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

TO BE THE LEADING WYOMING PROVIDER OF HIGH QUALITY DENTAL CARE PROGRAMS WHICH ARE RESPONSIVE TO SUBSCRIBERS, PURCHASERS AND PARTICIPATING DENTIST ALIKE WITH THE GOAL OF MAKING AFFORDABLE DENTAL CARE AVAILABLE TO ALL WYOMING EMPLOYEES

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.

|           |                                                                                                                                                                                                  |                |            |                        |               |              |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------|------------------------|---------------|--------------|
| <b>4a</b> | (Code                                                                                                                                                                                            | ) (Expenses \$ | 23,763,801 | including grants of \$ | ) (Revenue \$ | 24,765,928 ) |
|           | PROVIDE PROCESSING OF DENTAL PLANS, PAYMENTS AND CLAIMS FOR PURCHASERS, SUBSCRIBERS AND PARTICIPATING DENTISTS WITH THE GOAL OF MAKING AFFORDABLE DENTAL CARE AVAILABLE TO ALL WYOMING EMPLOYEES |                |            |                        |               |              |

**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 \$ \_\_\_\_\_ )

|           |                                       |                      |
|-----------|---------------------------------------|----------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>\$ 23,763,801</b> |
|-----------|---------------------------------------|----------------------|

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .                                                                                                                                                                                                     | 1   | No  |
| 2   | Is the organization required to complete 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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .                                                                                                                                                  | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .                                                                                                                                                                                                    | 4   |     |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .                                                                                                                          | 5   | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .  | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . . .                                     | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .                                                                                                   | 8   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . . | 9   | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .                                                                                        | 10  | No  |
| 11  | Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> . . . . .                                                                                                     | 11  | Yes |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                                                                                                          |     |     |
|     | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>                                                                                                                                        |     |     |
|     | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                                                                        |     |     |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                                                                                                         |     |     |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                                                                                                                        |     |     |
|     | • 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? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                         |     |     |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                                      | 12  | Yes |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                         | Yes | No  |
|     | <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .                                                                                                                                                                             | 12A | No  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .                                                                                                                                                                                                                                     | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                                  | 14a | No  |
| 14b | <b>b</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? <i>If "Yes," complete Schedule F, Part I</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 ? <i>If "Yes," complete Schedule F, Part II</i> . . . . .                                                                                                                                  | 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 ? <i>If "Yes," complete Schedule F, Part III</i> . . . . .                                                                                                                                      | 16  | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . . . . .                                                                                                                                           | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .                                                                                                                                                        | 18  | No  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .                                                                                                                                                                                  | 19  | No  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .                                                                                                                                                                                                                                                     | 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? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>                                                          | 21  |     | No |
| 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? <i>If "Yes," complete Schedule I, Parts I and III . . . .</i>                                                                           | 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? <i>If "Yes," complete Schedule J . . . .</i>                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25 . . . .</i> | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                          | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . .</i>       | 25b |     | No |
| 26  | 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? <i>If "Yes," complete Schedule L, Part II . . . .</i>                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . .</i>            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                            |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>                                                                                                                                                | 28b |     | 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? <i>If "Yes," complete Schedule L, Part IV . . . .</i>                                                           | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . .</i>                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . .</i>                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . .</i>                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . .</i>                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . .</i>                                                                                                                                         | 34  |     | No |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>                                                                                                                                   | 35  |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>                                                                                           | 36  |     |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . .</i>                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .                                                                                               | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      |                                                                                 | Yes   | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------|-----|
| 1a                                                                                                                                                                                                                                                                                | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                           | 1a                                                                              | 1,048 |     |
|                                                                                                                                                                                                                                                                                   | b                                                                                                                                                                                                                                                    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b    |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                              |                                                                                                                                                                                                                                                      |                                                                                 | 1c    |     |
| 2a                                                                                                                                                                                                                                                                                | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                        | 2a                                                                              | 7     |     |
|                                                                                                                                                                                                                                                                                   | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)     |                                                                                 |       |     |
| 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: <input type="text"/><br>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                                                                              |       | No  |
| 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    | No  |
| 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    | Yes |
| 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 | 13  |    |
| b  | Enter the number of voting members that are independent . . .                                                                                                                                                             | 1b | 5   |    |
| 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  | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                     | 7a | Yes |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .                                                                                                             | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                          |    |     |    |
| a  | The governing body? . . . . .                                                                                                                                                                                             | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                           | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .    | 9  | Yes |    |

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 |     | No |
|     | 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▶                                                                                                                                                                                                                                                                              |
| 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶<br>KERRY HALL<br>320 W 25TH STREET SUITE 100<br>CHEYENNE, WY 82001<br>(307) 632-3313                                                                                                                                      |

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)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| DR JAMES HOAG<br>CHAIRMAN                     | 1 00                          | X                                      |                       | X       |              |                              |        | 5,048                                                                | 0                                                                         | 1,200                                                                                         |
| DR ED CLARK<br>VICE CHAIRMAN                  | 1 00                          | X                                      |                       | X       |              |                              |        | 3,072                                                                | 0                                                                         | 0                                                                                             |
| DR BRUCE HOLWELL<br>SECRETARY                 | 1 00                          | X                                      |                       | X       |              |                              |        | 2,052                                                                | 0                                                                         | 0                                                                                             |
| JEFF MARSH<br>TREASURER                       | 1 00                          | X                                      |                       | X       |              |                              |        | 2,224                                                                | 0                                                                         | 1,200                                                                                         |
| DR BILL GERN<br>DIRECTOR                      | 1 00                          | X                                      |                       |         |              |                              |        | 1,212                                                                | 0                                                                         | 0                                                                                             |
| DR JAMES GILMAN<br>DIRECTOR                   | 1 00                          | X                                      |                       |         |              |                              |        | 2,236                                                                | 0                                                                         | 0                                                                                             |
| BRUCE HINCHEY<br>DIRECTOR                     | 1 00                          | X                                      |                       |         |              |                              |        | 1,376                                                                | 0                                                                         | 1,200                                                                                         |
| DR KEN HOFFMANN<br>DIRECTOR                   | 1 00                          | X                                      |                       |         |              |                              |        | 2,265                                                                | 0                                                                         | 1,200                                                                                         |
| DR BYRON KILLPACK<br>DIRECTOR                 | 1 00                          | X                                      |                       |         |              |                              |        | 716                                                                  | 0                                                                         | 0                                                                                             |
| JIM LINTON<br>DIRECTOR                        | 1 00                          | X                                      |                       |         |              |                              |        | 2,172                                                                | 0                                                                         | 1,200                                                                                         |
| ROXANNE OSTLUND<br>DIRECTOR                   | 1 00                          | X                                      |                       |         |              |                              |        | 1,524                                                                | 0                                                                         | 0                                                                                             |
| GLENN PARRY<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 2,892                                                                | 0                                                                         | 0                                                                                             |
| ROY PAULSON<br>DIRECTOR                       | 1 00                          | X                                      |                       |         |              |                              |        | 1,976                                                                | 0                                                                         | 0                                                                                             |
| KERRY HALL<br>PRESIDENT/CEO                   | 40 00                         |                                        |                       | X       |              | X                            |        | 189,416                                                              | 0                                                                         | 84,201                                                                                        |
| STACY ZASTOUPIL<br>VP FINANCE & ACCOUNTING    | 40 00                         |                                        |                       | X       |              |                              |        | 92,312                                                               | 0                                                                         | 20,367                                                                                        |
| DR EARL KINCHELOE<br>VP PROFESSIONAL RELATION | 5 00                          |                                        |                       | X       |              |                              |        | 55,812                                                               | 0                                                                         | 1,200                                                                                         |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

|                           |         |   |         |
|---------------------------|---------|---|---------|
| <b>1b Total</b> . . . . . | 366,305 | 0 | 111,768 |
|---------------------------|---------|---|---------|

**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 **1**

|                                                                                                                                                                                                                                                        |          |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
|                                                                                                                                                                                                                                                        |          | <b>Yes</b> | <b>No</b> |
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> |            | No        |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes        |           |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                     | <b>5</b> |            | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**

Part VIII

Statement of Revenue

|                                                           |                                                                    |                                                                                                                                            |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|-----------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                 | Federated campaigns . . .                                                                                                                  | 1a            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                                  | 1b            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                               | 1c            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                              | 1d            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                          | 1e            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                          | 1f            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                                  |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                           |               |                      |                                                    |                                         |                                                                                 |  |
| Program Service Revenue                                   |                                                                    |                                                                                                                                            | Business Code |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 2a                                                                 | DENTAL PREMIUMS & ADMI                                                                                                                     | 524,114       | 24,765,928           | 24,765,928                                         |                                         |                                                                                 |  |
|                                                           | b                                                                  |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                                  |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                                  | All other program service revenue                                                                                                          |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                           |               | 24,765,928           |                                                    |                                         |                                                                                 |  |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                   |               | 171,592              |                                                    |                                         | 171,592                                                                         |  |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . . .                                                                                   |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                        |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                   |               | (ii) Personal        |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                                  | Less rental expenses                                                                                                                       |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Rental income or (loss)                                                                                                                    |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                      |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                             |               | (ii) Other           |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | 2,405,097                                                                                                                                  |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | 2,696,364                                                                                                                                  |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | -291,267                                                                                                                                   |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                               |               | -291,267             |                                                    |                                         | -291,267                                                                        |  |
|                                                           | 8a                                                                 | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               | a                    |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | b Less direct expenses . . . . .                                                                                                           |               | b                    |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . . .                                                                                         |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |               | a                    |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| b Less direct expenses . . . . .                          |                                                                    | b                                                                                                                                          |               |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from gaming activities . . .                  |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                            | a             |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b Less cost of goods sold . . . . .                                |                                                                                                                                            | b             |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from sales of inventory . . .                 |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |  |
| 11a                                                       | OTHER THAN TEMPORARY L                                             |                                                                                                                                            | 524,114       | -10,597              |                                                    |                                         | -10,597                                                                         |  |
| b                                                         |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| c                                                         |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |  |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                            |               | -10,597              |                                                    |                                         |                                                                                 |  |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                            |               | 24,635,656           | 24,765,928                                         | 0                                       | -130,272                                                                        |  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                            |                       |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                              |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16                                                                                                 |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                      | 366,305               | 195,973                         | 170,332                                |                             |
| 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                                                                                                                                                                                                | 157,824               | 84,436                          | 73,388                                 |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                 | 84,893                | 45,418                          | 39,475                                 |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                       | 69,696                | 37,287                          | 32,409                                 |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                 | 35,051                | 18,752                          | 16,299                                 |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                         | 5,308                 | 1,194                           | 4,114                                  |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                    | 23,600                | 5,310                           | 18,290                                 |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                 |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                    | 38,944                |                                 | 38,944                                 |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                     | 84,311                | 10,539                          | 73,772                                 |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                               | 62,846                | 32,994                          | 29,852                                 |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                     | 42,900                | 15,873                          | 27,027                                 |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                        | 11,730                | 3,343                           | 8,387                                  |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                        | 68,957                | 19,653                          | 49,304                                 |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                      | -376                  | -376                            |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                     | 16,897                | 6,590                           | 10,307                                 |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                     | 13,541                | 4,739                           | 8,802                                  |                             |
| 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                                                                              | DENTAL CLAIMS PAID                                                                                                                                                                                                      | 22,268,956            | 22,268,956                      |                                        |                             |
| b                                                                              | COMMISSIONS                                                                                                                                                                                                             | 574,636               | 574,636                         |                                        |                             |
| c                                                                              | COMPUTER - CLAIMS                                                                                                                                                                                                       | 315,212               | 285,267                         | 29,945                                 |                             |
| d                                                                              | POSTAGE & SHIPPING                                                                                                                                                                                                      | 109,186               | 78,614                          | 30,572                                 |                             |
| e                                                                              | DUES & SUBSCRIPTIONS                                                                                                                                                                                                    | 56,684                | 19,273                          | 37,411                                 |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                      | 100,320               | 55,330                          | 44,990                                 |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                      | 24,507,421            | 23,763,801                      | 743,620                                | 0                           |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> 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 |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                           |                                                                                                                                                                               |     |           | (A)               |           | (B)         |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|-------------------|-----------|-------------|
|                             |                                                                                                                                           |                                                                                                                                                                               |     |           | Beginning of year |           | End of year |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                           |     |           | 945,708           | 1         | 527,505     |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                              |     |           | 453,769           | 2         | 180,104     |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                  |     |           |                   | 3         |             |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                            |     |           | 1,343,530         | 4         | 1,630,350   |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                  |     |           |                   | 5         |             |
|                             | 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 . . . . .     |     |           |                   | 6         |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                     |     |           |                   | 7         |             |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                         |     |           |                   | 8         |             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                               |     |           | 27,851            | 9         | 19,316      |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                             | 10a | 265,816   | 44,816            | 10c       | 29,995      |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                       | 10b | 235,821   |                   |           |             |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                              |     |           | 3,969,714         | 11        | 4,257,256   |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                   |     |           | 1,233,775         | 12        | 1,903,419   |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                    |     |           |                   | 13        |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                   |     |           |                   | 14        |             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                   |     |           | 13,396            | 15        | 15,442      |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                               |     | 8,032,559 | 16                | 8,563,387 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                               |     |           | 1,267,378         | 17        | 874,343     |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                      |     |           |                   | 18        |             |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                    |     |           | 197,406           | 19        | 146,571     |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                         |     |           |                   | 20        |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                |     |           |                   | 21        |             |
|                             | 22                                                                                                                                        | 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 Complete Part X of Schedule D . . . . .                                                                                                                     |     |           | 1,783,032         | 25        | 1,824,735   |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                          |     |           | 3,247,816         | 26        | 2,845,649   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                               |     |           |                   |           |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                             |     |           | 4,784,743         | 27        | 5,717,738   |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                   |     |           |                   | 28        |             |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                   |     |           |                   | 29        |             |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                               |     |           |                   |           |             |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                  |     |           |                   | 30        |             |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                     |     |           |                   | 31        |             |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                    |     |           |                   | 32        |             |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                   |     |           | 4,784,743         | 33        | 5,717,738   |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                      |     |           | 8,032,559         | 34        | 8,563,387   |

**Part XI Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .                                                                                                                                                                                                                                                   |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                                                                                                                                             | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>d</b> 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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                     |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                      |     | No |
| <b>b</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 . . .                                                                                                                               |     |    |

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

|                                                            |                                                     |
|------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>DELTA DENTAL OF WYOMING | <b>Employer identification number</b><br>83-0209667 |
|------------------------------------------------------------|-----------------------------------------------------|

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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

(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 . . . . .                                                                            |                                      |                                |                              |                |
| b Buildings . . . . .                                                                        |                                      |                                |                              |                |
| c Leasehold improvements . . . . .                                                           |                                      | 29,355                         | 29,355                       | 0              |
| d Equipment . . . . .                                                                        |                                      | 215,081                        | 192,914                      | 22,167         |
| e Other . . . . .                                                                            |                                      | 21,380                         | 13,552                       | 7,828          |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                |                              | 29,995         |



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  | 24,635,656 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 24,507,421 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 128,235    |
| 4  | Net unrealized gains (losses) on investments                                    | 4  | 804,760    |
| 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  | 804,760    |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 932,995    |

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  | 24,766,904 |
| 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 | 0          |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  | 24,766,904 |
| 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 | -131,248   |
| c | Add lines 4a and 4b . . . . .                                                              | 4c | -131,248   |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 24,635,656 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |            |
|---|---------------------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  | 24,465,932 |
| 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 | 0          |
| 3 | Subtract line 2e from line 1 . . . . .                                                      | 3  | 24,465,932 |
| 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 | 38,944     |
| b | Other (Describe in Part XIV) . . . . .                                                      | 4b | 2,545      |
| c | Add lines 4a and 4b . . . . .                                                               | 4c | 41,489     |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 24,507,421 |

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                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                  | PART XII - INVESTMENT INCOME 171,592 LOSS ON SALE OF INV <291,267> OTHER THAN TEMPORARY LOSSES <10,597> STOCK LOSSES RECOVERED THROUGH LIT <976> =TOTAL OTHER REVENUE <131,248> AUDITED FINANCIALS CONTAIN SEPERATE "FINANCIAL INCOME" COMPONENT THIS COMPONENT TOTALS <172,737> WHICH CONSISTS OF <131,248> FROM PART XII AND <41,489> FROM PART XIII PART XIII LINE 4b - "OTHER" 2,545 IS NET AMORTIZATION OF PREMIUMS AND DISCOUNTS |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| Name of the organization<br>DELTA DENTAL OF WYOMING | Employer identification number<br>83-0209667 |
|-----------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| 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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |
|    | <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                                                                        |     |     |
| 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  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5b  | No  |
|    | If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |     |
| 6  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |
| a  | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6b  | No  |
|    | If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |     |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7   | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued 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   |     |

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

[illegible]

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Part I, Line 1a  | DELTA DENTAL OF WYOMING HAS ADOPTED A COMPENSATION POLICY PURSUANT TO WHICH IT FOLLOWS THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS AS TO THE COMPENSATION OF ITS CEO. THIS PROCESS INCLUDES REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY A COMPENSATION COMMITTEE COMPOSED ENTIRELY OF PERSONS WITH NO CONFLICT OF INTEREST (AS DEFINED IN REGULATIONS SECTION 53.4958-6(c)(1)(III)), RELIANCE ON COMPARABILITY DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. THIS PROCESS IS UNDERTAKEN ANNUALLY WITH RESPECT TO THE CEO AND ALL OTHER DISQUALIFIED PERSONS. IT WAS CONDUCTED IN SEPTEMBER 29, 2009 AND SEPTEMBER 13, 2010. DELTA DENTAL PAID COUNTRY CLUB DUES FOR KERRY HALL. THIS IS INCLUDED AS PART OF EMPLOYMENT CONTRACT AND WAS INCLUDED IN W-2 WAGES. |
|            | Part I, Line 4a  | KERRY HALL PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ACCRUING \$56,885 IN 2009. DR. EARL KINCHELOE PARTICIPATED IN A SUPPLEMENT NONQUALIFIED RETIREMENT PLAN BUT RECEIVED \$0 IN 2009.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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<br>DELTA DENTAL OF WYOMING | Employer identification number<br>83-0209667 |
|-----------------------------------------------------|----------------------------------------------|

| Identifier                             | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 6   |                                                | MEMBERS ARE COMPRISED OF DENTISTS WHO HAVE CONTRACTS WITH DELTA DENTAL OF WYOMING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Form 990, Part VI, Section A, line 7a  |                                                | STATE IS DIVIDED INTO SIX REGIONS WHERE DENTISTS ELECT PARTICIPATING MEMBERS TO THE GOVERNING BODY SEVEN AT LARGE DIRECTORS (TWO MEMBERS AND FIVE AT LARGE PEOPLE) ARE ALSO ELECTED BY THE MEMBERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Form 990, Part VI, Section A, line 7b  |                                                | AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS MAY BE INITIATED BY THE BOARD OF DIRECTORS BUT REQUIRE APPROVAL OF THE MEMBERS TO BE EFFECTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Form 990, Part VI, Section B, line 11  |                                                | THE ORGANIZATION FOLLOWS A POLICY THAT IS DESIGNED TO ENSURE APPROPRIATE OVERSIGHT AND REVIEW OF THE FORM 990 AN INTERNAL WORKING GROUP INCLUDING THE ORGANIZATION'S CEO, VICE PRESIDENT OF FINANCE, OUTSIDE TAX PREPARER, LEGAL COUNSEL AND OTHERS HELP COMPILE AN INITIAL DRAFT OF FORM 990 ONCE A COMPLETE DRAFT IS DEVELOPED AND REVIEWED BY THE WORKING GROUP, THE DRAFT (WITH ALL ATTACHMENTS) IS SUBMITTED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW AND QUESTIONS THE BOARD COMPLETED ITS REVIEW AT THE SEPTEMBER 2010 BOARD MEETING, PRIOR TO THE FILING OF FORM 990                                                                                                                                                                                                                                                                                                          |
| Form 990, Part VI, Section B, line 12c |                                                | THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR OR OFFICER IT REQUIRES DISCLOSURE OF ALL MATERIAL FACTS REGARDING ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON AN ONGOING BASIS THE BOARD DETERMINES, BY A MAJORITY OF ITS DISINTERESTED BOARD MEMBERS, WHETHER A CONFLICT OF INTEREST EXISTS THE BOARD DETERMINES, BY A MAJORITY OF ITS DISINTERESTED PARTIES, WHETHER THE ORGANIZATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION UNDER THE CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT AND, IF NOT, WHETHER IT IS IN THE ORGANIZATION'S BEST INTERESTS TO GO FORWARD WITH THE TRANSACTION EACH PERSON SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM AND HAS A CONTINUING DUTY TO UPDATE SUCH STATEMENT CONFLICT OF INTEREST DISCLOSURE FORMS ARE REVIEWED ANNUALLY |
| Form 990, Part VI, Section B, line 15a |                                                | DELTA DENTAL OF WYOMING HAS ADOPTED A COMPENSATION POLICY PURSUANT TO WHICH IT FOLLOWS THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53.4958-6 TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONALBENESS AS TO THE COMPENSATION OF ITS CEO THIS PROCESS INCLUDES REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY A COMPENSATION COMMITTEE COMPOSED ENTIRELY OF PERSONS WITH NO CONFLICT OF INTEREST (AS DEFINED IN REGULATIONS SECTION 53.4958-6(c)(1)(III)), RELIANCE ON COMPARABILITY DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT THIS PROCESS IS UNDERTAKEN ANNUALLY WITH RESPECT TO THE CEO AND ALL OTHER DISQUALIFIED PERSONS IT WAS CONDUCTED IN SEPTEMBER 29, 2009                                                        |
| Form 990, Part VI, Section C, line 19  |                                                | THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE PROVIDED ANNUALLY TO ALL PARTICIPATING MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Form 990, Part VII                     | Contact Addresses for Officers, Directors, Etc | DR JAMES HOAG - 814 S DAVID ST , CASPER, WY 82601 DR ED CLARK - 5211 YELLOWSTONE ROAD, CHEYENNE, WY 82009 DR BRUCE HOLWELL - BOX 5058 , SHERIDAN , WY 82801 JEFF MARSH - 1749 WEST 15TH AVE, TORRINGTON, WY 82240 DR BILL GERN - 1000 E UNIVERSITY, DEPT 3355, LARAMIE, WY 82071 DR JAMES GILMAN - 209 S 7TH , WORLAND, WY 82401 BRUCE HINCHEY - 1600 ELKHORN VALLEY DRIVE, CASPER, WY 82609 DR KEN HOFFMANN - 303 NORTH DIVISION , POWELL, WY 82435 DR BYRON KILLPACK - PO BOX 1150, LARAMIE, WY 82070 JIM LINTON - 564 OAKWOOD DR , POWELL, WY 82435 ROXANNE OSTLUND - 5920 YELLOWSTONE ROAD, CHEYENNE, WY 82009 GLENN PARRY - 220 SHOSHONE , GREEN RIVER, WY 82935 ROY PAULSON - 102 N KENWOOD, CASPER, WY 82601                                                                                                                                                                              |

| Identifier       | Return Reference | Explanation                                          |
|------------------|------------------|------------------------------------------------------|
| PART XI, LINE 2C |                  | DELTA DENTAL HAS A COMMITTEE THAT OVERSEES THE AUDIT |

Additional Data

Software ID:  
Software Version:  
EIN: 83-0209667  
Name: DELTA DENTAL OF WYOMING

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

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|----------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| DENTAL CLAIMS PAID                                                               | 22,268,956            | 22,268,956                      |                                        |                             |
| COMMISSIONS                                                                      | 574,636               | 574,636                         |                                        |                             |
| COMPUTER - CLAIMS                                                                | 315,212               | 285,267                         | 29,945                                 |                             |
| POSTAGE & SHIPPING                                                               | 109,186               | 78,614                          | 30,572                                 |                             |
| DUES & SUBSCRIPTIONS                                                             | 56,684                | 19,273                          | 37,411                                 |                             |