MN 55126	41-0711588	501(C)(3)		10,000			ORAL HEALTH CARE FOR SENIORS WITH DEMENTIA
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)		20,000			PEDIATRIC ASSESSMENT AND MEDICAL MANAGEMENT (PAMM)

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
HAMMER RESIDENCES INC 1909 EAST WAYZATA BLVD WAYZATA, MN 55391	41-0841103	501(C)(3)		15,000			IMPROVING ORAL HEALTH FOR INDIVIDUALS WITH DEVELOPMENT DISABILITIES
HENNEPIN HEALTH FOUNDATION 701 PARK AVE LSB-3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)		15,000			EARLY CHILDHOOD ORAL HEALTH & LITERACY

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
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	41-1801834	501(C)(3)		25,000			WELLNESS PROGRAMMING AT JEREMIAH PROGRAM
MENTAL HEALTH RESOURCES INC 762 TRANSFER ROAD SUITE 21 ST PAUL, MN 55114	41-1273885	501(C)(3)		12,500			MHR DENTAL HEALTH INITIATIVE

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
NORTH DAKOTA DENTAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	36-3487515	501(C)(3)		12,500			MISSION OF MERCY - BISMARCK 2018
NORTH METRO PEDIATRICS 10081 DOGWOOD ST NW COON RAPIDS, MN 55448	20-1773869	501(C)(3)		7,500			PEDIATRIC PRIMARY CARE & ORAL HEALTH INTEGRATION

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
PRINCE OF PEACE MISSION OUTPOST DENTAL 13901 FAIRVIEW DR BURNSVILLE, MN 55337	41-6043414	501(C)(3)		5,000			MISSION OUTPOST DENTAL CLINIC
READY SET SMILE PA 2232 HENNEPIN AVE S MINNEAPOLIS, MN 55405	46-2229395	501(C)(3)		17,500			CONNECTING CHILDREN TO CARE

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
SPECIAL OLYMPICS MINNESOTA 100 WASHINGTON AVE S SUITE 550 MPLS, MN 55401	41-1228157	501(C)(3)		10,000			SPECIAL OLYMPICS MINNESOTA SPECIAL SMILES
STATE OF NORTH DAKOTA DBA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE 301 BISMARCK, ND 58505	45-0309764	115		12,500			SEAL'ND

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
DELTA DENTAL OF MINNESOTA

Employer identification number
41-0952670

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes			
	5b	Yes			
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	ALL COMPENSATION IS PAID BY STRATACOR, A RELATED ORGANIZATION. STRATACOR USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Return Reference	Explanation
PART I, LINE 5	ALL ELIGIBLE EMPLOYEES MAY PARTICIPATE IN THE EMPLOYEE INCENTIVE PLAN WHICH IS APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD THE 2018 PLAN ALLOWS FOR AN INCENTIVE PLAN PAYOUT BASED ON THREE COMPONENTS THE COMPANY'S FINANCIAL PERFORMANCE, CUSTOMER AND EMPLOYEE EXPERIENCE, AND INDIVIDUAL GOALS WITHIN THE CALCULATION OF THE COMPANY'S FINANCIAL PERFORMANCE, THERE IS A COMPONENT BASED ON REVENUE AND A COMPONENT BASED ON OPERATING EARNINGS THE INCENTIVE AMOUNT IS BASED ON THE MATHEMATICAL CALCULATION OF THE RESULTS FOR EACH COMPONENT FOR 2018, EACH EMPLOYEE'S AMOUNT WAS CALCULATED WITH 75% WEIGHT BASED ON THE COMPANY PERFORMANCE AND 25% WEIGHT BASED ON THEIR INDIVIDUAL PERFORMANCE

Return Reference	Explanation
PART I, LINE 6	ALL ELIGIBLE EMPLOYEES MAY PARTICIPATE IN THE EMPLOYEE INCENTIVE PLAN WHICH IS APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD THE 2018 PLAN ALLOWS FOR AN INCENTIVE PLAN PAYOUT BASED ON THREE COMPONENTS THE COMPANY'S FINANCIAL PERFORMANCE, CUSTOMER AND EMPLOYEE EXPERIENCE, AND INDIVIDUAL GOALS WITHIN THE CALCULATION OF THE COMPANY'S FINANCIAL PERFORMANCE, THERE IS A COMPONENT BASED ON REVENUE AND A COMPONENT BASED ON OPERATING EARNINGS THE INCENTIVE AMOUNT IS BASED ON THE MATHEMATICAL CALCULATION OF THE RESULTS FOR EACH COMPONENT FOR 2018, EACH EMPLOYEE'S AMOUNT WAS CALCULATED WITH 75% WEIGHT BASED ON THE COMPANY PERFORMANCE AND 25% WEIGHT BASED ON THEIR INDIVIDUAL PERFORMANCE



