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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
DELTA DENTAL OF WISCONSIN INC

Doing Business As

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

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

D Employer identification number
39-6094742

E Telephone number
(715) 344-6087

G Gross receipts $ 464,325,992

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW DELTADENTALWI COM

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

L Year of formation 1962

M State of legal domicile WI

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	163
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	410,669,878	428,046,696
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,485,237	6,298,268
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,682,602	-1,750,326
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	412,472,513	432,594,638
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,407,389	861,550
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,424,920	19,507,152
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	386,713,641	404,564,534
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	416,545,950	424,933,236
19	Revenue less expenses Subtract line 18 from line 12	-4,073,437	7,661,402

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	139,778,852	144,768,436
21	Total liabilities (Part X, line 26)	31,097,290	24,158,664
22	Net assets or fund balances Subtract line 21 from line 20	108,681,562	120,609,772

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2011-08-04
Signature of officer | Date

DOUG BALLWEG TREASURER, VP-FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CROWE HORWATH LLP				Firm's EIN ▶
Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903				Phone no ▶ (312) 899-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

DELTA DENTAL OF WISCONSIN'S (DELTA) EXEMPT PURPOSE IS TO IMPROVE THE ORAL HEALTH OF THE PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE WE EXPAND ACCESS TO CARE IN A NUMBER OF WAYS, INCLUDING (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 412,469,812 including grants of $) (Revenue $ 426,296,370)

DENTAL PLANS DELTA DENTAL OF WISCONSIN (DELTA) IS A NOT-FOR-PROFIT DENTAL SERVICE CORPORATION THAT ADMINISTERS AND UNDERWRITES EASY-TO-USE, COST-EFFECTIVE DENTAL PLANS FOR EMPLOYERS AND INDIVIDUALS THROUGHOUT WISCONSIN MORE THAN 80 PERCENT OF WISCONSIN'S DENTISTS PARTICIPATE IN OUR PREMIER NETWORK THIS RELATIONSHIP ALLOWS US TO MONITOR QUALITY DENTAL PRACTICES, SUPERIOR COST MANAGEMENT PROGRAMS, ACCURATE PAYMENT AND GUARANTEED BENEFITS FOR 2010, DELTA PROVIDED DENTAL COVERAGE TO APPROXIMATELY 1 4 MILLION PEOPLE DELTA'S COMMITMENT TO IMPROVING THE PUBLIC'S ORAL HEALTH IS EVIDENCED BY THE STRONG DENTAL PLANS AND NETWORKS IT OFFERS

4b (Code) (Expenses $ 787,256 including grants of $ 732,979) (Revenue $)

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

4c (Code) (Expenses $ 133,571 including grants of $ 128,571) (Revenue $)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 413,390,639

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	30,022		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	163		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

DOUG BALLWEG
2801 HOOVER ROAD
STEVENS POINT, WI 54481
(715) 343-7601

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								16,679,650	0	2,024,048

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 ▶ 25

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DENTAL HEALTH ASSOCIATES OF MADISON 2971 CHAPEL VALLEY ROAD MADISON, WI 53711	DENTAL SERVICES	9,634,789
WISCONSIN DENTAL GROUP SC 5100 W FOREST HOME AVE 203 MILWAUKEE, WI 53219	DENTAL SERVICES	7,209,750
MIDWEST DENTAL CARE 1212 HORTON STREET LACROSSE, WI 54601	DENTAL SERVICES	6,595,112
DENTAL ASSOCIATES LTD 11711 W BURLEIGH STREET WAUWAUTOSA, WI 53222	DENTAL SERVICES	5,820,610
FIRST CHOICE DENTAL GROUP 925 N MAIN STREET VERONA, WI 53593	DENTAL SERVICES	4,717,701

