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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493218000040

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
DELTA DENTAL OF WISCONSIN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2801 HOOVER ROAD

City or town, state or country, and ZIP + 4
STEVENS POINT, WI 54481

D Employer identification number
39-6094742

E Telephone number
(715) 344-6087

G Gross receipts $ 449,978,344

F Name and address of principal officer
DENNIS BROWN
2801 HOOVER ROAD
STEVENS POINT, WI 54481

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DELTADENTALWI COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile WI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
DELTA DENTAL'S EXEMPT PURPOSE IS TO IMPROVE THE ORAL HEALTH OF PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	152
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	383,242,409	410,669,878
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89,699	4,485,237
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,567,267	-2,682,602
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	381,764,841	412,472,513
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	994,468	1,407,389
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)	15,828,405	28,424,920
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	358,795,213	386,713,641
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	375,618,086	416,545,950
19	Revenue less expenses Subtract line 18 from line 12	6,146,755	-4,073,437

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	122,371,221	139,778,852
21	Total liabilities (Part X, line 26)	17,467,884	31,097,290
22	Net assets or fund balances Subtract line 21 from line 20	104,903,337	108,681,562

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

****** | 2010-08-02
Signature of officer | Date

PATRICIA GLENNON CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903			EIN ▶ Phone no ▶ (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code 0) (Expenses $ 397,973,443 including grants of $ 0) (Revenue $ 407,987,276)

DENTAL PLANS DELTA DENTAL OF WISCONSIN (DELTA) IS A NOT-FOR-PROFIT DENTAL SERVICE CORPORATION THAT ADMINISTERS AND UNDERWRITES EASY-TO-USE, COST-EFFECTIVE DENTAL PLANS FOR EMPLOYERS THROUGHOUT WISCONSIN MORE THAN 80 PERCENT OF WISCONSIN'S DENTISTS PARTICIPATE IN OUR PREMIER NETWORK THIS RELATIONSHIP ALLOWS US TO OFFER QUALITY DENTAL PRACTICES, SUPERIOR COST MANAGEMENT PROGRAMS, ACCURATE PAYMENT AND GUARANTEED BENEFITS FOR 2009, DELTA PROVIDED DENTAL COVERAGE TO APPROXIMATELY 1 4MILLION PEOPLE DELTA'S COMMITMENT TO IMPROVING THE PUBLIC'S ORAL HEALTH IS EVIDENCED BY THE STRONG DENTAL PLANS AND NETWORKS IT OFFERS

4b (Code 0) (Expenses $ 1,412,115 including grants of $ 1,279,021) (Revenue $ 0)

CLINICS SERVING LOW-INCOME PATIENTS DELTA DENTAL OF WISCONSIN (DELTA) HAS GIVEN IN EXCESS OF $1 MILLION PER YEAR IN RECENT YEARS TO HELP ESTABLISH OR SUSTAIN MORE THAN A DOZEN CLINICS STATEWIDE THAT SPECIALIZE IN SERVING LOW-INCOME PATIENTS COMBINED, THESE CLINICS TREAT THOUSANDS OF PATIENTS EACH YEAR WHOSE URGENT ORAL HEALTH NEEDS WOULD OTHERWISE GO UNMET OR MIGHT BECOME SO SEVERE AS TO REQUIRE EXPENSIVE HOSPITAL EMERGENCY ROOM TREATMENT GENERALLY, THESE CLINICS ARE ESTABLISHED AND SUSTAINED THROUGH PARTNERSHIPS BETWEEN LOCAL COMMUNITY LEADERS, LOCAL DENTAL PROFESSIONALS, AND DELTA MOST HAVE FIXED LOCATIONS AND ARE RUN THROUGH A COMBINATION OF VOLUNTEERS AND PAID STAFF OTHERS, LIKE THE RONALD MCDONALD CARE MOBILE WHICH DELTA SUPPORTS WITH A $400,000 FIVE-YEAR GRANT, TRAVEL TO VARIOUS LOCATIONS WITHIN A GEOGRAPHIC REGION SUPPORT OF THESE CLINICS IS AN EXPRESSION OF DELTA'S COMMITMENT TO EXPAND ACCESS TO CARE

4c (Code 0) (Expenses $ 148,130 including grants of $ 128,368) (Revenue $ 0)

MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY SINCE 2007, DELTA DENTAL OF WISCONSIN (DELTA) HAS GIVEN NEARLY $2 MILLION TO THE MARQUETTE UNIVERSITY DENTAL SCHOOL IN THE FORM OF GRANTS TO THE SCHOOL AND SCHOLARSHIPS FOR DENTAL SCHOOL STUDENTS MARQUETTE UNIVERSITY HAS WISCONSIN'S ONLY DENTAL SCHOOL ACCESS TO DENTAL CARE AND QUALITY OF CARE IN WISCONSIN ARE, THEREFORE, HIGHLY DEPENDENT UPON THE UNIVERSITY'S PROGRAMS, INFRASTRUCTURE AND STUDENTS DELTA WAS A MAJOR DONOR FOR MARQUETTE'S CONSTRUCTION OF A NEW DENTAL SCHOOL FACILITY THAT OPENED IN 2002, FEATURING STATE-OF-THE-ART EQUIPMENT AND TECHNOLOGY DELTA ESTABLISHED A SCHOLARSHIP PROGRAM IN 2005 THAT CURRENTLY PROVIDES OVER $120,000 IN SCHOLARSHIPS ANNUALLY TO A TOTAL OF 20 DENTAL SCHOOL STUDENTS THESE CONTRIBUTIONS ARE HELPING TO OVERCOME THE LOOMING SHORTAGE OF DENTISTS IN WISCONSIN WHILE IMPROVING THE SKILLS AND PRODUCTIVITY OF THE DENTAL WORKFORCE SUPPORT OF THE MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY REFLECTS DELTA'S COMMITMENT TO IMPROVING THE ORAL HEALTH OF THE PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 399,533,688

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	29,594		
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	152		
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 this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 10		
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

PATRICIA GLENNON
2801 HOOVER ROAD
STEVENS POINT, WI 54481
(715) 344-6087

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYARD GIROULX DIRECTOR	1	X						38,795	0	0
EUGENE RANDOLPH DIRECTOR	1	X						3,303	0	0
KAREN ORDINANS DIRECTOR	1	X						39,036	0	0
DAVID BRETTING DIRECTOR	1	X						3,303	0	0
WILLIAM LEAKEY DIRECTOR	1	X						38,195	0	0
WILLIAM MATTHEWS DIRECTOR	1	X						36,995	0	0
VINCENT LYLES DIRECTOR	1	X						3,303	0	0
CHRISTOPHER QUERAM DIRECTOR	1	X						42,636	0	0
CHARLES NASON DIRECTOR	1	X						53,556	0	0
FRANK SHULER DIRECTOR	1	X						39,995	0	0
DENNIS PETERSON EVP	45			X				482,482	0	1,978,949
PATRICIA GLENNON CFO, VP FINANCE & ACCOUNTING	45			X				385,019	0	1,825,894
DENNIS BROWN PRESIDENT & CEO	45			X				658,929	0	18,803
LINDIE LANDIN VP - INFORMATION SYSTEMS	45				X			386,705	0	1,919,755
PAMELA GARTMANN VP- ORGANIZATIONAL DEVELOPMENT	45				X			228,621	0	925,951
KAREN THOMPSON VP - UNDERWRITING & ACTUARIAL	45				X			307,816	0	1,442,091
KAREN JOHNSON VP - OPERATIONS	45				X			340,775	0	1,691,008

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY ROGERS VP - MARKETING & SALES	45				X			363,597	0	1,681,406
FRED EICHMILLER VP & SCIENCE OFFICER	45				X			286,353	0	1,060,594
DAVID PETERSON DIRECTOR OF SALES	45					X		178,565	0	16,196
TIMOTHY KRULL SR ACCOUNT EXECUTIVE	45					X		183,189	0	23,320
JERRY RATAJCZAK SR ACCOUNT EXECUTIVE	45					X		184,482	0	17,278
JERRY WIRTH SR ACCOUNT EXECUTIVE	45					X		261,173	0	20,556
THOMAS WILLIAMS SR ACCOUNT EXECUTIVE	45					X		166,577	0	14,706
WILLIAM BAUMGARDNER FORMER DIRECTOR	0						X	30,000	0	0
WILLIAM POWELL FORMER DIRECTOR	0						X	39,395	0	0
MARIS RUSHEVICS FORMER DIRECTOR	0						X	38,195	0	0
1b Total . . . . . ▶								4,820,990	0	12,636,507

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 22

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DENTAL HEALTH ASSOCIATES OF MADISON 2971 CHAPEL VALLEY ROAD MADISON, WI 53711	DENTAL SERVICES	9,047,288
WISCONSIN DENTAL GROUP SC 5100 W FOREST HOME AVE 203 MILWAUKEE, WI 53219	DENTAL SERVICES	6,872,582
MIDWEST DENTAL CARE 1212 HORTON STREET LACROSSE, WI 54601	DENTAL SERVICES	6,216,514
DENTAL ASSOCIATES LTD 11711 W BURLEIGH STREET WAUWAUTOSA, WI 53222	DENTAL SERVICES	5,854,438
FIRST CHOICE DENTAL GROUP 925 N MAIN STREET VERONA, WI 53593	DENTAL SERVICES	4,367,418

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 736

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	PREMIUMS EARNED		410,669,878	410,669,878	0	0
	b			0	0	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		410,669,878			
	3	Investment income (including dividends, interest and other similar amounts)		3,849,677	0	0	3,849,677
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	38,103,391 / 38,000				
	b	Less cost or other basis and sales expenses	37,480,942 / 24,889				
	c	Gain or (loss)	622,449 / 13,111				
	d	Net gain or (loss)		635,560	0	0	635,560
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0	0	0	0
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	INCOME (LOSS) FROM SUBSIDIARY		-2,682,602	-2,682,602	0	0
	b			0	0	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		-2,682,602			
	12	**Total revenue.** See Instructions		412,472,513	407,987,276	0	4,485,237

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,407,389	1,407,389		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	17,223,194	10,333,916	6,889,278	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	6,747,077	4,048,246	2,698,831	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	977,005	586,203	390,802	0
9 Other employee benefits	2,225,347	1,335,208	890,139	0
10 Payroll taxes	1,252,297	751,378	500,919	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	61,668	37,001	24,667	0
c Accounting	219,305	131,583	87,722	0
d Lobbying	36,579	21,947	14,632	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	306,654	183,992	122,662	0
g Other	1,525,469	915,281	610,188	0
12 Advertising and promotion	637,450	382,470	254,980	0
13 Office expenses	2,253,226	1,351,936	901,290	0
14 Information technology	717,693	430,616	287,077	0
15 Royalties	0	0	0	0
16 Occupancy	255,279	153,167	102,112	0
17 Travel	345,346	207,208	138,138	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	549,545	329,727	219,818	0
23 Insurance	45,997	27,598	18,399	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CLAIMS INCURRED	371,744,125	371,744,125	0	0
b COMMISSIONS	6,648,281	3,988,969	2,659,312	0
c NON-GRANT CHARITABLE CONTRIBUTIONS	863,784	863,784	0	0
d STATE INCOME TAX	200,177	120,106	80,071	0
e ASSOCIATION DUES	146,228	87,737	58,491	0
f All other expenses	156,835	94,101	62,734	0
25 **Total functional expenses.** Add lines 1 through 24f	416,545,950	399,533,688	17,012,262	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,092,106	1	3,089,984
	2	Savings and temporary cash investments		4,195,624	2	5,706,887
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,650,491	4	1,193,031
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	100,000
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 11,880,293			
	b	Less accumulated depreciation	10b 6,150,005	6,126,162	10c	5,730,288
	11	Investments—publicly traded securities		94,955,039	11	106,241,983
	12	Investments—other securities See Part IV, line 11		8,246,378	12	14,577,688
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		3,105,421	15	3,138,991
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		122,371,221	16	139,778,852
Liabilities	17	Accounts payable and accrued expenses		7,733,185	17	20,587,991
	18	Grants payable		1,521,501	18	1,281,851
	19	Deferred revenue		3,067,198	19	3,708,165
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		5,146,000	25	5,519,283
	26	**Total liabilities.** Add lines 17 through 25		17,467,884	26	31,097,290
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		0	27	0
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☑ 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		104,903,337	32	108,681,562
	33	Total net assets or fund balances		104,903,337	33	108,681,562
	34	Total liabilities and net assets/fund balances		122,371,221	34	139,778,852

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 39-6094742
Name: DELTA DENTAL OF WISCONSIN INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PREMIUMS EARNED		410,669,878	410,669,878	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0
		0	0	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CLAIMS INCURRED	371,744,125	371,744,125	0	0
COMMISSIONS	6,648,281	3,988,969	2,659,312	0
NON-GRANT CHARITABLE CONTRIBUTIONS	863,784	863,784	0	0
STATE INCOME TAX	200,177	120,106	80,071	0
ASSOCIATION DUES	146,228	87,737	58,491	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493218000040

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- 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 XIV

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	823,580		823,580
b Buildings	0	6,698,112	2,297,462	4,400,650
c Leasehold improvements	0	0	0	0
d Equipment	0	3,937,129	3,628,827	308,302
e Other	0	421,472	223,716	197,756
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,730,288

Part VII Investments—Other Securities. 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
Financial derivatives	0	
Closely-held equity interests	14,577,688	C
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	14,577,688	

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

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

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

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
UNPAID CLAIMS	5,167,000
UNPAID CLAIM ADJUSTMENT EXPENSE	352,283
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,519,283

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), TO CREATE A SINGLE MODEL TO ADDRESS ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS THE FILING ORGANIZATION HAS NOT IDENTIFIED ANY MATERIAL LOSS CONTINGENCIES ARISING FROM UNCERTAIN TAX POSITIONS THE FILING ORGANIZATION DID NOT CONDUCT ANY UNRELATED ACTIVITIES OR GENERATE ANY UNRELATED BUSINESS INCOME DURING THE CURRENT YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493218000040

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 18

3 Enter total number of other organizations . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	DELTA DENTAL OF WISCONSIN (DDW) CAREFULLY REVIEWS EACH GRANT APPLICATION IT RECEIVES GRANTS ARE AWARDED ONLY AFTER A THOROUGH EVALUATION OF BOTH THE RECIPIENT ORGANIZATION ITSELF AND THE SPECIFIC INITIATIVE OUTLINED IN THE GRANT REQUEST ADDITIONALLY, ALL RECIPIENTS OF GRANTS IN EXCESS OF $25,000 ARE REQUIRED TO FILE AN ANNUAL REPORT WITH DDW THAT DESCRIBES IN DETAIL HOW THE ORGANIZATION USED DDW'S DONATION AND THE OUTCOMES ACHIEVED THESE REPORTS ARE AVAILABLE FOR REVIEW BY BOTH DDW'S MANAGEMENT TEAM AND THE COMPANY'S BOARD OF DIRECTORS FOR SMALLER GRANTS, DELTA DENTAL MAY REQUIRE FOLLOW-UP REPORTING, DEPENDING ON GROUP AND PROJECT INVOLVED

Additional Data Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 39-6094742
Name: DELTA DENTAL OF WISCONSIN INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON DENTAL CLINIC1730 S 13TH ST MILWAUKEE,WI 53204	39-0806315	501(C)(3)	9,297	0	N/A	N/A	GENERAL OPERATIONS
HEALTHNET OF JANESVILLE23 W MILWAUKEE ST JANESVILLE,WI 53548	39-1778804	501(C)(3)	11,574	0	N/A	N/A	EXPAND DENTAL CARE
WAUKESHA COUNTY COMMUNITY DENTAL CLINIC210 NW BARSTOW ST SUITE 305 WAUKESHA,WI 53188	30-0436162	501(C)(3)	13,000	0	N/A	N/A	ASSIST WITH PURCHASE OF ADDITIONAL EQUIPMENT
TRI-COUNTY COMMUNITY DENTAL CLINIC9 TRI-PARK WAY APPLETON,WI 54914	47-0862462	501(C)(3)	24,429	0	N/A	N/A	EQUIPMENT PURCHASE AND GENERAL OPERATIONS
MARQUETTE UNIVERSITY SCHOOL OF DENTISTRYPO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	128,368	0	N/A	N/A	FUND SCHOLARSHIPS
STATE OF WISCONSIN - DEPT OF HEALTH SERVICES1 WEST WILSON ST ROOM 650 MADISON,WI 53707	39-6006469	WI DEPT OF HEALTH	470,524	0	N/A	N/A	PROVIDE FUNDING FOR SEAL-A-SMILE PROGRAM
DOOR COUNTY MEMORIAL HOSPITAL FOUNDATION 1843 MICHIGAN ST STURGEON BAY,WI 54235	39-0806324	501(C)(3)	71,485	0	N/A	N/A	GENERAL OPERATIONS
THE LAKES COMMUNITY DENTAL CENTER7665 US HWY 2 IRON RIVER,WI 54847	35-2297925	501(C)(3)	100,000	0	N/A	N/A	GENERAL OPERATIONS
RIVERVIEW HOSPITAL ASSOCIATION410 DEWEY STREET WISCONSIN RAPIDS,WI 54494	39-0868982	501(C)(3)	150,000	0	N/A	N/A	FUND ESTABLISHMENT OF DENTAL CLINIC
FLAMBEAU HOSPITAL98 SHERRY AVE PARK FALLS,WI 54552	39-0973724	501(C)(3)	57,000	0	N/A	N/A	FUND PURCHASE OF ORAL SURGERY EQUIPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOODS DENTAL PROJECT VILAS COUNTY HEALTH DEPT330 COURT ST EAGLE RIVER,WI 54521	39-6005751	VILAS HEALTH DEPT	60,463	0	N/A	N/A	EXPAND DENTAL PROGRAMS
A FLUORIDE CONNECTION 1733 MELROSE STREET MADISON,WI 53704	20-8952739	501(C)(3)	25,000	0	N/A	N/A	GENERAL OPERATIONS
AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVE MILWAUKEE,WI 53203	39-1534049	501(C)(3)	10,000	0	N/A	N/A	GENERAL OPERATIONS
RONALD MCDONALD HOUSE CHARITIES2716 MARSHALL COURT MADISON,WI 53705	39-1655790	501(C)(3)	14,184	0	N/A	N/A	FUNDING FOR CARE MOBILE
UNIVERSITY OF CONNECTICUT HEALTH CENTER263 FARMINGTON AVE FARMINGTON,CT 06030	52-1725543	501(C)(3)	87,065	0	N/A	N/A	RESEARCH GRANT
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN 620 S 76TH ST SUITE 120 MILWAUKEE,WI 53214	39-1500074	501(C)(3)	75,000	0	N/A	N/A	SUPPORT SEALANT PROGRAMS FOR UNINSURED CHILDREN
WISCONSIN DENTAL ASSOCIATION FOUNDATION6737W WASHINGTON ST SUITE 2360 WEST ALLIS,WI 53214	39-0965289	501(C)(3)	40,000	0	N/A	N/A	FUND MISSION OF MERCY
SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROGRAM149 NORTH IOWA ST DODGEVILL,WI 53533	39-1053511	501(C)(3)	60,000	0	N/A	N/A	PROVIDE FUNDING FOR MOBILE PROGRAM IN SCHOOLS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493218000040

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
First-class or charter travel	Schedule J, Part I, Line 1a	ON FLIGHTS EXCEEDING THREE HOURS IN DURATION, THE CEO IS PERMITTED TO FLY FIRST CLASS THE DIFFERENCE IN PRICE BETWEEN THE COACH FARE AND FIRST CLASS IS TREATED AS TAXABLE INCOME TO THE CEO IF THE FLIGHT IS UNDER 3 HOURS IN DURATION
Travel for companions	Schedule J, Part I, Line 1a	TRAVEL FOR SPOUSES OR GUESTS OF DELTA EMPLOYEES PROVIDING A BONA FIDE BUSINESS SERVICE TO THE ORGANIZATION AND/OR ACTING IN A HOST CAPACITY FOR A COMPANY-SPONSORED EVENT OR ACTIVITY IS PROVIDED BY THE COMPANY AND IS TREATED AS TAXABLE INCOME
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE ORGANIZATION ESTABLISHED NON-QUALIFIED DEFERRED COMPENSATION PLANS AS ALLOWED UNDER IRC SECTION 457(F) FOR THE BENEFIT OF THE CEO AND SENIOR MANAGEMENT TEAM THE LIABILITIES TO THE CORPORATION RELATED TO THESE PLANS WERE EXPENSED IN 2007 AND 2009 THE BENEFITS PAYABLE UNDER THE PLANS TOTALED $17,671,933 AT 12/31/09 AND ARE PAYABLE IN 2010 AND BEYOND
Compensation contingent on revenues of the organization	Schedule J, Part I, Line 5a	SALES EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION BASED UPON REVENUES EARNED THE AMOUNT OF COMPENSATION FOR A PARTICULAR TIME PERIOD IS CALCULATED BY APPLYING FACTORS FOR NEW AND RENEWAL BUSINESS AGAINST THE CORRESPONDING REVENUE THAT EACH SALES EMPLOYEE SOLD DURING THAT PERIOD

Additional Data

Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 39-6094742
Name: DELTA DENTAL OF WISCONSIN INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM BAUMGARDNER	(I)	30,000	0	0	0	0	0	0
	(II)	0	0	0	0	0	0	0
DAVID PETERSON	(I)	174,976	3,589	0	14,243	1,953	194,761	0
	(II)	0	0	0	0	0	0	0
LINDIE LANDIN	(I)	284,080	97,113	5,512	1,917,566	2,189	2,306,460	0
	(II)	0	0	0	0	0	0	0
TIMOTHY KRULL	(I)	54,561	124,066	4,562	17,881	5,439	206,509	0
	(II)	0	0	0	0	0	0	0
PAMELA GARTMANN	(I)	166,548	58,399	3,674	920,709	5,242	1,154,572	0
	(II)	0	0	0	0	0	0	0
DENNIS PETERSON	(I)	347,647	118,478	16,357	1,977,346	1,603	2,461,431	0
	(II)	0	0	0	0	0	0	0
PATRICIA GLENNON	(I)	271,662	92,392	20,965	1,825,202	692	2,210,913	0
	(II)	0	0	0	0	0	0	0
KAREN THOMPSON	(I)	225,716	77,690	4,410	1,438,792	3,299	1,749,907	0
	(II)	0	0	0	0	0	0	0
KAREN JOHNSON	(I)	250,464	85,460	4,851	1,689,555	1,453	2,031,783	0
	(II)	0	0	0	0	0	0	0
JERRY RATAJCZAK	(I)	96,989	85,598	1,895	14,459	2,819	201,760	0
	(II)	0	0	0	0	0	0	0
WILLIAM POWELL	(I)	39,395	0	0	0	0	0	0
	(II)	0	0	0	0	0	0	0
MARIS RUSHEVICS	(I)	38,195	0	0	0	0	0	0
	(II)	0	0	0	0	0	0	0
GARY ROGERS	(I)	262,100	90,336	11,161	1,678,243	3,163	2,045,003	0
	(II)	0	0	0	0	0	0	0
JERRY WIRTH	(I)	27,503	231,855	1,815	17,350	3,206	281,729	0
	(II)	0	0	0	0	0	0	0
DENNIS BROWN	(I)	476,237	162,050	20,642	17,350	1,453	677,732	0
	(II)	0	0	0	0	0	0	0
THOMAS WILLIAMS	(I)	29,313	135,330	1,934	13,253	1,453	181,283	0
	(II)	0	0	0	0	0	0	0
FRED EICHMILLER	(I)	210,049	72,206	4,098	1,057,795	2,799	1,346,947	0
	(II)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Identifier	Return Reference	Explanation
Organization's mission	Form 990, Part III, Line 1	DELTA DENTAL OF WISCONSIN'S (DELTA) EXEMPT PURPOSE IS TO IMPROVE THE ORAL HEALTH OF THE PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE WE EXPAND ACCESS TO CARE IN A NUMBER OF WAYS, INCLUDING - SUPPORT FOR CLINICS AND OTHER PROGRAMS PROVIDING TREATMENT TO LOW-INCOME PERSONS OF ALL AGES - SUPPORT OF SEALANT PROGRAMS AND OTHER PREVENTIVE SERVICES DEVELOPED FOR CHILDREN - SUPPORT OF EDUCATIONAL INSTITUTIONS PROVIDING TRAINING FOR DENTAL PROFESSIONALS AND FOR STUDENTS ENROLLED IN THOSE SCHOOLS WE ENCOURAGE INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE THROUGH INITIATIVES SUCH AS - EVALUATING SCIENTIFIC ADVANCEMENTS IN THE AREA OF EVIDENCE-BASED CARE AND INCORPORATING CHANGES INTO DENTAL BENEFIT PLANS AS WARRANTED - PROVIDING EDUCATION TO ALL ABOUT THE IMPORTANCE OF ORAL HEALTH AND ITS RELATIONSHIP TO OVERALL HEALTH, - INVESTMENT IN BIOTECH RESEARCH FIRM (C3-JIAN) THAT IS DEVELOPING UNIQUE TECHNOLOGIES FOR THE ERADICATION OF THE BACTERIA THAT CAUSE DENTAL CARIES INFECTIONS THROUGH TARGETED ANTIMICROBIAL THERAPY THE WORK OF THIS COMPANY COULD LEAD TO THE DEVELOPMENT OF PRODUCTS THAT COULD HAVE A GLOBAL IMPACT IN CAVITY PREVENTION - INVESTMENT IN A HEALTH INFORMATICS TECHNOLOGY COMPANY (HEALTHENTIC) THAT COMBINES MEDICAL, DENTAL, PHARMACEUTICAL, DISABILITY, AND EMPLOYEE-SUPPLIED DATA TO PROVIDE INSIGHT INTO INDIVIDUALS' WHOLE HEALTH
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE FULL BOARD OF DIRECTORS PRIOR TO FILING IN ADDITION, A PRESENTATION BY THE PAID TAX PREPARER IS MADE TO THE FULL BOARD PRIOR TO FILING THE FORM 990
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED THROUGH THE ANNUAL DISCLOSURE PROCESS ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REQUIRED FROM OFFICERS, DIRECTORS, KEY EMPLOYEES, AND THE TOP FIVE HIGHLY COMPENSATED EMPLOYEES IF POTENTIAL CONFLICTS ARISE DURING THE YEAR, THESE ARE BROUGHT TO THE BOARD'S AND MANAGEMENT'S ATTENTION AT THE TIME THEY ARE IDENTIFIED PERSONS WHO HAVE A POTENTIAL CONFLICT ABSTAIN FROM VOTING ON ISSUES RELATED TO OR POSSIBLY RELATED TO THE CONFLICT IF A TRANSACTION WERE TO OCCUR WHERE THERE WAS A CONFLICT, THE BOARD OF DIRECTORS WOULD BE NOTIFIED AND IT WOULD DECIDE ON AN APPROPRIATE COURSE OF ACTION
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED HRADVANTAGE, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S TOP MANAGEMENT OFFICIAL IN SETTING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS THE TOP MANAGEMENT OFFICIAL'S COMPENSATION ARRANGEMENT IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL, DENNIS BROWN, PRESIDENT AND CEO, WAS LAST UNDERTAKEN IN 2009
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED HRADVANTAGE, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S OFFICERS AND VICE PRESIDENTS IN SETTING THE COMPENSATION OF THE OFFICER AND VICE PRESIDENT GROUP, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS THE COMPENSATION ARRANGEMENTS OF THE OFFICERS AND VICE PRESIDENTS IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS THE PROCESS FOR DETERMINING THE COMPENSATION FOR PATRICIA GLENNON (TREASURER AND CFO), DENNIS PETERSON (EXECUTIVE VICE PRESIDENT) AND OTHER VICE PRESIDENTS, WAS LAST UNDERTAKEN IN 2009 FOR ALL OTHER EMPLOYEES, THE VICE PRESIDENT OF ORGANIZATIONAL DEVELOPMENT AND HUMAN RESOURCES OF DELTA DENTAL OF WISCONSIN RELIES UPON EXTERNAL MARKET DATA COMPENSATION STUDIES AND SURVEYS IN DETERMINING COMPETITIVE COMPENSATION LEVELS THIS DATA IS COLLECTED AND REVIEWED ON AN ONGOING BASIS CHANGES IN SALARY LEVELS ARE SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S MANAGEMENT GROUP
Public Disclosure	Form 990, Part VI, Section C, Line 19	FORM 990 AND IRS DETERMINATION LETTER GRANTING EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST DELTA DENTAL'S ANNUAL REPORT, WHICH INCLUDES SELECTED FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE DELTA DENTAL'S STATUTORY ANNUAL STATEMENT IS AVAILABLE ON THE WEBSITE OF THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS THE STATUTORY ANNUAL STATEMENT IS ALSO AVAILABLE FOR REVIEW AT THE WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE IN HARD COPY FORM TO THE PUBLIC UPON REQUEST
LOBBYING ACTIVITIES	FORM 990, PART IV, LINE 5	THIS QUESTION IS NOT APPLICABLE AND THEREFORE WAS LEFT INTENTIONALLY BLANK DELTA DENTAL OF WISCONSIN DOES RECORD LOBBYING EXPENSE, HOWEVER THE ORGANIZATION DOES NOT RECEIVE MEMBERSHIP DUES AND THUS NOT SUBJECT TO THE NOTICE AND REPORTING REQUIREMENT OR THE PROXY TAX
GRANTS AND CONTRIBUTIONS	FORM 990, PART IX, LINE 1 AND LINE 24C	THE ORGANIZATION REPORTED GRANTS PAID AND CONTRIBUTIONS SEPARATELY IN THE CURRENT YEAR'S FORM 990 THE GRANTS BEING REPORTED ON LINE 1 ARE THOSE DISBURSEMENTS THAT ARE REVIEWED AND MONITORED ON A CONTINUING BASIS CONTRIBUTIONS REPORTED ON LINE 24C OF PART IX WITHIN THE FORM 990 ARE GENERAL CONTRIBUTIONS MADE TO TAX-EXEMPT ORGANIZATION TO FURTHER THEIR EXEMPT PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493218000040

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

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

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

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

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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
WYSSTA INC 2801 HOOVER ROAD STEVENS POINT, WI54481 39-6094742	HOLDING COMPANY	WI	DELTA DENTAL WI	C CORPORATION	590	15,154,542	100 00 %
WYSSTA INVESTMENTS INC 2801 HOOVER ROAD STEVENS POINT, WI54481 20-5721846	INVESTING	WI	WYSSTA INC	C CORPORATION	-2,059,262	9,342,518	100 00 %
WYSSTA INSURANCE COMPANY INC 2801 HOOVER ROAD STEVENS POINT, WI54481 20-3212328	VISION INSURER	WI	WYSSTA INC	C CORPORATION	4,264,091	5,280,388	100 00 %
WYSSTA SERVICES INC 2801 HOOVER ROAD STEVENS POINT, WI54481 39-1934578	DISCOUNT CARD PROVIDER	WI	WYSSTA INC	C CORPORATION	153,502	199,961	100 00 %

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	WYSSTA INSURANCE COMPANY INC	N	656,085
(2)	WYSSTA INVESTMENTS INC	N	116,527
(3)	WYSSTA SERVICES INC	N	180,127
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No