Schedule J (Form 990) 2018

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RODNEY A YOUNG CEO & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	794,808	636,930	18,500	16,500	23,494	1,490,232	0
TAMERA K ROBINSON SVP & CFO/ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	468,627	167,625	18,500	16,500	3,278	674,530	0
MICHAEL J MCGUIRE CHIEF OPERATIONS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	423,222	156,510	18,500	16,500	28,036	642,768	0
STEPHANIE A ALBERT VP & GENERAL COUNSEL/ ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	281,909	102,208	18,500	16,500	20,298	439,415	0
TIMOTHY RJ QUINN CMO & VP CONSUMER MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	296,362	103,601	0	16,500	10,459	426,922	0
JUDY PETERSON VP, HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	284,825	22,634	18,500	16,500	20,076	362,535	0
KEVIN DAVIDSON VP, CORPORATE DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	263,756	93,407	3,590	16,500	24,626	401,879	0
VALERIE SORENSON VP, ACCOUNT MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	269,479	81,952	0	16,500	10,273	378,204	0
FORREST FLINT VP, STRATEGY AND INNOVATION	(i)	0	0	0	0	0	0	0
	(ii)	249,298	77,660	6,587	16,500	20,789	370,834	0
JOSEPH LALLY VP, GOV'T RELATIONS & COMPLIANCE	(i)	0	0	0	0	0	0	0
	(ii)	228,318	61,684	0	15,970	10,168	316,140	0
RICHARD DEMARCO VP, OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	219,275	57,865	0	14,547	21,411	313,098	0

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

DELTA DENTAL OF MINNESOTA

Employer identification number

41-0952670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINES 2A AND 2B	ALL EMPLOYEES ARE LEGAL EMPLOYEES OF STRATACOR (FEIN 41-1852523), WHICH FILES ALL REQUIRED FEDERAL EMPLOYMENT FORMS EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	STRATACOR IS THE SOLE MEMBER OF DELTA DENTAL OF MINNESOTA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	STRATACOR IS THE SOLE MEMBER OF DELTA DENTAL OF MINNESOTA AND HAS THE AUTHORITY TO APPOINT MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	STRATACOR, AS THE SOLE MEMBER OF DELTA DENTAL OF MINNESOTA, HAS RIGHTS TO APPROVE CERTAIN ACTIONS OF THE BOARD OF DIRECTORS, AS OUTLINED IN THE ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	TAX FORM 990 WAS PREPARED, REVIEWED AND FILED BY BAKER TILLY VIRCHOW KRAUSE, LLP, THE EXTERNAL AUDITORS OF STRATACOR. THE COMPANY PROVIDED ALL INFORMATION TO BAKER TILLY VIRCHOW KRAUSE, LLP, INCLUDING OFFICER AND DIRECTOR COMPENSATION DISCLOSURES. COMPANY MANAGEMENT ALSO REVIEWED THE RETURN. THE COMPANY HAD ENGAGED OUTSIDE LEGAL EXPERTISE FROM TIME TO TIME IN PRIOR YEARS TO VALIDATE FULL DISCLOSURE AS PART OF ITS PREPARATION PROCESS. A FULL COPY OF THE RETURN WITH COMPENSATION PAGES WAS MADE AVAILABLE TO THE BOARD PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, ALL DIRECTORS AND OFFICERS MUST COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE. THESE DISCLOSURES ARE SUBMITTED TO LEGAL COUNSEL FOR REVIEW. LEGAL COUNSEL REVIEWS THESE DISCLOSURES WITH THE AUDIT COMMITTEE AT A MEETING OF THE FULL AUDIT COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OFFICERS OF THE FILING ORGANIZATION ARE NOT COMPENSATED BY THE FILING ORGANIZATION INDIVIDUALS SERVING AS OFFICERS OF THE FILING ORGANIZATION SERVE IN THE SAME OR SIMILAR CAPACITY FOR A RELATED 501 (C)(4) ORGANIZATION, STRATACOR ALL COMPENSATION RECEIVED BY OFFICERS OF THE FILING ORGANIZATION (IN THEIR CAPACITIES AS EMPLOYEES OF STRATACOR) IS PAID BY STRATACOR, AND STRATACOR IS RESPONSIBLE FOR COMPENSATION SETTING POLICY AND PROCEDURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST STATUTOR Y FINANCIAL STATEMENTS ARE FILED WITH THE MINNESOTA DEPARTMENT OF COMMERCE AND THE NATIONA L ASSOCIATION OF INSURANCE COMMISSIONERS AS A MATTER OF PUBLIC RECORD GAAP BASIS FINANCIA LS ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVER NING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH I N SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIVIDEND PAYABLE -12,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED SINCE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF MINNESOTA

Employer identification number

41-0952670

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DELTA DENTAL OF MINNESOTA FOUNDATION 500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 26-4482509	FOUNDATION	MN	501 (C)(3)	LINE 12B, II	STRATACOR		No
(2) STRATACOR 500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 41-1852523	HOLDING COMPANY	MN	501 (C)(4)	N/A	N/A		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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HEALTH VENTURES NETWORK 500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 41-1539439	VISION COVERAGE	MN	STRATACOR	C					No
(2) ABOVA INC 500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 81-4457588	SALE OF DENTAL PRODUCTS AND CONSULTING	MN	STRATACOR	C					No
(3) TRASKA INC 500 WASHINGTON AVENUE S SUITE 2060 MINNEAPOLIS, MN 55415 83-1531907	BEMIDJI BUILDING HOLDING CO	MN	STRATACOR	C					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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation