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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
Stevens Point, WI 54481

D Employer identification number
39-6094742

E Telephone number
(715) 344-6087

G Gross receipts $ 598,901,005

F Name and address of principal officer
Dennis Brown
2801 Hoover Road
Stevens Point, WI 54481

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www 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 oral health and wellness by extending access to care, advancing science, and supporting an effective oral-health workforce

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**	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	244
	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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	522,319,215	558,558,537
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,296,510	10,856,972
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,274,202	-3,884,222
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	530,341,523	565,531,287
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,195,411	2,080,477
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,299,416	26,729,163
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	489,913,668	527,786,836
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	514,408,495	556,596,476
	19 Revenue less expenses Subtract line 18 from line 12	15,933,028	8,934,811

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	186,071,879	196,069,450
	21 Total liabilities (Part X, line 26)	30,736,245	32,131,938
	22 Net assets or fund balances Subtract line 21 from line 20	155,335,634	163,937,512

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

****** | 2015-10-28
Signature of officer | Date

Doug Ballweg Treasurer, VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Geralyn Hurd	Geralyn Hurd			P00933422

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive, Suite 2600, Chicago, IL 606061224 — 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 or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

Delta Dental's exempt purpose is to improve oral health and wellness by extending access to care, advancing science, and supporting an effective oral-health workforce 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 546,499,892 including grants of $) (Revenue $ 554,674,315)

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 OFFER QUALITY DENTAL PRACTICES, SUPERIOR COST MANAGEMENT PROGRAMS, ACCURATE PAYMENT AND GUARANTEED BENEFITS FOR 2014, DELTA PROVIDED DENTAL COVERAGE TO OVER 1 7 MILLION PEOPLE DELTA'S COMMITMENT TO IMPROVING THE PUBLICS ORAL HEALTH IS EVIDENCED BY THE STRONG DENTAL PLANS AND NETWORKS IT OFFERS

4b (Code) (Expenses $ 1,921,867 including grants of $ 1,921,867) (Revenue $)

CLINICS AND ORAL HEALTH PROGRAMS SERVING LOW-INCOME INDIVIDUALS DELTA DENTAL OF WISCONSIN (DELTA) MAKES SIGNIFICANT CONTRIBUTIONS TO HELP ESTABLISH OR SUSTAIN MORE THAN TWENTY-FIVE CLINICS AND ORAL HEALTH PROGRAMS STATEWIDE THAT SPECIALIZE IN SERVING LOW-INCOME INDIVIDUALS COMBINED, THESE CLINICS AND ORAL HEALTH PROGRAMS 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 AND PROGRAMS ARE ESTABLISHED AND SUSTAINED THROUGH PARTNERSHIPS BETWEEN LOCAL COMMUNITY LEADERS, LOCAL DENTAL PROFESSIONALS, AND DELTA SUPPORT OF THESE CLINICS AND ORAL HEALTH PROGRAMS IS AN EXPRESSION OF DELTA'S COMMITMENT TO EXPAND ACCESS TO CARE (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses $ 164,085 including grants of $ 145,635) (Revenue $)

DENTAL WORKFORCE SUPPORT SINCE 2007, DELTA DENTAL OF WISCONSIN (DELTA) HAS DONATED MORE THAN $5 0 MILLION TO THE MARQUETTE UNIVERSITY DENTAL SCHOOL IN THE FORM OF GRANTS TO THE SCHOOL AS WELL AS SCHOLARSHIPS AND FELLOWSHIPS FOR DENTAL SCHOOL STUDENTS MARQUETTE UNIVERSITY IS 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 IN 2011, DELTA DONATED $2 MILLION TO MARQUETTE'S BUILDING FOR THE FUTURE EXPANSION PROJECT, WHICH SEEKS TO EXPAND STUDENT CAPACITY TO MEET FUTURE DENTAL WORKFORCE DEMANDS AND UPGRADE TECHNOLOGIES DELTA ESTABLISHED A SCHOLARSHIP PROGRAM IN 2005 THAT CURRENTLY PROVIDES APPROXIMATELY $130,000 IN SCHOLARSHIPS ANNUALLY TO A TOTAL OF 21 DENTAL SCHOOL STUDENTS IN ADDITION, DELTA SUPPORTS OTHER DENTAL WORKFORCE PROGRAMS THROUGH VARIOUS SCHOLARSHIPS IN SEVERAL TECHNICAL COLLEGES AND DENTAL RESIDENCIES AT MARSHFIELD CLINIC

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 548,585,844

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 instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *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		
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 for which 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line 10? *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		No
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	34,237		
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	244		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dennis Brown President & CEO	45 00	X		X				867,081	0	70,821
(2) Charles Nason Chairman & Director	2 00	X		X				118,248	0	0
(3) Christopher Queram Director	2 00	X						79,504	0	0
(4) David Bretting Director	2 00	X						76,204	0	0
(5) Eugene Randolph Director	2 00	X						75,404	0	0
(6) Monica Hebl DDS Director	2 00	X						62,504	0	17,500
(7) Vincent Lyles Director	2 00	X						70,004	0	0
(8) Karen Ordinans Director	2 00	X						77,404	0	0
(9) Tim Kinzel DDS Director	2 00	X						57,504	0	17,500
(10) Dennis Peterson Secretary and EVP	45 00			X				592,797	0	74,441
(11) Doug Ballweg Treasurer, VP & CFO	45 00			X				545,944	0	337,934
(12) Pamela Gartmann VP - Operations	45 00				X			368,159	0	396,895
(13) Karen Thompson VP - Business Development	45 00				X			351,127	0	74,197
(14) David Peterson VP - Sales & Marketing	45 00				X			376,729	0	465,513

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Fred Eichmiller VP & Science Officer	45.00				X			439,022	0	411,913
(16) Jeff Lutgen VP - Information Technology	45.00				X			264,496	0	434,628
(17) Sandra Bolz Senior Account Executive	45.00					X		188,505	0	37,423
(18) Kelly McGinty Director, Information Technology	45.00					X		189,250	0	56,552
(19) Thomas Williams Senior Account Executive	45.00					X		207,819	0	62,918
(20) Steve LeRoy Senior Sales Executive	45.00					X		182,398	0	37,270
(21) Maureen Noteboom Director, Account Management	45.00					X		175,859	0	66,519

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	5,365,962	0	2,562,024

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 33

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST DENTAL CARE - SHEBOYGAN 1212 HORTON STREET LACROSSE, WI 54601	DENTAL SERVICES	11,207,607
DENTAL ASSOCIATES LTD - CCD 11711 BURLEIGH ST WAUWATOSA, WI 53222	DENTAL SERVICES	10,159,630
WISCONSIN DENTAL GROUP SC 5100 W FOREST HOME AVE 203 MILWAUKEE, WI 53219	DENTAL SERVICES	7,966,725
DENTAL HEALTH ASSOCIATES OF MADISON 2971 CHAPEL VALLEY ROAD MADISON, WI 53711	DENTAL SERVICES	7,036,118
FIRST CHOICE DENTAL GROUP 925 N MAIN ST VERONA, WI 53593	DENTAL SERVICES	6,280,202

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1,008

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a	Premiums earned	524114	558,558,537	558,558,537		
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		558,558,537			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,190,526			3,190,526
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
		(i) Real / (ii) Personal					
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory	40,953,328	82,836			
	b	Less cost or other basis and sales expenses	33,284,728	84,990			
	c	Gain or (loss)	7,668,600	-2,154			
	d	Net gain or (loss) . . . . . ▶		7,666,446			7,666,446
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 . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	Income (loss) from subsidiary	900099	-68,757	-68,757		
	b	Equity loss on C3	900099	-3,815,465	-3,815,465		
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		-3,884,222			
	12	**Total revenue.** See Instructions . . . . . ▶		565,531,287	554,674,315	0	10,856,972

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,080,477	2,080,477		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,214,125	3,616,272	2,597,853	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,053,147	12,647,832	1,405,315	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,421,145	1,136,916	284,229	
9 Other employee benefits	3,828,583	3,062,866	765,717	
10 Payroll taxes	1,212,163	969,730	242,433	
11 Fees for services (non-employees)				
a Management				
b Legal	162,570	65,028	97,542	
c Accounting	110,230	44,092	66,138	
d Lobbying	36,173	14,469	21,704	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	380,815		380,815	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,069,329	4,562,396	506,933	0
12 Advertising and promotion	1,924,576	1,732,118	192,458	
13 Office expenses	3,950,362	3,555,326	395,036	
14 Information technology	1,841,333	1,657,200	184,133	
15 Royalties				
16 Occupancy	270,594	243,535	27,059	
17 Travel	859,151	687,321	171,830	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	979,104	783,283	195,821	
23 Insurance	77,490	44,944	32,546	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Claims incurred	498,331,377	498,331,377		
b Commissions	10,128,577	10,128,577		
c Non-grant charitable contributions	1,067,310	1,067,310		
d State income tax	1,379,613	938,137	441,476	
e All other expenses	1,218,232	1,216,638	1,594	0
25 **Total functional expenses.** Add lines 1 through 24e	556,596,476	548,585,844	8,010,632	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,700,846	1	3,512,512
	2	Savings and temporary cash investments		3,753,351	2	5,155,174
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,771,582	4	1,859,125
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		200,000	7	200,000
	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 13,512,032			
	b	Less accumulated depreciation	10b 7,566,077	6,235,921	10c	5,945,955
	11	Investments—publicly traded securities		141,927,500	11	160,066,384
	12	Investments—other securities See Part IV, line 11		8,830,327	12	8,776,106
	13	Investments—program-related See Part IV, line 11		5,430,312	13	6,614,847
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,222,040	15	3,939,347
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		186,071,879	16	196,069,450
Liabilities	17	Accounts payable and accrued expenses		14,216,072	17	14,534,412
	18	Grants payable		1,051,908	18	1,636,000
	19	Deferred revenue		5,483,496	19	5,983,924
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,984,769	25	9,977,602
	26	**Total liabilities.** Add lines 17 through 25		30,736,245	26	32,131,938
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		155,335,634	32	163,937,512
	33	Total net assets or fund balances		155,335,634	33	163,937,512
	34	Total liabilities and net assets/fund balances		186,071,879	34	196,069,450

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	565,531,287
2	Total expenses (must equal Part IX, column (A), line 25)	2	556,596,476
3	Revenue less expenses Subtract line 2 from line 1	3	8,934,811
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155,335,634
5	Net unrealized gains (losses) on investments	5	-353,368
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	20,435
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	163,937,512

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		823,580		823,580
b Buildings		6,891,984	3,379,800	3,512,184
c Leasehold improvements				
d Equipment		5,188,076	3,936,333	1,251,743
e Other		608,392	249,944	358,448
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,945,955

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

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Unpaid claim adjustment expense	516,487
Payable to subsidiaries	462,915
Unpaid claims	8,998,200
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	9,977,602

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Delta Dental of Wisconsin is organized as a nonprofit dental care plan for federal income tax purposes under Section 501(c)(4) of the Internal Revenue Code, and is therefore exempt from federal income taxes The subsidiary is subject to federal income taxes For Wisconsin income tax purposes, the parent company is taxed as an insurance company and files a combined state return with its subsidiary 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 Income tax expense for 2014 and 2013 consists of the federal and state income tax expense of the subsidiary and state income taxes of the parent company since the parent company is exempt from federal income taxes Income tax expense differs from the amounts obtained by applying the state income tax rate of 7 9 percent to the parent company's stand-alone pretax income (loss) and by applying a blended federal and state income tax rate of 39 2 percent to the subsidiary's pretax income (loss) for the years ended December 31, 2014 and 2013 DDW records a valuation allowance for any deferred tax assets related to charitable contribution carryforwards and losses on the investment in C3 Jian The Companies have not identified any material loss contingencies arising from uncertain tax positions The Company is no longer subject to Federal tax examinations by tax authorities for years before 2011 and state examinations for years before 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	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 Grants of more than $25,000 are reviewed and approval is determined by the Charitable Fund Committee, comprised of DDW Board and management team members Additionally, all grant requests of more than $200,000 are reviewed and approval determined by Delta Dental of Wisconsin's Board of Directors 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 funding 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 and general donations, Delta Dental may require follow-up reporting, depending on the organization and project
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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 Grants of more than $25,000 are reviewed and approval is determined by the Charitable Fund Committee, comprised of DDW Board and management team members Additionally, all grant requests of more than $200,000 are reviewed and approval determined by Delta Dental of Wisconsin's Board of Directors 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 funding 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 and general donations, Delta Dental may require follow-up reporting, depending on the organization and project

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
MARQUETTE UNIVERSITY SCHOOL OF DENTISTRYPO BOX 1881 MILWAUKEE,WI 53201	39-0806251	501(C)(3)	367,635		N/A	N/A	RURAL FELLOWSHIP, SCHOLARSHIPS, MISSION OF MERCY GRANT, DENTAL RESEARCH PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 OFHEALTH SERVICES1 WEST WILSON ST MADISON,WI 53707	39-6006469	STATE OF WI	250,000		N/A	N/A	SEAL-A-SMILE, A STATEWIDE SCHOOLD-BASED ORAL CARE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WISCONSIN DENTAL ASSOCIATION FOUNDATION6737W WASHINGTON ST SUITE 2360 WEST ALLIS, WI 53214	39-0965289	501(C)(3)	70,975		N/A	N/A	MISSION OF MERCY, DONATED DENTAL SERVICES FOR LOW INCOME

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AIDS RESOURCE CENTER OF WISCONSIN820 NORTH PLANKINTON AVE MILWAUKEE,WI 53203	39-1534049	501(C)(3)	50,000		N/A	N/A	DENTAL CARE FOR UNINSURED AIDS AND HIV PATIENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SPECIAL OLYMPICS WISCONSIN INC2310 CROSSROADS DR MADISON,WI 53718	39-1176591	501(C)(3)	25,000		N/A	N/A	SPECIAL SMILES, AN ORAL SCREENING AND EDUCATION FOR SPECIAL OLYMPICS ATHLETES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
HEALTHNET OF ROCK COUNTY INC23 W MILWAUKEE ST JANESVILLE,WI 53548	39-1778804	501(C)(3)	75,000		N/A	N/A	FUNDING FOR DENTAL CLINIC FOR UNINSURED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
GREATER MILWAUKEE DENTAL ASSOCIATION 6737 W WASHINGTON ST WEST ALLIS, WI 53214	39-0476070	501(C)(6)	15,000		N/A	N/A	SMILE DAY, FREE ORAL HEALTH EDUCATION EVENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BUILDING FOR KIDS INC 100 W COLLEGE AVE APPLETON, WI 54911	39-1706260	501(C)(3)	7,500		N/A	N/A	MILES OF SMILES, FREE ORAL HEALTH EDUCATION EVENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BREWERS COMMUNITY FOUNDATION INCONE BREWERS WAY MILWAUKEE,WI 53214	39-1970152	501(C)(3)	25,000		N/A	N/A	TEAM SMILE, FREE DENTAL CARE DAY FOR YOUTH AT RISK

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BOYS & GIRLS CLUB OF GREATER MILWAUKEE INC 1558 N 6TH STREET MILWAUKEE,WI 53212	39-0806292	501(C)(3)	25,500		N/A	N/A	ORAL CARE PILOT PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHURCH HEALTH SERVICES INC115 CENTER STREET BEAVER DAM,WI 53916	39-1759669	501(C)(3)	102,000		N/A	N/A	START-UP FUNDING FOR NEW DENTAL SAFETY NET CLINIC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SAINT MICHAELS FOUNDATION OF STEVENS POINT900 ILLINOIS AVENUE STEVENS POINT, WI 54481	39-1657410	501(C)(3)	101,000		N/A	N/A	FUNDING FOR UNREIMBURSED DENTAL SERVICES AT MINISTRY DENTAL AND FUNDING FOR BIRTH-3 ORAL HEALTH PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHILDRENS HOSPITAL OF WISCONSIN INC9000 W WISCONSIN AVE MILWAUKEE,WI 53201	39-0812532	501(C)(3)	125,000		N/A	N/A	EQUIP/UPDATE A DENTAL CLINIC FOR LOW INCOME INDIVIDUALS IN MILWAUKEE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
UNITED WAY OF PORTAGE COUNTY INC1100 CENTERPOINT DRIVE SUITE 302 STEVENS POINT, WI 54481	39-0831152	501(C)(3)	316,546		N/A	N/A	SUPPORT FOR UNITED WAY AGENCIES IN PORTAGE COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
MADISON DENTAL INITIATIVE INC630 E WASHINGTON AVE MADISON,WI 53703	26-4397163	501(C)(3)	40,850		N/A	N/A	EQUIPMENT/SUPPLIES FOR DENTAL CARE PROVIDED TO HOMELESS INDIVIDUALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CITY OF ELROY225 MAIN ST ELROY,WI 53929	39-6005444	LOCAL GOVT	7,161		N/A	N/A	FLUORIDATION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
TRI-COUNTY COMMUNITY DENTAL CLINIC9 TRI-PARK WAY APPLETON,WI 54914	47-0862462	501(C)(3)	40,000		N/A	N/A	FUNDING FOR FOCUS ON CHILDREN DENTAL PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ROTARY FOUNDATION OF GREEN BAY INCPO BOX 5 GREEN BAY,WI 54305	39-2000342	501(C)(3)	50,000		N/A	N/A	FUNDING FOR BROWN COUNTY ORAL HEALTH PARTNERSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
THE LAKES COMMUNITY HEALTH CENTER INC7665 US HWY 2 IRON RIVER,WI 54847	35-2297925	501(C)(3)	21,390		N/A	N/A	FUNDING FOR EQUIPMENT/SUPPLIES TO INCREASE ACCESS TO ENDODONTIC SERVICES FOR LOW INCOME POPULATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BOYS & GIRLS CLUB OF PORTAGE COUNTY INCPO BOX 171 STEVENS POINT, WI 54481	73-1630506	501(C)(3)	250,000		N/A	N/A	CAPITAL CAMPAIGN GRANT TO FUND ORAL HEALTH COMPONENT OF NEW FACILITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AFFORDABLE DENTAL CARE INC113 EAST MAIN ST WHITEWATER,WI 53190	27-1995048	501(C)(3)	30,000		N/A	N/A	FUNDING FOR SAFETY NET CLINIC IN WALWORTH COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
VILLAGE OF VESPERPO BOX 127 VESPER, WI 54489	39-1155521	LOCAL GOVT	8,544		N/A	N/A	FLUORIDATION GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
UNIVERSITY OF CONNECTICUT HEALTH CENTER263 FARMINGTON AVE FARMINGTON,CT 06030	52-1725543	501(C)(3)	24,000		N/A	N/A	RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
UNIVERSITY OF MICHIGAN 1011 N UNIVERSITY RM 2391 ANN ARBOR, MI 48190	38-6006309	501(C)(3)	36,376		N/A	N/A	GRANT FOR BIOMARKER PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CENTRAL WISCONSIN CHILDREN'S MUSEUM1100 MAIN ST STEVENS POINT,WI 54481	39-1809569	501(C)(3)	6,000		N/A	N/A	HAPPY TEETH EXHIBIT IMPROVEMENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AMERICAN DIABETES ASSOCIATION375 BISHOPS WAY SUITE 220 BROOKFIELD, WI 53005	13-1623888	501(C)(3)	10,000		N/A	N/A	ORAL HEALTH EDUCATION PROGRAM FOR CHILDREN WITH DIABETES

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II DEFERRED COMPENSATION	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)
Schedule J, Part I, Line 1a First-class or charter travel	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
Schedule J, Part I, Line 1a Travel for companions	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
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 Additional amounts are expensed annually as a result of changes in the present value of the liabilities No benefits were paid under these plans in 2014 The benefits payable under the plans totaled $7,189,580 at 12/31/14 and are expected to be paid in 2015 and beyond to other participating executives
Schedule J, Part I, Line 5a Compensation contigent on revenues of the organization	Sales employees are eligible to receive incentive compensation based upon revenues earned The amount of compensation for a particular time period is calculated by applying factors for new and renewal business against the corresponding revenue that each sales employee sold during that period

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dennis Brown President & CEO	(I) (II)	611,053 0	235,840 0	20,188 0	42,900 0	27,921 0	937,902 0	0 0
1 Dennis Peterson Secretary and EVP	(I) (II)	403,504 0	175,701 0	13,592 0	42,900 0	31,541 0	667,238 0	0 0
2 Doug Ballweg Treasurer, VP & CFO	(I) (II)	365,428 0	156,613 0	23,903 0	304,648 0	33,286 0	883,878 0	0 0
3 Pamela Gartmann VP - Operations	(I) (II)	254,402 0	104,409 0	9,348 0	383,398 0	13,497 0	765,054 0	0 0
4 Karen Thompson VP - Business Development	(I) (II)	229,152 0	116,681 0	5,294 0	42,900 0	31,297 0	425,324 0	0 0
5 David Peterson VP - Sales & Marketing	(I) (II)	265,289 0	101,200 0	10,240 0	431,481 0	34,032 0	842,242 0	0 0
6 Fred Eichmiller VP & Science Officer	(I) (II)	298,525 0	129,336 0	11,161 0	374,737 0	37,176 0	850,935 0	0 0
7 Jeff Lutgen VP - Information Technology	(I) (II)	157,492 0	99,231 0	7,773 0	400,949 0	33,679 0	699,124 0	0 0
8 Sandra Bolz Senior Account Executive	(I) (II)	179,042 0	6,246 0	3,217 0	27,041 0	10,382 0	225,928 0	0 0
9 Kelly McGinty Director, Information Technology	(I) (II)	179,086 0	7,002 0	3,162 0	32,440 0	24,112 0	245,802 0	0 0
10 Thomas Williams Senior Account Executive	(I) (II)	198,297 0	7,310 0	2,212 0	39,466 0	23,452 0	270,737 0	0 0
11 Steve LeRoy Senior Sales Executive	(I) (II)	175,610 0	6,538 0	250 0	32,320 0	4,950 0	219,668 0	0 0
12 Maureen Noteboom Director, Account Management	(I) (II)	164,488 0	6,157 0	5,214 0	32,024 0	34,495 0	242,378 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BURLEIGH DENTAL SC	ENTITY MORE THAN 35% OWNED BY MONICA HEBL, CURRENT DIRECTOR	136,711	DENTAL CLAIMS		No
(2) CHARLES NASON	CHARLES NASON IS CHAIRMAN OF THE BOARD OF DELTA DENTAL OF WISCONSIN, INC	118,248	BOARD COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Delta Dental of Wisconsin Inc	39-6094742

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	- 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

Return Reference	Explanation
Form 990, Part III, Line 4b PROGRAM SERVICE ACCOMPLISHMENT	(CONTINUATION FROM FORM 990, PART III LINE 4B) 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.

Return Reference	Explanation
Form 990, Part IV, Line 8 Lobbying Activities	This question is not applicable and was intentionally answered 'no' Delta Dental of Wisconsin does record lobbying expense, however the organization does not receive membership dues and thus not subject to the notice and reporting requirement or the proxy tax

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management reviews the Form 990 with the paid tax preparer and a final copy of the return is provided to the full Board of Directors prior to filing with the IRS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Delta Dental of Wisconsin (Delta) engaged Longnecker & Associates, an independent compensation consultant, to assist in determining the compensation of Delta's top management officials 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 2014

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Delta Dental of Wisconsin (Delta) engaged Longnecker & Associates, 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 President, Executive Vice President, and other vice presidents, was last undertaken in 2014 For all other employees, the Vice President, Administration, and the Director, Human Resources, of Delta Dental of Wisconsin rely 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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in deferred tax liability - 20435,

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) WYSSTA INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 39-6094742	HOLDING COMPANY	WI	DELTA DENTAL WI	C Corporation	0	10,513,487	100 %	Yes	
(2) WYSSTA INVESTMENTS INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 20-5721846	INVESTING	WI	WYSSTA INC	C Corporation	-748,658	1,237,840	100 %	Yes	
(3) WYSSTA INSURANCE COMPANY INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 20-3212328	VISION INSURER	WI	WYSSTA INC	C Corporation	6,900,542	8,634,105	100 %	Yes	
(4) WYSSTA SERVICES INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 39-1934578	DENTAL ADMINISTRATOR	WI	WYSSTA INC	C Corporation	101,611	509,632	100 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Wyssta Insurance Company Inc	R	6,759,415	Actual premium received
(2) Wyssta Insurance Company Inc	S	377,616	Actual commissions paid
(3) Wyssta Insurance Company Inc	O	215,569	Allocation based on employees' time

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation