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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury

Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Delta Dental of Washington

% BRADLEY BERG

Doing business as

Number and street (or P O box if mail is not delivered to street address)

400 Fairview Ave N Suite 800

Room/suite

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

Seattle, WA 98109

F Name and address of principal officer

BRADLEY A BERG

400 Fairview Ave N Suite 800

Seattle, WA 98109

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 ▶

D Employer identification number

91-0621480

E Telephone number

(206) 522-1300

G Gross receipts \$ 1,283,378,216

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.deltadentalwa.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1954

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

BRADLEY A BERG CFO & COO

Type or print name and title

2017-07-21

Date

Paid Preparer Use Only

Print/Type preparer's name

SUE ROBISON

Preparer's signature

SUE ROBISON

Date

2017-07-20

Check ☐ if self-employed

PTIN

P00560072

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 1918 Eighth Avenue Suite 2900

Phone no (206) 913-4000

Seattle, WA 98101

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 1,134,360,963 including grants of \$) (Revenue \$ 1,214,441,463)

See Additional Data

4b (Code) (Expenses \$ 2,821,958 including grants of \$) (Revenue \$)

See Additional Data

4c (Code) (Expenses \$ 1,830,880 including grants of \$ 1,830,880) (Revenue \$)
















See Additional Data

(Code) (Expenses \$ 753,329 including grants of \$ 260,205) (Revenue \$ 100,374)

SMILEMOBILE REVENUE

4d Other program services (Describe in Schedule O)
(Expenses \$ 753,329 including grants of \$ 260,205) (Revenue \$ 100,374)**4e** Total program service expenses ► 1,139,767,130

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	Yes
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	No
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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	52,338
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	431
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 11		
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	Yes	
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	Yes	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		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	Yes
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	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	WA
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ▶BRADLEY BERG 400 FAIRVIEW AVE N SUITE 800 SEATTLE, WA 98109 (206) 522-1300	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) BECK G DOUGLAS CHAIR	11 0 4 0	X		X				154,573	0	0
(2) BROWN COLLEEN B DIRECTOR	4 0 3 0	X						129,193	0	0
(3) DWYER JAMES D PRESIDENT & CEO	36 0 4 0	X		X				2,088,436	0	142,140
(4) FARRELL ANNE V DIRECTOR	8 0 3 0	X						108,885	0	0
(5) HARWELL JANIS L SECRETARY	8 0 3 0	X		X				118,049	0	0
(6) LABBERTON WELLS K DIRECTOR	9 0 4 0	X						344,598	0	0
(7) LOHKAMP JOANNA L DIRECTOR	8 0 3 0	X						118,131	0	0
(8) PHIPPS GERALD S VICE CHAIR	12 0 5 0	X		X				152,042	0	0
(9) RUTHERFORD EVE M DIRECTOR	7 0 3 0	X						595,966	0	0
(10) SEELY JEFFREY T DIRECTOR	12 0 5 0	X						129,207	0	0
(11) TUNE JAMES F TREASURER	6 0 3 0	X		X				125,129	0	0
(12) BERG BRADLEY COO & CFO	36 0 4 0			X				724,661	0	130,469
(13) ALIABADI KAREN CHIEF HR STRATEGIST	40 0 0 0				X			443,603	0	95,327
(14) BURSETT JOHN SR VP, UNDERWRITING/ACTUARIAL	32 0 0 0				X			246,321	0	41,821
(15) GATES THOMAS VP, PLANNING & CORP DEVEL	40 0 0 0				X			679,702	0	107,737
(16) LO ERIC VP, ACTUARIAL & UNDERWRITING	40 0 0 0				X			390,474	0	55,285
(17) LOWRY-OAKES DIANE PRESIDENT & CEO FOUNDATION	40 0 0 0				X			223,259	0	93,330

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			
(18) MERLO KRISTIN CHIEF MKTG, INFO & SALES OFF	40 0 0 0				X			715,785	0	51,116
(19) SNYDER CINDY VP, INNOVATIVE SERVICES	40 0 0 0				X			339,523	0	128,115
(20) CURHAN SUSAN DIRECTOR, MKTG & PRODUCT MGMT	40 0 0 0					X		269,979	0	15,819
(21) DOSCH KYLE DENTAL DIRECTOR	40 0 0 0					X		223,037	0	24,610
(22) JAHRMAN CHRISTOPHER DIRECTOR, OPS & PATIENT EXPERI	40 0 0 0					X		223,246	0	30,225
(23) LAY LINDA DIRECTOR, SALES ACCT MGMT	40 0 0 0					X		320,815	0	24,263
(24) SCHOBER DEBRA SENIOR SALES EXECUTIVE	40 0 0 0					X		424,301	0	28,609
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,288,915	0	968,866