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 ▶ 804

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		0			
Program Service Revenue		Business Code				
	2a PREMIUMS EARNED		428,046,696	428,046,696		
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . . ▶		428,046,696			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,773,021			3,773,021
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) . . . . . ▶		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	34,206,601	50,000			
	b Less cost or other basis and sales expenses	31,689,895	41,459			
	c Gain or (loss)	2,516,706	8,541			
	d Net gain or (loss) . . . . . ▶		2,525,247			2,525,247
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a INCOME (LOSS) FROM SUBSIDIARY		-1,750,326	-1,750,326		
	b					
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d . . . . . ▶		-1,750,326			
	12 **Total revenue.** See Instructions . . . ▶		432,594,638	426,296,370	0	6,298,268

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	861,550	861,550		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,920,394	4,752,236	3,168,158	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,429,949	4,457,969	2,971,980	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,002,204	601,322	400,882	
9 Other employee benefits	2,628,725	1,577,235	1,051,490	
10 Payroll taxes	525,880	315,528	210,352	
a Fees for services (non-employees) Management	0			
b Legal	106,678	64,007	42,671	
c Accounting	169,869	101,921	67,948	
d Lobbying	36,340	21,804	14,536	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	326,259	195,755	130,504	
g Other	1,836,873	1,102,124	734,749	
12 Advertising and promotion	756,161	453,697	302,464	
13 Office expenses	2,396,710	1,438,026	958,684	
14 Information technology	955,256	573,154	382,102	
15 Royalties	0			
16 Occupancy	262,511	157,507	105,004	
17 Travel	400,574	240,344	160,230	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	534,418	320,651	213,767	
23 Insurance	46,636	27,982	18,654	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CLAIMS INCURRED	386,868,156	386,868,156		
b COMMISSIONS	7,267,910	7,267,910		
c NON-GRANT CHARITABLE CONTRIBUTIONS	1,079,129	1,079,129		
d STATE INCOME TAX	965,897	579,538	386,359	
e ASSOCIATION DUES	175,918	105,551	70,367	
f All other expenses	379,239	227,543	151,696	0
25 **Total functional expenses.** Add lines 1 through 24f	424,933,236	413,390,639	11,542,597	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,089,984	1	342,880
	2	Savings and temporary cash investments		5,706,887	2	4,348,796
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,193,031	4	1,632,583
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		100,000	7	100,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,075,996			
	b	Less accumulated depreciation	10b 6,578,021	5,730,288	10c	5,497,975
	11	Investments—publicly traded securities		106,241,983	11	116,016,196
	12	Investments—other securities See Part IV, line 11		14,577,688	12	13,324,891
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,138,991	15	3,505,115
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		139,778,852	16	144,768,436
Liabilities	17	Accounts payable and accrued expenses		20,587,991	17	12,271,835
	18	Grants payable		1,281,851	18	936,678
	19	Deferred revenue		3,708,165	19	3,835,626
	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		5,519,283	25	7,114,525
	26	**Total liabilities.** Add lines 17 through 25		31,097,290	26	24,158,664
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ 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		108,681,562	32	120,609,772
	33	Total net assets or fund balances		108,681,562	33	120,609,772
	34	Total liabilities and net assets/fund balances		139,778,852	34	144,768,436

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	432,594,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,933,236
3	Revenue less expenses Subtract line 2 from line 1	3	7,661,402
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	108,681,562
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,266,808
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	120,609,772

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
DELTA DENTAL OF WISCONSIN INC	39-6094742

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 0

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		823,580		823,580
b Buildings		6,698,112	2,512,177	4,185,935
c Leasehold improvements				0
d Equipment		4,106,096	3,822,997	283,099
e Other		448,208	242,847	205,361
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,497,975

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	13,324,891	C
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	13,324,891	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
UNPAID CLAIMS	6,384,000
UNPAID CLAIM ADJUSTMENT EXPENSE	400,365
PAYABLE TO SUBSIDIARIES	330,160
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	7,114,525

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	432,594,638
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	424,933,236
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,661,402
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,661,402

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	432,594,638
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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	432,594,638
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	432,594,638

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

1	Total expenses and losses per audited financial statements			1	424,933,236
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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	424,933,236
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	424,933,236

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE COMPANY HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) THE COMPANY WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED THE COMPANY HAS NOT IDENTIFIED ANY MATERIAL LOSS CONTINGENCIES ARISING FROM UNCERTAIN TAX POSITIONS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

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

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

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2010

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Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Part I Questions Regarding Compensation

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

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

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

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

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
First-class or charter travel	Schedule J, Part I, Line 1a	ON FLIGHTS EXCEEDING THREE HOURS IN DURATION, THE CEO IS PERMITTED TO FLY FIRST CLASS THE DIFFERENCE IN PRICE BETWEEN THE COACH FARE AND FIRST CLASS IS TREATED AS TAXABLE INCOME TO THE CEO IF THE FLIGHT IS UNDER 3 HOURS IN DURATION
Travel for companions	Schedule J, Part I, Line 1a	TRAVEL FOR SPOUSES OR GUESTS OF DELTA EMPLOYEES PROVIDING A BONA FIDE BUSINESS SERVICE TO THE ORGANIZATION AND/OR ACTING IN A HOST CAPACITY FOR A COMPANY-SPONSORED EVENT OR ACTIVITY IS PROVIDED BY THE COMPANY AND IS TREATED AS TAXABLE INCOME
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	THE ORGANIZATION ESTABLISHED NON-QUALIFIED DEFERRED COMPENSATION PLANS AS ALLOWED UNDER IRC SECTION 457(F) FOR THE BENEFIT OF THE CEO AND SENIOR MANAGEMENT TEAM THE LIABILITIES TO THE CORPORATION RELATED TO THESE PLANS WERE EXPENSED IN 2007 AND 2009 AN ADDITIONAL AMOUNT WAS EXPENSED IN 2010 AS A RESULT OF CHANGES IN THE PRESENT VALUE OF THE LIABILITIES THE BENEFITS PAYABLE UNDER THE PLANS TOTALED $8,912,676 AT 12/31/10 AND ARE EXPECTED TO BE PAID IN 2012 AND BEYOND
Compensation contingent on revenues of the organization	Schedule J, Part I, Line 5a	SALES EMPLOYEES ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION BASED UPON REVENUES EARNED THE AMOUNT OF COMPENSATION FOR A PARTICULAR TIME PERIOD IS CALCULATED BY APPLYING FACTORS FOR NEW AND RENEWAL BUSINESS AGAINST THE CORRESPONDING REVENUE THAT EACH SALES EMPLOYEE SOLD DURING THAT PERIOD
DEFERRED COMPENSATION	SCHEDULE J, PART II	IN PRIOR YEARS, DELTA CONDUCTED AN ANALYSIS OF COMPENSATION PAID AND PROJECTED RETIREMENT BENEFITS TO ITS SENIOR EXECUTIVES IT WAS DETERMINED THAT THESE SENIOR EXECUTIVES HAD ACCEPTED COMPENSATION AND RETIREMENT BENEFITS BELOW MARKET-RATES FOR SEVERAL YEARS AS THE ORGANIZATION WAS NOT THEN IN A POSITION TO PAY MARKET RATES THE BOARD AGREED AT THAT TIME TO ESTABLISH A SUPPLEMENTAL RETIREMENT PLAN AND RECEIVED A REASONABLENESS OPINION FROM AN INDEPENDENT COMPENSATION ORGANIZATION THE COMPENSATION FROM THIS SUPPLEMENTAL RETIREMENT PLAN IS NOTED ON SCHEDULE J, PART II (B), (III) THE AMOUNTS ACCRUED FOR THE CURRENT YEAR ARE REPORTED IN SCHEDULE J, PART II, (C) AND THE AMOUNTS ACCRUED AND REPORTED ON PREVIOUS FORMS 990 ARE REPORTED ON SCHEDULE J, PART II, (F)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	- SUPPORT FOR CLINICS AND OTHER PROGRAMS PROVIDING TREATMENT TO LOW-INCOME PERSONS OF ALL AGES - SUPPORT OF SEALANT PROGRAMS AND OTHER PREVENTIVE SERVICES DEVELOPED FOR CHILDREN - SUPPORT OF EDUCATIONAL INSTITUTIONS PROVIDING TRAINING FOR DENTAL PROFESSIONALS AND FOR STUDENTS ENROLLED IN THOSE SCHOOLS WE ENCOURAGE INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE THROUGH INITIATIVES SUCH AS - EVALUATING SCIENTIFIC ADVANCEMENTS IN THE AREA OF EVIDENCE-BASED CARE AND INCORPORATING CHANGES INTO DENTAL BENEFIT PLANS AS WARRANTED - PROVIDING EDUCATION TO ALL ABOUT THE IMPORTANCE OF ORAL HEALTH AND ITS RELATIONSHIP TO OVERALL HEALTH, - INVESTMENT IN BIOTECH RESEARCH FIRM (C3-JIAN) THAT IS DEVELOPING UNIQUE TECHNOLOGIES FOR THE ERADICATION OF THE BACTERIA THAT CAUSE DENTAL CARIES INFECTIONS THROUGH TARGETED ANTIMICROBIAL THERAPY THE WORK OF THIS COMPANY COULD LEAD TO THE DEVELOPMENT OF PRODUCTS THAT COULD HAVE A GLOBAL IMPACT IN CAVITY PREVENTION - INVESTMENT IN A HEALTH INFORMATICS TECHNOLOGY COMPANY (HEALTHENTIC) THAT COMBINES MEDICAL, DENTAL, PHARMACEUTICAL, DISABILITY, AND EMPLOYEE-SUPPLIED DATA TO PROVIDE INSIGHT INTO INDIVIDUALS' WHOLE HEALTH

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	MANAGEMENT REVIEWS THE THE FORM 990 WITH THEIR PAID TAX PREPARER AND A FINAL COPY OF THE RETURN IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED THROUGH THE ANNUAL DISCLOSURE PROCESS ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REQUIRED FROM OFFICERS, DIRECTORS, KEY EMPLOYEES, AND THE TOP FIVE HIGHEST COMPENSATED EMPLOYEES IF POTENTIAL CONFLICTS ARISE DURING THE YEAR, THESE ARE BROUGHT TO THE BOARD'S AND MANAGEMENT'S ATTENTION AT THE TIME THEY ARE IDENTIFIED PERSONS WHO HAVE A POTENTIAL CONFLICT ABSTAIN FROM VOTING ON ISSUES RELATED TO OR POSSIBLY RELATED TO THE CONFLICT IF A TRANSACTION WERE TO OCCUR WHERE THERE WAS A CONFLICT, THE BOARD OF DIRECTORS WOULD BE NOTIFIED AND IT WOULD DECIDE ON AN APPROPRIATE COURSE OF ACTION

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED HRADVANTAGE, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S TOP MANAGEMENT OFFICIAL IN SETTING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS THE TOP MANAGEMENT OFFICIAL'S COMPENSATION ARRANGEMENT IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL, DENNIS BROWN, PRESIDENT AND CEO, WAS LAST UNDERTAKEN IN 2009

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED HRADVANTAGE, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S OFFICERS AND VICE PRESIDENTS IN SETTING THE COMPENSATION OF THE OFFICER AND VICE PRESIDENT GROUP, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS THE COMPENSATION ARRANGEMENTS OF THE OFFICERS AND VICE PRESIDENTS IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE TREASURER AND CFO, EXECUTIVE VICE PRESIDENT, AND OTHER VICE PRESIDENTS, WAS LAST UNDERTAKEN IN 2009 FOR ALL OTHER EMPLOYEES, THE VICE PRESIDENT OF ORGANIZATIONAL DEVELOPMENT AND HUMAN RESOURCES OF DELTA DENTAL OF WISCONSIN RELIES UPON EXTERNAL MARKET DATA COMPENSATION STUDIES AND SURVEYS IN DETERMINING COMPETITIVE COMPENSATION LEVELS THIS DATA IS COLLECTED AND REVIEWED ON AN ONGOING BASIS CHANGES IN SALARY LEVELS ARE SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S MANAGEMENT GROUP

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	FORM 990 AND IRS DETERMINATION LETTER GRANTING EXEMPT STATUS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST DELTA DENTAL'S ANNUAL REPORT, WHICH INCLUDES SELECTED FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE DELTA DENTAL'S STATUTORY ANNUAL STATEMENT IS AVAILABLE ON THE WEBSITE OF THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS THE STATUTORY ANNUAL STATEMENT IS ALSO AVAILABLE FOR REVIEW AT THE WISCONSIN OFFICE OF THE COMMISSIONER OF INSURANCE ALL OTHER GOVERNING DOCUMENTS ARE AVAILABLE IN HARD COPY FORM TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 4631419, CHANGE IN DEFERRED TAXES - -364611,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

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Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number
39-6094742

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) WYSSTA INC 2801 HOOVER ROAD STEVENS POINT, WI54481 39-6094742	HOLDING COMPANY	WI	DELTA DENTAL WI	C CORPORATION	312	13,978,019	1 00 %
(2) WYSSTA INVESTMENTS INC 2801 HOOVER ROAD STEVENS POINT, WI54481 20-5721846	INVESTING	WI	WYSSTA INC	C CORPORATION	-1,952,288	7,304,479	1 00 %
(3) WYSSTA INSURANCE COMPANY INC 2801 HOOVER ROAD STEVENS POINT, WI54481 20-3212328	VISION INSURER	WI	WYSSTA INC	C CORPORATION	4,582,300	5,955,600	1 00 %
(4) WYSSTA SERVICES INC 2801 HOOVER ROAD STEVENS POINT, WI54481 39-1934578	DENTAL ADMINISTRATOR	WI	WYSSTA INC	C CORPORATION	96,554	216,548	1 00 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WYSSTA INSURANCE COMPANY INC	N	345,220	ALLOCATION BASED ON EMPLOYEES' TIME
(2) WYSSTA INVESTMENTS INC	N	77,194	ALLOCATION BASED ON EMPLOYEES' TIME
(3) WYSSTA INC	N	93,735	ALLOCATION BASED ON EMPLOYEES' TIME
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID: 10000128
Software Version: v2010.1.0
EIN: 39-6094742
Name: DELTA DENTAL OF WISCONSIN INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYARD GIROULX DIRECTOR	1	X						25,796	0	0
AL REIMER FORMER DIRECTOR	0	X					X	30,000	0	0
DAVID PETERSON DIRECTOR OF SALES	45					X		191,092	0	19,260
LINDIE LANDIN VP - INFORMATION SYSTEMS	45				X			2,477,344	0	25,304
TIMOTHY KRULL SR ACCOUNT EXECUTIVE	45					X		170,228	0	17,884
PAMELA GARTMANN VP- ORGANIZATIONAL DEVELOPMENT	45				X			256,535	0	373,228
DENNIS PETERSON EVP	45			X				489,479	0	295,055
EUGENE RANDOLPH DIRECTOR	1	X						37,236	0	0
PATRICIA GLENNON CFO, VP FINANCE & ACCOUNTING	45			X				2,492,054	0	385,745
KAREN THOMPSON VP - UNDERWRITING & ACTUARIAL	45				X			317,603	0	338,425
KAREN JOHNSON VP - OPERATIONS	45				X			2,281,575	0	19,924
JERRY RATAJCZAK SR ACCOUNT EXECUTIVE	45					X		156,146	0	14,955
WILLIAM POWELL FORMER DIRECTOR	0	X					X	30,000	0	0
MARIS RUSHEVICS FORMER DIRECTOR	0	X					X	30,000	0	0
KAREN ORDINANS DIRECTOR	1	X						38,636	0	0
GARY ROGERS VP - MARKETING & SALES	45				X			374,538	0	281,873
JERRY WIRTH SR ACCOUNT EXECUTIVE	45					X		261,294	0	21,789
DAVID BRETTING DIRECTOR	1	X						40,236	0	0
DENNIS BROWN PRESIDENT & CEO	45			X				5,977,402	0	19,924
WILLIAM LEAKEY DIRECTOR	1	X						37,595	0	0
WILLIAM MATTHEWS DIRECTOR	1	X						35,795	0	0
THOMAS WILLIAMS SR ACCOUNT EXECUTIVE	45					X		171,154	0	15,152
FRED EICHMILLER VP & SCIENCE OFFICER	45				X			300,322	0	176,992
VINCENT LYLES DIRECTOR	1	X						41,636	0	0
CHRISTOPHER QUERAM DIRECTOR	1	X						43,636	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES NASON DIRECTOR	1	X						51,156	0	0
FRANK SHULER DIRECTOR	1	X						35,195	0	0
MONICA HEBL DDS DIRECTOR	1	X						3,303	0	0
TIM KINZEL DDS DIRECTOR	1	X						3,303	0	0
DOUG BALLWEG TREASURER, VP-FINANCE	45			X				115,516	0	611
JEFF LUTGEN VP - INFORMATION SYSTEMS	45				X			163,845	0	17,927

Additional Data

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Software ID: 10000128
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Name: DELTA DENTAL OF WISCONSIN INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STATE OF WISCONSIN - DEPT OF HEALTH SERVICES1 WEST WILSON ST ROOM 650 MADISON,WI 53707	39-6006469	WI DEPT OF HEALTH	11,476		N/A	N/A	PROVIDE FUNDING FOR SEAL-A-SMILE PROGRAM
RIVERVIEW HOSPITAL ASSOCIATION410 DEWEY STREET WISCONSIN RAPIDS,WI 54494	39-0868982	501(C)(3)	100,000		N/A	N/A	FUND ESTABLISHMENT OF DENTAL CLINIC
ST ELIZABETH ANN SETON DENTAL CLINIC1730 S 13TH ST MILWAUKEE,WI 53204	39-0806315	501(C)(3)	185,941		N/A	N/A	GENERAL OPERATIONS
MARQUETTE UNIVERSITY SCHOOL OF DENTISTRYPO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	128,571		N/A	N/A	FUND SCHOLARSHIPS
AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVE MILWAUKEE,WI 53203	39-1534049	501(C)(3)	25,000		N/A	N/A	GENERAL OPERATIONS
RONALD MCDONALD HOUSE CHARITIES2716 MARSHALL COURT MADISON,WI 53705	39-1655790	501(C)(3)	10,893		N/A	N/A	FUNDING FOR CARE MOBILE
WISCONSIN DENTAL ASSOCIATION FOUNDATION6737W WASHINGTON ST SUITE 2360 WEST ALLIS,WI 53214	39-0965289	501(C)(3)	56,000		N/A	N/A	FUND MISSION OF MERCY
TRI-COUNTY COMMUNITY DENTAL CLINIC9 TRI-PARK WAY APPLETON,WI 54914	47-0862462	501(C)(3)	74,376		N/A	N/A	GENERAL OPERATIONS
GREATER MILWAUKEE DENTAL ASSOCATION111 E WISCONSIN AVE MILWAUKEE,WI 53202	39-0476070	501(C)(3)	15,000		N/A	N/A	FUNDING FOR SMILE DAY AT MILWAUKEE COUNTY ZOO
WISCONSIN WOMEN'S HEALTH FOUNDATION 2503 TODD DRIVE MADISON,WI 53713	39-1900678	501(C)(3)	48,810		N/A	N/A	FUNDING FOR VARIOUS PROGRAMS
MADISON COMMUNITY HEALTH CENTERS INC 2901 W BELTLINE HIGHWAY SUITE 120 MADISON,WI 53713	39-1391134	501(C)(3)	45,000		N/A	N/A	PROVIDE FUNDING FOR TWO DENTAL CLINICS
MADISON DENTAL INITIATIVE NFP3834 COSGROVE DRIVE MADISON,WI 53719	26-4397163	501(C)(3)	61,608		N/A	N/A	FUND EQUIPMENT, SUPPLIES, AND PERSONNEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAP SERVICES INC5499 HIGHWAY 10 EAST SUITE A STEVENS POINT, WI 54482	39-1080897	501(C)(3)	25,000		N/A	N/A	SUPPORT MINISTRY DENTAL GENERAL OPERATIONS
COMMUNITY FOUNDATION OF CENTRAL WISCONSIN1501 CLARK STREET PO BOX 968 STEVENS POINT, WI 54481	39-0827885	501(C)(3)	10,000		N/A	N/A	PROVIDE SUPPORT TO TOOTH FAIRY FUND
PUBLIC HEALTH - MADISON & DANE COUNTY 210 MARTIN LUTHER KING JR BLVD ROOM 507 MADISON, WI 53703	39-6005507	CITY/CO HEALTH DEPT	24,000		N/A	N/A	PROVIDE FUNDS FOR GIVE KIDS A SMILE PROGRAM
FOWLER MEMORIAL FREE DENTAL CLINICN3150 HWY 81 SUITE B14 MONROE, WI 53566	26-3173594	501(C)(3)	25,000		N/A	N/A	GENERAL OPERATIONS
HEALTHNET OF JANESVILLE23 W MILWAUKEE ST JANESVILLE, WI 53548	39-1778804	501(C)(3)	7,902		N/A	N/A	EXPAND DENTAL CARE
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN 620 S 76TH ST SUITE 120 MILWAUKEE, WI 53214	39-1500074	501(C)(3)	6,973		N/A	N/A	SUPPORT SEALANT PROGRAMS FOR UNINSURED CHILDREN

Additional Data

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
AL REIMER	(I)	30,000	0	0	0	0	30,000	0
	(II)	0	0	0	0	0	0	0
DAVID PETERSON	(I)	144,021	43,615	3,456	14,881	4,379	210,352	0
	(II)	0	0	0	0	0	0	0
LINDIE LANDIN	(I)	286,531	100,318	2,090,495	18,325	6,979	2,502,648	1,900,216
	(II)	0	0	0	0	0	0	0
TIMOTHY KRULL	(I)	55,711	109,596	4,921	13,596	4,288	188,112	0
	(II)	0	0	0	0	0	0	0
PAMELA GARTMANN	(I)	188,888	60,326	7,321	371,947	1,281	629,763	0
	(II)	0	0	0	0	0	0	0
DENNIS PETERSON	(I)	356,336	122,388	10,755	293,307	1,748	784,534	0
	(II)	0	0	0	0	0	0	0
PATRICIA GLENNON	(I)	285,363	178,594	2,028,097	384,984	761	2,877,799	1,807,852
	(II)	0	0	0	0	0	0	0
KAREN THOMPSON	(I)	232,829	80,254	4,520	336,446	1,979	656,028	0
	(II)	0	0	0	0	0	0	0
KAREN JOHNSON	(I)	263,277	178,767	1,839,531	18,325	1,599	2,301,499	1,672,205
	(II)	0	0	0	0	0	0	0
JERRY RATAJCZAK	(I)	97,551	56,783	1,812	12,586	2,369	171,101	0
	(II)	0	0	0	0	0	0	0
WILLIAM POWELL	(I)	30,000	0	0	0	0	30,000	0
	(II)	0	0	0	0	0	0	0
MARIS RUSHEVICS	(I)	30,000	0	0	0	0	30,000	0
	(II)	0	0	0	0	0	0	0
GARY ROGERS	(I)	272,292	93,317	8,929	279,851	2,022	656,411	0
	(II)	0	0	0	0	0	0	0
JERRY WIRTH	(I)	24,536	234,985	1,773	18,325	3,464	283,083	0
	(II)	0	0	0	0	0	0	0
DENNIS BROWN	(I)	497,605	167,398	5,312,399	0	19,924	5,997,326	5,305,526
	(II)	0	0	0	0	0	0	0
THOMAS WILLIAMS	(I)	26,401	143,587	1,166	13,553	1,599	186,306	0
	(II)	0	0	0	0	0	0	0
FRED EICHMILLER	(I)	221,405	74,589	4,328	173,813	3,179	477,314	0
	(II)	0	0	0	0	0	0	0
JEFF LUTGEN	(I)	158,946	3,484	1,415	13,348	4,579	181,772	0
	(II)	0	0	0	0	0	0	0