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 ► 111

	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		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	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		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
DECARE SYSTEMS, UNIT 1 CURRAHEEN ROAD CORK, 0 EI	SOFTWARE DEVELOPMENT	5,600,620
CHANGE HEALTHCARE OPERATIONS LLC, PO BOX 572490 MURRAY, UT 84157	PRINTING/MAILING	3,607,294
ENCARA INC, 4818 STARKEY ROAD SW ROANOKE, VA 24018	INDIVIDUAL PLAN TPA	2,870,782
TIG, PO BOX 85244 SAN DIEGO, CA 92186	COMPUTER VENDOR	2,638,576
WEST MONROE PARTNERS LLC, 222 WEST ADAMS ST FL 11 CHICAGO, IL 60606	CONSULTING	1,759,117

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 ► 88

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	3,150			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,081			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		15,231			
Program Service Revenue		Business Code				
	2a PROGRAM REVENUE	524114	1,214,441,463	1,214,441,463		
	b SMILEMOBILE (MOBILE DENTIST OFFICE)	621990	100,374	100,374		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,214,541,837			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,967,668			4,967,668
	4 Income from investment of tax-exempt bond proceeds		165,184			165,184
	5 Royalties		0			
	6a Gross rents	(i) Real 505,596	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)	505,596	0			
	d Net rental income or (loss)		505,596			505,596
	7a Gross amount from sales of assets other than inventory	(i) Securities 47,788,880	(ii) Other 15,319,563			
	b Less cost or other basis and sales expenses	47,207,550				
	c Gain or (loss)	581,330	15,319,563			
	d Net gain or (loss)		15,900,893			15,900,893
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a OTHER INCOME	900099	74,257	74,257			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		74,257				
12 Total revenue. See Instructions		1,236,170,666	1,214,616,094		21,539,341	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,086,085	2,086,085		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	5,000	5,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	1,095,470,209	1,095,470,209		
5 Compensation of current officers, directors, trustees, and key employees.	8,674,992	3,281,652	5,393,340	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	27,747,667	10,116,730	17,630,937	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,759,741	525,963	1,233,778	
9 Other employee benefits.	7,031,735	2,455,688	4,576,047	
10 Payroll taxes.	2,635,058	977,555	1,657,503	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	394,471	50,629	343,842	
c Accounting.	293,159		293,159	
d Lobbying.	72,401	72,401		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	400,027		400,027	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,727,027	3,303,322	3,423,705	
12 Advertising and promotion.	4,995,487	2,821,957	2,173,530	
13 Office expenses.	6,007,575	3,380,520	2,627,055	
14 Information technology.	5,523,349	34,878	5,488,471	
15 Royalties.	0			
16 Occupancy.	2,089,158	890,171	1,198,987	
17 Travel.	1,642,916	492,239	1,150,677	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	968,748	122,385	846,363	
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	5,361,440	106,833	5,254,607	
23 Insurance.	335,447		335,447	
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 COMMISSIONS	12,089,192	12,089,192		
b TAXES & SERVICE CHARGES	11,988,722	1,394,116	10,594,606	
c RESEARCH & DEVELOPMENT	187,990		187,990	
d DUES & SUBSCRIPTIONS	986,131	56,316	929,815	
e All other expenses	573,562	33,289	540,273	
25 Total functional expenses. Add lines 1 through 24e.	1,206,047,289	1,139,767,130	66,280,159	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		215,485	1	23,377,578
	2	Savings and temporary cash investments		2,627,084	2	2,847,707
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		28,082,760	4	20,123,062
	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	0
	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	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		3,916,372	9	5,751,003
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	59,959,780		
	b	Less: accumulated depreciation	10b	41,458,332		
				19,693,702	10c	18,501,448
	11	Investments—publicly traded securities		176,925,744	11	175,274,728
	12	Investments—other securities. See Part IV, line 11		1,263,358	12	1,633,128
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		884,737	15	856,731	
16	Total assets. Add lines 1 through 15 (must equal line 34)		233,609,242	16	248,365,385	
Liabilities	17	Accounts payable and accrued expenses		52,572,751	17	50,283,870
	18	Grants payable		125,000	18	77,500
	19	Deferred revenue		7,069,389	19	5,059,090
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		0	25	0
	26	Total liabilities. Add lines 17 through 25		59,767,140	26	55,420,460
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		173,842,102	27	192,944,925
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		173,842,102	33	192,944,925	
34	Total liabilities and net assets/fund balances		233,609,242	34	248,365,385	

Part XI Reconciliation of Net AssetsCheck 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	1,236,170,666
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,206,047,289
3	Revenue less expenses Subtract line 2 from line 1	3	30,123,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	173,842,102
5	Net unrealized gains (losses) on investments	5	4,579,446
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	-15,600,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,944,925

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID:

Software Version:

EIN: 91-0621480

Name: Delta Dental of Washington

Form 990 (2016)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b: <u>See Schedule O</u>
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Form 990, Part III, Line 4c: <u>See Schedule O</u>
--

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.	2016 Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Delta Dental of Washington	Employer identification number 91-0621480
--	---

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2 Political expenditures	▶ \$ 137,200
3 Volunteer hours	

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

1 Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b If "Yes," describe in Part IV		

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	137,200
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	137,200
4 Did the filing organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) FRIENDS OF ANDREW BARKIS	PO BOX 8728 LACEY, WA 98509	81-1755579	1,000	
(2) ANNETTE CLEVELAND FOR STATE SENATE	6400 NE HIGHWAY 99 VANCOUVER, WA 98665	45-4514627	2,000	
(3) COMMITTEE TO ELECT BARBARA BAILEY	PO BOX 374 OAK HARBOR, WA 98277	02-0556800	1,050	
(4) FRIENDS TO ELECT RANDI BECKER	PO BOX 83 GRAHAM, WA 98338	77-0708976	1,050	
(5) FRIENDS OF BETH BETH DOGLIO	PO BOX 222 OLYMPIA, WA 98507	47-5314796	500	
(6) FRIENDS OF ANDY BILLIG	PO BOX 145 SPOKANE, WA 99210	27-1127517	1,050	

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Form Sch C Part I-A Line 1	DDWA PROVIDES DIRECT CAMPAIGN CONTRIBUTIONS TO CANDIDATES FOR WASHINGTON STATE ELECTED EXECUTIVE OFFICE, LEGISLATIVE OFFICE, AND POLITICAL ORGANIZATIONS IN ORDER TO PROMOTE AN ENVIRONMENT FOR IMPROVED ORAL HEALTH AND OVERALL HEALTH CARE POLICY, AS WELL AS TO SUPPORT OUR OVERALL MISSION OF IMPROVING ORAL HEALTH IN OUR STATE. DDWA ALSO PROVIDES LIMITED, DIRECT SUPPORT FOR LOCAL LEVEL CANDIDATES OR INITIATIVES THAT PROMOTE A POSITIVE BUSINESS CLIMATE IN WASHINGTON STATE. ALL CONTRIBUTIONS ARE CONDUCTED IN ACCORDANCE WITH FEDERAL AND STATE LAWS AND REPORTING REQUIREMENTS.

Additional Data

Software ID:
Software Version:
EIN: 91-0621480
Name: Delta Dental of Washington

Form 990, Schedule C, Part 1-C, Line 5

(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization’s funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
FRIENDS OF ANDREW BARKIS	PO BOX 8728 LACEY, WA 98509	811755579	1000	
ANNETTE CLEVELAND FOR STATE SENATE	6400 NE HIGHWAY 99 VANCOUVER, WA 98665	454514627	2000	
COMMITTEE TO ELECT BARBARA BAILEY	PO BOX 374 OAK HARBOR, WA 98277	020556800	1050	
FRIENDS TO ELECT RANDI BECKER	PO BOX 83 GRAHAM, WA 98338	770708976	1050	
FRIENDS OF BETH BETH DOGLIO	PO BOX 222 OLYMPIA, WA 98507	475314796	500	
FRIENDS OF ANDY BILLIG	PO BOX 145 SPOKANE, WA 99210	271127517	1050	

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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Delta Dental of Washington				Employer identification number 91-0621480	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0		0
b Buildings		0	0	0
c Leasehold improvements		499,043	388,269	110,774
d Equipment		9,856,153	8,300,858	1,555,295
e Other		49,604,584	32,769,205	16,835,379
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,501,448

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

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

☐

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
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' on 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	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Washington

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Employer identification number
91-0621480

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

17

3

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Form Sch I Part I Line 2	THE GRANTEE IS REQUIRED TO SIGN A GRANT AGREEMENT STATING THAT THEY WILL USE THE FUNDS ONLY FOR PURPOSES OUTLINED IN THE GRANT AGREEMENT AND APPLICATION THE GRANTEE IS REQUIRED TO FILE REPORTS ON REGULAR INTERVALS OUTLINING THE USE OF FUNDS GRANTEE IS ALSO REQUIRED TO RETURN UNUSED FUNDING IF APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 91-0621480
Name: Delta Dental of Washington

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Choice Regional Health Network 1217 4th Ave E Ste 200 Olympia, WA 98506	91-1704039	501(C)(3)	15,000				Prenatal Pilot
South Park Senior Citizens 8201 10th Ave S STE 4 Seattle, WA 98108	91-1317638	501(C)(3)	10,000				Dental hygiene 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 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
Volunteers in Medicine of the Olympics PO Box 639 Port Angeles, WA 98362	01-0590704	501(C)(3)	282,635				Fund equipment for non-profit clinic
Washington Association of Community Migrant Health 2120 State Avenue NE Suite 220 Olympia, WA 98506	91-1323282	501(C)(3)	53,764				Community Health Center Learning Session

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington State Department of Health PO Box 47880 Olympia, WA 98507	91-1444603	WA DOH	16,595				Water engineer grants
Washington Early Learning Fund 1111 3rd Avenue STE 210 Seattle, WA 98101	20-4829769	501(C)(3)	65,000				State Home Visiting Match Fund to expand

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health Point 955 Powell Ave SW Renton, WA 98057	91-0884412	501(C)(3)	225,000				Expansion of Dental Clinic
Charitable Partnership Fund PO Box 13276 Portland, OR 97213	93-1267966	501(C)(3)	13,125				New dental clinic in Tukwila

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Puyallup Tribal Health Authority 2209 E 32nd ST Tacoma, WA 98404	91-1116355	501(C)(3)	225,000				Expansion of Dental Clinic
Better Health Together 1023 W Riverside STE 101 Spokane, WA 99201	90-0997482	501(C)(3)	35,000				Accountable Community 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 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 Academy of Pediatrics 141 Northwest Point Boule Elk Grove, IL 60007	36-2275597	501(C)(3)	50,000				National Fluoridation Campaign
Swinomish Indian Tribal Community 11404 Moorage Way La Conner, WA 98257	91-0434170	501(C)(3)	385,000				Expansion of Tribal 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 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 Point Gamble S'Klallam Tribe 31912 Little Boston Rd NE Kingston, WA 98346	91-0875163	501(C)(3)	62,500				Expansion of Tribal Clinic
Country Doctor Community Clinic 500 19th Avenue E Seattle, WA 98112	23-7100868	501(C)(3)	300,000				New Dental 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 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
Peninsula Community Health Services PO Box 960 Bremerton, WA 98337	94-3079770	501(C)(3)	180,000				New Dental Clinic in Belfair
Project Access Northwest 1111 Harvard Ave Seattle, WA 98122	20-4377921	501(C)(3)	15,000				King County Dental Care Coordination

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Regional Primary Care Association 200 W Thomas St STE 330 Seattle, WA 98119	91-1252785	501(C)(3)	10,500				NACHC Oral Health Sealant Collaborative

<div>Schedule J</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>		<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>Delta Dental of Washington</div>		<div>Employer identification number</div> <div>91-0621480</div>

Part I Questions Regarding Compensation			Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use </div> <div> <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence </div> <div> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees </div> <div> <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>				
<div>b</div> <div>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.</div>			1b	Yes
<div>2</div> <div>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?</div>			2	Yes
<div>3</div> <div>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.</div> <div> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract </div> <div> <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study </div> <div> <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>				
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>				
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>			4a	Yes
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>			4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>			4c	No
<div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>				
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>				
<div>a</div> <div>The organization?</div>			5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>			5b	No
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>				
<div>a</div> <div>The organization?</div>			6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>			6b	No
<div>7</div> <div>For persons listed on 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.</div>			7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>			8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>			9	

For each individual whose compensation must be reported on 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.

Schedule J (Form 990) 2016

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 I, LINE 1A	DDWA OCCASIONALLY PAYS FOR SPOUSAL TRAVEL FOR THE CEO, WHICH IS TREATED AS TAXABLE INCOME. ANY FIRST CLASS TRAVEL IS SUBJECT TO THE APPROVAL OF THE CEO. DDWA PROVIDES A WELLNESS PROGRAM WHICH REIMBURSES 50% OF APPROVED EXPENSES FOR ALL EMPLOYEES WORKING 30 HOURS OR MORE A WEEK, WITH A MAXIMUM PAYABLE OF \$40/ MONTH, OR \$480 PER YEAR, AND 25% OF APPROVED EXPENSES FOR PART-TIME EMPLOYEES WORKING 20 TO 30 HOURS A WEEK WITH A MAXIMUM PAYMENT OF \$20/ MONTH, OR \$240 PER YEAR FOR HEALTH CLUB MEMBERSHIPS, AEROBIC OR GENERAL EXERCISE CLASSES, WEIGHT LOSS PROGRAMS, STRESS MANAGEMENT AND MASSAGE THERAPY. THESE REIMBURSEMENTS ARE TREATED AS TAXABLE INCOME. ADDITIONALLY, HEALTH OR LUNCHEON CLUB DUES ARE PAID IN FULL FOR SENIOR MANAGEMENT WHICH IS INCLUDED IN TAXABLE INCOME. DDWA GROSSES UP AN EXECUTIVE AUTO STIPEND PAID TO CERTAIN EMPLOYEES. DDWA GROSSES UP BOARD MEMBER FEES TO COVER B&O TAXES ASSESSED ON DIRECTOR FEES PAID TO THE BOARD.
SCHEDULE J, PART I, LINE 3	THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD OF DIRECTORS ENGAGES AN EXTERNAL CONSULTANT TO EVALUATE THE COMPENSATION OF ALL KEY EMPLOYEES, INCLUDING PRESIDENT AND CEO, COO/CFO, VP UNDERWRITING/ACTUARIAL, CMO/CIO/CSO, VP PLANNING, AND CORPORATE DEVELOPMENT, CHIEF HUMAN RESOURCE STRATEGIST, AND VP INNOVATIVE SERVICES & PROVIDER RELATIONS, IN COMPARISON TO THE PRACTICE OF SIMILAR EMPLOYERS IN THE MARKETPLACE. THE PROCESS IS CONDUCTED ON AN ANNUAL BASIS.
SCHEDULE J, PART I, LINE 4B	THE COMPANY MAKES CONTRIBUTIONS TO A NON-QUALIFIED, SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), AS DETERMINED BY THE BOARD OF DIRECTORS, WHICH IS SUBJECT TO CODE SECTION 457(B). PLAN PARTICIPANTS ARE "KEY EMPLOYEES" WHO RECEIVE AN ANNUAL CONTRIBUTION BASED ON THEIR AGE, EARNINGS AND PROJECTED 401(K) INVESTMENT RETURNS. THE INVESTMENT OF THE COMPANY CONTRIBUTIONS IS DIRECTED BY EACH PARTICIPANT, BUT VESTING OF THE BENEFIT IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS REQUIRED BY CODE SECTION 409(A). CONTRIBUTIONS MADE IN 2016 WERE AS FOLLOWS: BRADLEY BERG, CHIEF OPERATING AND FINANCIAL OFFICER, \$83,272; THOMAS GATES, VP PLANNING AND CORPORATE DEVELOPMENT, \$56,674; ERIC LO, VP UNDERWRITING/ACTUARIAL, \$10,937; CINDY SNYDER, VP INNOVATION SERVICES AND PROVIDER RELATIONS, \$87,338; KAREN ALIABADI, CHIEF HR STRATEGIST, \$57,532; DIANE LOWRY-OAKES, PRESIDENT & CEO of WDS Foundation, \$46,298. THE 457(B) PLAN HAD TOTAL ASSETS OF \$644,644 AT DECEMBER 31, 2016. THE COMPANY ALSO MAKES A CONTRIBUTION TO A 457(F) NON-QUALIFIED SERP, A DEFINED CONTRIBUTION PLAN FOR THE COMPANY'S PRESIDENT AND CEO DUE TO AGE RESTRICTIONS ASSOCIATED WITH THE 457(B) PLAN. THE COMPANY CONTRIBUTED \$100,000 TO THE PLAN FOR 2016. THE 457(F) PLAN HAD TOTAL ASSETS OF \$386,858 AT DECEMBER 31, 2016. IN ADDITION, THERE IS ANOTHER 457(B) NONQUALIFIED SERP DEFERRED COMPENSATION PLAN FOR SENIOR MANAGEMENT THAT THE COMPANY DOES NOT MAKE ANY CONTRIBUTIONS TO. EACH OF THE FOLLOWING PARTICIPANTS CONTRIBUTED \$18,000 TO THE PLAN DURING 2016: JAMES DWYER, BRADLEY BERG, KRISTIN MERLO, ERIC LO, AND DIANE LOWRY-OAKES. THE PLAN HAD TOTAL ASSETS OF \$627,397 AT DECEMBER 31, 2016.
SCHEDULE J, PART I, LINE 6A	THE BOARD OF DDWA ANNUALLY APPROVES A COMPANY-WIDE BONUS MATRIX BASED ON SEVEN METRICS, ONE OF WHICH WAS BASED ON THE OPERATING PROFIT MARGIN FOR THE FISCAL YEAR. THE OTHER METRICS WERE ADMINISTRATIVE COST, NEW SALES FOR SMALL AND LARGE CUSTOMERS, CUSTOMER PERSISTENCY, NETWORK GROWTH AND OPERATIONAL PERFORMANCE.

Additional Data

Software ID:
Software Version:
EIN: 91-0621480
Name: Delta Dental of Washington

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BECK G DOUGLAS CHAIR	(i)	154,573					154,573	
	(ii)							
1DWYER JAMES D PRESIDENT & CEO	(i)	794,462	1,280,000	13,974	118,000	24,140	2,230,576	
	(ii)							
2LABBERTON WELLS K DIRECTOR	(i)	131,375		213,223			344,598	
	(ii)							
3PHIPPS GERALD S VICE CHAIR	(i)	147,620		4,422			152,042	
	(ii)							
4RUTHERFORD EVE M DIRECTOR	(i)	120,533		475,433			595,966	
	(ii)							
5BERG BRADLEY COO & CFO	(i)	475,852	239,692	9,117	101,272	29,197	855,130	
	(ii)							
6ALIABADI KAREN CHIEF HR STRATEGIST	(i)	272,550	166,161	4,892	75,532	19,795	538,930	
	(ii)							
7BURSETT JOHN SR VP, UNDERWRITING/ACTUARIAL	(i)	202,344	48,337	-4,360	24,281	17,540	288,142	
	(ii)							
8GATES THOMAS VP, PLANNING & CORP DEVEL	(i)	302,241	393,798	-16,337	74,674	33,063	787,439	
	(ii)							
9LO ERIC VP, ACTUARIAL & UNDERWRITING	(i)	252,645	135,635	2,194	28,937	26,348	445,759	
	(ii)							
10LOWRY-OAKES DIANE PRESIDENT & CEO FOUNDATION	(i)	187,928	33,027	2,304	61,332	31,998	316,589	
	(ii)							
11MERLO KRISTIN CHIEF MKTG, INFO & SALES OFF	(i)	410,077	293,553	12,155	18,000	33,116	766,901	
	(ii)							
12SNYDER CINDY VP, INNOVATIVE SERVICES	(i)	209,653	118,742	11,128	104,110	24,005	467,638	
	(ii)							
13CURHAN SUSAN DIRECTOR, MKTG & PRODUCT MGMT	(i)	85,973	43,219	140,787	5,189	10,630	285,798	
	(ii)							
14DOSCH KYLE DENTAL DIRECTOR	(i)	182,126	40,937	-26	14,570	10,040	247,647	
	(ii)							
15JAHRMAN CHRISTOPHER DIRECTOR, OPS & PATIENT EXPERI	(i)	179,875	44,960	-1,589	14,372	15,853	253,471	
	(ii)							
16LAY LINDA DIRECTOR, SALES ACCT MGMT	(i)	178,070	141,501	1,244	14,246	10,017	345,078	
	(ii)							
17SCHOBBER DEBRA SENIOR SALES EXECUTIVE	(i)	101,194	325,200	-2,093	8,096	20,513	452,910	
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Washington

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

2016

Open to Public Inspection

Employer identification number

91-0621480

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III, LINE 1	DDWA WILL REVOLUTIONIZE THE ORAL HEALTH INDUSTRY AND IMPROVE OVERALL HEALTH THIS INCLUDES , BUT IS NOT LIMITED TO, THE FOLLOWING TO SECURE DENTAL SERVICE FOR EMPLOYER GROUPS, INDIVIDUALS AND THEIR FAMILIES, PROVIDE INNOVATIVE PRODUCTS AND SERVICES, TO ENCOURAGE, FOSTER AND FINANCE PROFESSIONAL AND SCIENTIFIC STUDY AND RESEARCH IN THE GENERAL FIELD OF ORAL HEALTH, AND TO EDUCATE THE PUBLIC CONCERNING THE NEED FOR AND ADVANTAGE OF ADEQUATE DENTAL TREATMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III, LINE 3	ON OCTOBER 17, 2016, DDWA DISTRIBUTED \$15,600,000 IN CASH TO ITS SOLE MEMBER WASHINGTON DENTAL SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 PART III, LINE 4A	<p>DDWA provides dental insurance for over 2,886,000 primary subscribers and their dependents throughout the state of Washington and across the nation. Working collectively with producers and benefit managers, we offer standard insurance benefits, as well as highly customized plans to meet the needs of individuals and their families. We have contracted with approximately 4,500 dentists, creating a network of providers serving patients across the state. As a member of the Delta Dental Plans Association, a national association supporting Delta insurers nation-wide, our members are able to access Delta contracted providers in every state. In 2016, DDWA processed over 5,800,000 claims for subscribers and their dependents. To ensure providers are submitting claims appropriately, we audited over 37,000 individual claims, the results of which include education of dental office staff on the use of CDT codes, invoicing procedures and reducing common errors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	DDWA PROMOTES THE VALUE OF DENTAL BENEFITS AND IMPORTANCE OF ORAL HEALTH THROUGH MARKETING EFFORTS IN MEDIA ADVERTISING, PUBLIC RELATIONS, EVENT SPONSORSHIP AND DIRECT OUTREACH TO CUSTOMERS IN 2016, WE MADE SIGNIFICANT REFINEMENTS TO OUR PROMOTIONAL TACTICS AND MESSAGE S MARKET RESEARCH CONFIRMED THAT THESE CHANGES IMPROVED OUR ABILITY TO REACH AND ENCOURAG E AUDIENCES TO EMBRACE GOOD ORAL HEALTH AND MAKE WISE USE OF DENTAL BENEFITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III, LINE 4C	<p>Dental decay is the single most common chronic disease of early childhood - five times more common than asthma. Nearly one in five adults, nationally, has untreated dental cavities.</p> <p>The Washington Dental Service Foundation (the Foundation), a wholly owned subsidiary of DDWA, supported almost exclusively by DDWA, focuses much of their work specifically on children and seniors, and works closely with partner organizations to develop and implement innovative programs. The Access to Baby and Child Dentistry (ABCD) programs expand access to dental care for young children in Washington State by providing dental services, both preventative and restorative - to Medicaid-enrolled children up to age six. In counties with ABCD, the utilization of dental services increased from 21% to 52% from 1997 to 2016. The Early Intervention in Medical Settings programs is training pediatricians in the advantages and techniques of oral screening, applying fluoridation and referring high risk patients for dental care. The Foundation is engaging health professionals, including pharmacists and home health aides, to take preventative steps with seniors before oral health problems affect their overall health.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI, LINE 4D	<p>1 WATER FLUORIDATION IS THE MOST IMPORTANT STEP A COMMUNITY CAN TAKE TO IMPROVE THE ORAL HEALTH OF ALL RESIDENTS THE FOUNDATION PROMOTES LEGISLATION TO ENCOURAGE FLUORIDATION AND PROVIDES ASSISTANCE TO GROUPS WHO ARE COMMITTED TO BRINGING THE BENEFITS OF FLUORIDE TO THEIR COMMUNITIES SINCE 2001, AN ADDITIONAL 287,000 WASHINGTONIANS ARE RECEIVING THE HEALTH BENEFITS ASSOCIATED WITH FLUORIDATED WATER AS A RESULT OF THE FOUNDATION'S WORK 2 ASSISTING THE WORK OF THE FOUNDATION ARE DDWA EMPLOYEES VOLUNTEERING THEIR TIME DDWA ENABLES ALL EMPLOYEES TO ENGAGE WITH THE PUBLIC REGARDING ORAL HEALTH THROUGH THE USE OF TWO VOLUNTEER DAYS PER YEAR VOLUNTEER TIME IS SPENT WORKING ON THE SMILEMOBILE, A MOBILE DENTAL FACILITY TRAVELING TO UNDERSERVED AREAS OF THE STATE MORE THAN 20,000 LOW-INCOME AND AT-RISK-CHILDREN STATE-WIDE RECEIVED DENTAL SERVICES IN THE LAST 10 YEARS THROUGH THE FOUNDATION OPERATED SMILEMOBILE VOLUNTEER TIME IS ALSO SPENT HANDING OUT FLYERS PROMOTING ORAL HEALTH TO WASHINGTON CITIZENS AT FAIRS, THE ZOO, PARADES, AND EVENTS ACROSS THE STATE 3 DDWA MATCHES DONATIONS MADE BY EMPLOYEES TO NON-PROFIT ORGANIZATIONS WITH OFFICIAL IRS 501(C)(3) STATUS, ALTHOUGH THE FOLLOWING ORGANIZATIONS/EVENTS ARE NOT ELIGIBLE FOR MATCHING CHURCHES, POLITICAL CAMPAIGNS/ORGANIZATIONS, CAPITAL FUNDING, FRATERNAL/LABOR ORGANIZATIONS, TRIPS/TOURS, MASS MAILINGS, ORGANIZATIONS/GROUPS THAT DISCRIMINATE FOR ANY REASON INCLUDING , BUT NOT LIMITED TO RACE, COLOR, RELIGION, CREED, AGE, SEX, SEXUAL ORIENTATION OR NATIONAL ORIGIN 4 DDWA SUPPORTED THE UNIVERSITY OF WASHINGTON'S SCHOOL OF DENTISTRY BY CREATING THE DDWA DENTIST OF THE FUTURE FUND THIS FUND PROVIDED TRAINING FOR DENTAL STUDENTS AND PRACTICING DENTISTS EMPHASIZING EVIDENCE BASED INSTRUCTION, INTER-PROFESSIONAL EDUCATION, RISK ASSESSMENT AND BEHAVIORAL CHANGES AND MORE FULLY INCORPORATING ORAL HEALTH INTO OVERALL HEALTH IN PATIENT MANAGEMENT DDWA ALSO SUPPORTED ESTABLISHING A 20 CHAIR DENTAL TEACHING CENTER AT THE PACIFIC TOWER COMMUNITY HEALTH AND INNOVATION CENTER THE CENTER PROVIDES DENTAL CARE FOR A LOW INCOME, HIGHLY DIVERSE POPULATION, INCLUDING UNDERSERVED ADULTS WHO ARE MEDICAID INSURED OR UNINSURED AND WILL WORK WITH REFERRING ORGANIZATIONS TO ADDRESS BARRIERS TO CARE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI, LINE 6	DDWA'S MEMBER DENTISTS ARE CONSIDERED MEMBERS OF THE COMPANY'S PARENT COMPANY, WDS MEMBER DENTISTS ELECT THE DENTAL MEMBERS OF THE WDS BOARD OF DIRECTORS WDS DIRECTORS ALSO SERVE AS DIRECTORS ON THE DDWA BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI, LINE 7A	THE GOVERNANCE & NOMINATING COMMITTEE (GNC) OF THE BOARD OF DIRECTORS SOLICITS ADVICE ON CANDIDATES AND SUBMITS NOMINEES TO THE BOARD FOR CONSIDERATION AND APPROVAL TO BE VOTED UPON THE ENTIRE MEMBERSHIP ELECTS AND RE-ELECTS MEMBER DIRECTORS, WHO COMPRISE A MINORITY OF THE BOARD THE INCUMBENT INDEPENDENT DIRECTORS NOMINATE AND ELECT OR RE-ELECT INDEPENDENT DIRECTORS A MEMBER ADVISORY PANEL (MAP) CONSISTS OF TEN TO FIFTEEN MEMBERS THAT ARE SELECTED BY THE BOARD FROM NOMINEES BY THE GNC THE MAP PROVIDES CONSULTATION TO THE COMPANY, INCLUDING THE GNC AND BOARD, ON A VARIETY OF MATTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI, LINE 7B	RECOMMENDED CHANGES TO THE WDS CORPORATE BY-LAWS BY THE WDS BOARD ARE SUBJECT TO APPROVAL BY THE WDS MEMBER DENTISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE 990 IS COMPLETED BY KPMG THE FORM 990 AND SUPPORTING DOCUMENTATION IS REVIEWED AND APPROVED BY THE ACCOUNTING SUPERVISOR, DIRECTOR OF FINANCE AND THE CFO/COO ELECTRONIC COPIES OF THE RETURN ARE PROVIDED FOR REVIEW TO ALL BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>THE Investment and AUDIT COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ON-GOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THE CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS, OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I E BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE WHEN SOMEONE BECOMES A COVERED PERSON AND annually THEREAFTER, THEY ARE REQUIRED TO EXPLICITLY ACKNOWLEDGE A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE IF ANY CONFLICTS EXIST THE COMPLETED QUESTIONNAIRES THAT NOTE ANY CONFLICTS ARE REVIEWED BY THE BOARD AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED of any action VIA WRITTEN COMMUNICATION THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE /SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED if deemed appropriate, (5) AND CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED ARE REFERRED TO THE GOVERNANCE AND NOMINATING COMMITTEE, AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>THE BOARD APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD (THE HRCC), ONE OF WHOM MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY COMPENSATION ARRANGEMENTS, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO. IN 2016, THE HRCC DEVELOPED, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES. THE HRCC ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST (INDEPENDENT EXPERT) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFIT PACKAGES OF OFFICERS AND KEY EMPLOYEES. APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILAR SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES. THE HRCC'S WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE ARRANGEMENTS WITH THE OFFICERS AND KEY EMPLOYEES (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED), (2) A LIST OF MEMBERS PRESENT DURING THE DISCUSSION ON ANY ARRANGEMENTS, AND (3) A DESCRIPTION OF THE COMPARABLE DATA RELIED UPON BY THE HRCC. KEY DELIBERATIONS OF THE HRCC ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT HRCC MEETING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	FINANCIAL STATEMENTS AND DISCLOSURES ARE FILED QUARTERLY AND ANNUALLY WITH THE WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER (OIC) AS A MATTER OF PUBLIC RECORD ALL DOCUMENTS SO FILED ARE AVAILABLE TO THE PUBLIC ON THE OIC WEBSITE AMENDMENTS TO BYLAWS ARE FILED WITH THE WASHINGTON SECRETARY OF STATE'S OFFICE FROM TIME-TO-TIME AS THEY ARE APPROVED BY THE GOVERNING BODY GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	<p>THE FOLLOWING DIRECTORS ALSO RECEIVED CLINICAL REIMBURSEMENTS ADDITIONAL TO THEIR DIRECTOR S FEES REPORTED IN COLUMN D REPORTABLE COMPENSATION FROM THE ORGANIZATION LABBERTON, WELL S, K \$344,598 ----- DIRECTOR FEE - \$131,375 CLINICAL REIMBURSEM ENT - \$213,223 PHIPPS, GERALD S \$152,042 ----- DIRECTOR FEE - \$ 147,620 CLINICAL REIMBURSEMENT - \$4,422 RUTHERFORD, EVE M \$595,966 ----- ----- DIRECTOR FEE - \$120,533 CLINICAL REIMBURSEMENT - \$475,433</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DISTRIBUTION TO ITS SOLE MEMBER WDS \$15,600,000

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

2016

Open to Public Inspection

Name of the organization
Delta Dental of Washington

Employer identification number
91-0621480

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
(1) WASHINGTON DENTAL SERVICE FOUNDATION 400 FAIRVIEW AVE N SUITE 800 SEATTLE, WA 98109 91-0621480	EDUCATION	WA	109,000	2,066,000	DDWA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WASHINGTON DENTAL SERVICE FUND 400 FAIRVIEW AVE N SUITE 800 SEATTLE, WA 98109 91-1281990	EDUCATION	WA	501(c)(3)	9	DDWA	Yes	
(2) WASHINGTON DENTAL SERVICE 400 FAIRVIEW AVE N SUITE 800 SEATTLE, WA 98109 27-0937829	HOLDING CO	WA	501(c)(4)		NA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	No
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	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON DENTAL SERVICE	r	15,600,000	CASH/INVESTMENT
(2) WASHINGTON DENTAL SERVICE	o	959,467	CASH
(3) WASHINGTON DENTAL SERVICE	q	14,400	SHARED SERVICES

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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