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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Delta Dental of Wisconsin Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Stevens Point, WI 54481

D Employer identification number
39-6094742

E Telephone number
(715) 344-6087

G Gross receipts $ 792,813,748

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www deltadentalwi com

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

L Year of formation 1962

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Delta Dental of Wisconsin's exempt purpose is to improve oral health and wellness by extending access to care, advancing science, and supporting an effective oral-health workforce

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	381
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	16,429

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	711,258,254	742,012,266
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,955,383	13,557,102
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,316,367	-1,436,642
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	715,897,270	754,132,726
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,732,506	4,979,420
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,062,690	30,880,701
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	678,395,384	706,664,423
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	706,190,580	742,524,544
19	Revenue less expenses Subtract line 18 from line 12	9,706,690	11,608,182

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	241,927,427	242,739,316
21	Total liabilities (Part X, line 26)	47,768,481	49,743,992
22	Net assets or fund balances Subtract line 21 from line 20	194,158,946	192,995,324

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

****** 2019-11-14
Signature of officer Date

Doug Ballweg President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00756195

Firm's name ▶ CROWE LLP | Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600
Chicago, IL 606061224 | Phone no (312) 899-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Delta Dental's exempt purpose is to improve oral health and wellness by extending access to care, advancing science, and supporting an effective oral-health workforce In July 2018, the Delta Dental of Wisconsin Foundation began operations, taking over the work on several Delta Dental of Wisconsin, Inc program service accomplishments, including items 2 and 3 below

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 $ 726,768,577 including grants of $) (Revenue $ 740,552,373)
See Additional Data

4b (Code) (Expenses $ 4,835,420 including grants of $ 4,835,420) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 163,250 including grants of $ 144,000) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 731,767,247

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	37,630		
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** 381			
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**	Yes	
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**	Yes	
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶Doug Ballweg 2801 Hoover Road Stevens Point, WI 54481 (715) 343-7601

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dennis Peterson President & CEO	45 0 1 0	X		X				1,141,809	0	63,938
(2) David Bretting Director	2 0 0	X						85,764	0	0
(3) Eugene Randolph Chairman & Director	2 0 1 0	X						137,580	0	0
(4) Monica Hebl DDS Director	2 0 0	X						64,064	0	18,500
(5) Tim Kinzel DDS Director	2 0 0	X						67,864	0	18,500
(6) Dennis Brown Director	2 0 1 0	X						84,964	0	0
(7) Jeff Martin Director	2 0 0	X						90,164	0	0
(8) Brad McClain Director	2 0 0	X						63,664	0	18,500
(9) Anne Smith Director	2 0 0	X						83,164	0	0
(10) Cristy Garcia-Thomas Director	2 0 0	X						61,664	0	18,500
(11) Pamela Gartmann Secretary and VP - Operations	45 0 0			X				534,205	0	42,931
(12) Doug Ballweg Treasurer, COO & CFO	45 0 1 0			X				644,223	0	1,244,050
(13) Kelly McGinty VP, Individual Admin Services	45 0 0				X			268,629	0	192,067
(14) David Peterson VP - Sales & Marketing	45 0 0				X			540,421	0	249,201
(15) Fred Eichmiller VP & Science Officer	45 0 1 0				X			506,626	0	-45,891
(16) Jeff Lutgen VP - Information Technology	45 0 0				X			479,693	0	239,587
(17) Anne Treankler VP, Actuarial & Underwriting	45 0 0				X			361,816	0	209,523

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) Steve LeRoy Senior Sales Executive	45.0					X		212,962	0	24,429
(19) Sandra Bolz Senior Account Executive	45.0					X		273,250	0	50,083
(20) Sam Catoe Director, IT Business Solutions	45.0					X		203,788	0	61,380
(21) Jason Keup Director, Enterprise Architecture	45.0					X		206,080	0	61,652
(22) Kim Christophersen Director, Sales	45.0					X		202,210	0	58,031
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								6,314,604	0	2,524,981

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 ▶ 62

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST DENTAL CARE - SHEBOYGAN PO BOX 90 MONDOVI, WI 54755	DENTAL SERVICES	17,002,819
DENTAL HEALTH ASSOCIATES OF MADISON 2971 CHAPEL VALLEY ROAD MADISON, WI 53711	DENTAL SERVICES	16,239,470
DENTAL ASSOCIATES LTD - CCD 3333 N MAYFAIR RD STE 311 WAUWATOSA, WI 53222	DENTAL SERVICES	11,752,370
WISCONSIN DENTAL GROUP SC PO BOX 860309 MINNEAPOLIS, MN 55486	DENTAL SERVICES	11,734,942
FIRST CHOICE DENTAL GROUP 440 SCIENCE DR STE 100 MADISON, WI 53711	DENTAL SERVICES	8,513,884

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1,117

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code				
	2a Premiums earned	524114	742,012,266	742,012,266		
	b					
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f . . . . ▶	742,012,266				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,837,358			4,837,358
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	47,360,998	39,768			
	b Less cost or other basis and sales expenses	38,626,061	54,961			
	c Gain or (loss)	8,734,937	-15,193			
	d Net gain or (loss) . . . . . ▶		8,719,744			8,719,744
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a Income (loss) from subsidiary	900099	665,844	665,844		
	b Equity loss on C3	900099	-1,680,767	-1,680,767		
	c Income on investment in Previser	900099	-291,827	-291,827		
	d All other revenue		-129,892	-153,143	0	23,251
	e **Total.** Add lines 11a–11d . . . . . ▶		-1,436,642			
	12 **Total revenue.** See Instructions . . . . . ▶		754,132,726	740,552,373	0	13,580,353

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,979,420	4,979,420		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,485,717	4,222,262	3,263,455	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,496,974	13,947,277	1,549,697	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,431,530	1,130,909	300,621	
9 Other employee benefits	5,157,947	4,074,778	1,083,169	
10 Payroll taxes	1,308,533	1,033,741	274,792	
11 Fees for services (non-employees)				
a Management				
b Legal	256,531	102,612	153,919	
c Accounting	240,901	96,360	144,541	
d Lobbying	39,718	15,887	23,831	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	454,091		454,091	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,951,068	12,555,961	1,395,107	0
12 Advertising and promotion	2,048,936	1,844,042	204,894	
13 Office expenses	6,075,238	5,467,714	607,524	
14 Information technology	4,289,289	3,860,360	428,929	
15 Royalties . .				
16 Occupancy	297,824	268,042	29,782	
17 Travel	1,016,451	802,996	213,455	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	859,074	678,669	180,405	
23 Insurance . . .	138,339	77,470	60,869	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Claims incurred	658,916,714	658,916,714		
b Commissions	13,432,138	13,432,138		
c State Income Tax	1,502,863	1,142,176	360,687	
d Non-grant charitable contributions	439,568	439,568		
e All other expenses	2,705,680	2,678,151	27,529	0
25 **Total functional expenses.** Add lines 1 through 24e	742,524,544	731,767,247	10,757,297	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	12,149,472	1	13,177,138
	2	Savings and temporary cash investments	5,053,256	2	5,326,054
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,263,083	4	2,211,701
	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		6	0
	7	Notes and loans receivable, net	200,000	7	200,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 17,315,049			
	b	Less accumulated depreciation — 10b: 11,228,141	6,046,006	10c	6,086,908
	11	Investments—publicly traded securities	195,850,633	11	195,306,452
	12	Investments—other securities See Part IV, line 11	14,754,142	12	15,347,837
	13	Investments—program-related See Part IV, line 11	2,962,811	13	1,166,704
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,648,024	15	3,916,522
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	241,927,427	16	242,739,316
Liabilities	17	Accounts payable and accrued expenses	28,562,759	17	31,965,259
	18	Grants payable	1,155,000	18	313,000
	19	Deferred revenue	6,798,371	19	7,146,908
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	11,252,351	25	10,318,825
	26	**Total liabilities.** Add lines 17 through 25	47,768,481	26	49,743,992
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	194,158,946	32	192,995,324
	33	Total net assets or fund balances	194,158,946	33	192,995,324
	34	Total liabilities and net assets/fund balances	241,927,427	34	242,739,316

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	754,132,726
2	Total expenses (must equal Part IX, column (A), line 25)	2	742,524,544
3	Revenue less expenses Subtract line 2 from line 1	3	11,608,182
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	194,158,946
5	Net unrealized gains (losses) on investments	5	-13,888,146
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	1,116,342
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,995,324

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

DENTAL PLANS DELTA DENTAL OF WISCONSIN (DELTA) IS A NOT-FOR-PROFIT DENTAL SERVICE CORPORATION THAT ADMINISTERS AND UNDERWRITES EASY-TO-USE, COST-EFFECTIVE DENTAL PLANS FOR EMPLOYERS AND INDIVIDUALS THROUGHOUT WISCONSIN MORE THAN 90 PERCENT OF WISCONSIN'S DENTISTS PARTICIPATE IN OUR PREMIER NETWORK THIS RELATIONSHIP ALLOWS US TO OFFER QUALITY DENTAL PRACTICES, SUPERIOR COST MANAGEMENT PROGRAMS, ACCURATE PAYMENT AND GUARANTEED BENEFITS FOR 2018, DELTA DENTAL PROVIDED DENTAL COVERAGE TO MORE THAN 2 MILLION INDIVIDUALS DELTA DENTAL'S COMMITMENT TO IMPROVING THE PUBLIC'S ORAL HEALTH IS EVIDENCED BY THE STRONG DENTAL PLANS AND NETWORKS IT OFFERS AS WELL AS ITS COMMITMENT TO THOSE UNABLE TO ACCESS DENTAL CARE THROUGH ITS - SUPPORT FOR SAFETY NET CLINICS AND OTHER PROGRAMS PROVIDING TREATMENT TO LOW-INCOME INDIVIDUALS OF ALL AGES - SUPPORT OF SEALANT PROGRAMS AND OTHER PREVENTIVE SERVICES DEVELOPED FOR CHILDREN - SUPPORT OF EDUCATIONAL INSTITUTIONS PROVIDING TRAINING FOR DENTAL PROFESSIONALS AND FOR STUDENTS ENROLLED IN THOSE SCHOOLS DELTA DENTAL PARTICIPATES IN AND PROVIDES FUNDING FOR TWO STATEWIDE ORAL HEALTH ASSESSMENTS ROADMAP TO IMPROVING WISCONSIN'S ORAL HEALTH AND THE WISCONSIN ORAL HEALTH SURVEILLANCE PROGRAM WE THEN WORK TO ENSURE OUR GRANTS ARE IN ALIGNMENT WITH THE IDENTIFIED NEEDS OF THE STATE WE ENCOURAGE INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE THROUGH INITIATIVES SUCH AS - EVALUATING SCIENTIFIC ADVANCEMENTS IN THE AREA OF EVIDENCE-BASED CARE AND INCORPORATING CHANGES INTO DENTAL BENEFIT PLANS AS WARRANTED - PROVIDING EDUCATION TO ALL ABOUT THE IMPORTANCE OF ORAL HEALTH AND ITS RELATIONSHIP TO OVERALL HEALTH - INVESTMENT IN BIOTECH RESEARCH FIRM (C3-JIAN) THAT IS DEVELOPING UNIQUE TECHNOLOGIES FOR THE ERADICATION OF THE BACTERIA THAT CAUSE DENTAL CARIES INFECTIONS THROUGH TARGETED ANTIMICROBIAL THERAPY THE WORK OF THIS COMPANY COULD LEAD TO THE DEVELOPMENT OF PRODUCTS THAT COULD HAVE A GLOBAL IMPACT IN CAVITY PREVENTION - INVESTMENT IN A HEALTH INFORMATICS TECHNOLOGY COMPANY (HEALTHENTIC) THAT COMBINES MEDICAL, DENTAL, PHARMACEUTICAL, DISABILITY, AND EMPLOYEE-SUPPLIED DATA TO PROVIDE INSIGHT INTO INDIVIDUALS' WHOLE HEALTH

Form 990, Part III, Line 4b:

SAFETY NET CLINICS AND ORAL HEALTH PROGRAMS SERVING LOW-INCOME INDIVIDUALS DELTA DENTAL OF WISCONSIN (DELTA) MAKES SIGNIFICANT CONTRIBUTIONS TO HELP ESTABLISH OR SUSTAIN MORE THAN TWENTY SAFETY NET DENTAL CLINICS AS WELL AS FUNDING FOR SEVERAL CRITICAL ORAL HEALTH PROGRAMS STATEWIDE THAT SPECIALIZE IN SERVING LOW-INCOME INDIVIDUALS COMBINED, THESE CLINICS AND ORAL HEALTH PROGRAMS TREAT THOUSANDS OF PATIENTS EACH YEAR WHOSE ORAL HEALTH NEEDS WOULD OTHERWISE GO UNMET OR MIGHT BECOME SO SEVERE AS TO REQUIRE EXPENSIVE HOSPITAL EMERGENCY ROOM TREATMENT GENERALLY, THESE CLINICS AND PROGRAMS ARE ESTABLISHED AND SUSTAINED THROUGH PARTNERSHIPS BETWEEN LOCAL COMMUNITIES, LOCAL DENTAL PROFESSIONALS, AND DELTA SUPPORT OF THESE CLINICS AND ORAL HEALTH PROGRAMS DEMONSTRATES DELTA'S COMMITMENT TO OUR MISSION TO EXPAND ACCESS TO CARE

Form 990, Part III, Line 4c:

DENTAL WORKFORCE SUPPORT DELTA DENTAL OF WISCONSIN (DELTA) HAS PROVIDED SIGNIFICANT SUPPORT TO THE MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY IN THE FORM OF GRANTS TO THE SCHOOL AS WELL AS SCHOLARSHIPS AND FELLOWSHIPS FOR DENTAL SCHOOL STUDENTS AS THE STATE'S ONLY DENTAL SCHOOL, MARQUETTE UNIVERSITY'S INFRASTRUCTURE, PROGRAMS, AND HIGH QUALITY STUDENTS ARE CRITICAL TO MAINTAINING A STRONG DENTAL WORKFORCE IN WISCONSIN DELTA WAS A MAJOR DONOR FOR MARQUETTE'S CONSTRUCTION OF A NEW DENTAL SCHOOL FACILITY THAT OPENED IN 2002, FEATURING STATE-OF-THE-ART EQUIPMENT AND TECHNOLOGY IN 2011, DELTA DONATED TO MARQUETTE'S "BUILDING FOR THE FUTURE" EXPANSION PROJECT, WHICH SEEKS TO EXPAND STUDENT CAPACITY TO MEET FUTURE DENTAL WORKFORCE DEMANDS AND UPGRADE TECHNOLOGIES DELTA ESTABLISHED A SCHOLARSHIP PROGRAM THAT CURRENTLY PROVIDES $144,000 IN SCHOLARSHIPS ANNUALLY TO DENTAL SCHOOL STUDENTS, AS WELL AS FUNDING SEVERAL FELLOWSHIP PROGRAMS EACH YEAR IN ADDITION, DELTA SUPPORTS OTHER DENTAL WORKFORCE PROGRAMS THROUGH VARIOUS SCHOLARSHIPS IN SEVERAL TECHNICAL COLLEGES THESE CONTRIBUTIONS ARE HELPING TO OVERCOME THE LOOMING SHORTAGE OF DENTISTS IN WISCONSIN WHILE IMPROVING THE SKILLS AND PRODUCTIVITY OF THE DENTAL WORKFORCE SUPPORT OF THE MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY REFLECTS DELTA'S COMMITMENT TO IMPROVING THE ORAL HEALTH OF THE PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year	
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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		782,830		782,830
b Buildings		7,200,459	4,306,079	2,894,380
c Leasehold improvements		323,440	110,322	213,118
d Equipment		8,218,664	6,571,043	1,647,621
e Other		789,656	240,697	548,959
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				6,086,908

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	15,347,837	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	15,347,837	

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	
Unpaid claim adjustment expense	613,099
Payable to subsidiaries	
Unpaid claims	9,432,300
Deferred Tax Liability	
Payable for state income tax	273,426
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	10,318,825

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Delta WI is organized as a nonprofit dental care plan for federal income tax purposes under Section 501(c)(4) of the Internal Revenue Code, and is, therefore, exempt from federal income taxes The subsidiary is subject to federal income taxes For Wisconsin income tax purposes, Delta WI is taxed as an insurance company and files a combined return with its subsidiary As of December 31, 2018, the Company had not identified any material loss contingencies arising from uncertain tax positions

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 18

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Delta Dental of Wisconsin (DDW) carefully reviews each grant application it receives Grants are awarded only after a thorough evaluation of both the recipient organization itself and the specific initiative outlined in the grant request Grants of more than $25,000 are reviewed and approval is determined by the Charitable Fund Committee, comprised of DDW Board and management team members Additionally, all grant requests of more than $200,000 are reviewed and approval determined by Delta Dental of Wisconsin's Board of Directors All recipients of grants in excess of $25,000 are required to file an annual report with DDW that describes in detail how the organization used DDW's funding and the outcomes achieved These reports are available for review by both DDW's management team and the Company's Board of Directors For smaller grants and general donations, Delta Dental may require follow-up reporting, depending on the organization and project

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUB OF PORTAGE COUNTY INC PO BOX 171 STEVENS POINT, WI 54481	73-1630506	501(C)(3)	34,200				FUNDING FOR ORAL HEALTH PROGRAM, INCLUDING SCREENINGS AND PREVENTIVE SERVICES FOR LOW-INCOME CHILDREN, AND PORTABLE EQUIPMENT
BREWERS COMMUNITY FOUNDATION INC ONE BREWERS WAY MILWAUKEE, WI 53214	39-1970152	501(C)(3)	25,000				TEAM SMILE, FREE DENTAL CARE DAY FOR YOUTH AT RISK

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDRENS HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE MILWAUKEE, WI 53201	39-0812532	501(C)(3)	11,075				FUNDING FOR SACK PLAQUE PROGRAM AND
COMMUNITY FOUNDATION OF CENTRAL WISCONSIN 1501 CLARK STREET STEVENS POINT, WI 54481	39-0827885	501(C)(3)	125,000				FUNDING FOR ENDOWMENT FOR DELTA DENTAL SERVICE SCHOLARSHIPS TO HIGH SCHOOL STUDENTS

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
MORE SMILES WISCONSIN 630 E WASHINGTON AVE MADISON, WI 53703	26-4397163	501(C)(3)	25,000				SUPPORT FOR DENTAL CLINIC WITHIN BOYS & GIRLS CLUB
MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	144,000				DENTAL PUBLIC HEALTH FELLOWSHIPS, SCHOLARSHIPS AND MISSION OF MERCY 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
SAINT MICHAELS FOUNDATION OF STEVENS POINT 900 ILLINOIS AVENUE STEVENS POINT, WI 54481	39-1657410	501(C)(3)	10,000				FUNDING FOR UNREIMBURSED DENTAL SERVICES AT MINISTRY DENTAL AND MODELS OF DENTAL CARE FOR WOMEN DURING CANCER TREATMENTS
ST ANN CENTER FOR INTERGENERATIONAL CARE 2801 E MORGAN AVE MILWAUKEE, WI 53207	39-1757756	501(C)(3)	175,000				FUNDING FOR DENTAL CLINIC SERVING LOW INCOME ADULTS AND CHILDREN WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES

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
STATE OF WISCONSIN - DEPT OF HEALTH SERVICES 1 WEST WILSON ST ROOM 650 MADISON, WI 53707	39-6006469	STATE OF WI	350,000				SEAL-A-SMILE, A STATEWIDE SCHOOL-BASED ORAL CARE PROGRAM, AND OTHER DENTAL INITIATIVES
STEVENS POINT AREA YMCA 1000 DIVISION ST STEVENS POINT, WI 54481	39-1102612	501(C)(3)	14,850				SCHOLARSHIPS TO IMPROVE THE WELLNESS OF LOW INCOME INDIVIDUALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRI-COUNTY COMMUNITY DENTAL CLINIC 9 TRI-PARK WAY APPLETON, WI 54914	47-0862462	501(C)(3)	60,000				FUNDING FOR FOCUS ON CHILDREN DENTAL PROGRAM
UNITED WAY OF PORTAGE COUNTY INC 1100 CENTERPOINT DRIVE SUITE 302 STEVENS POINT, WI 54481	39-0831152	501(C)(3)	289,690				SUPPORT FOR UNITED WAY AGENCIES IN PORTAGE COUNTY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL WISCONSIN CHILDRENS MUSEUM INC 1100 MAIN ST STEVENS POINT, WI 54481	39-1809569	501(C)(3)	8,605				FUNDING TO IMPROVE THE MUSEUM'S HEALTH TEETH EXHIBIT
WISCONSINEYE PUBLIC AFFAIRS NETWORK INC 122 W WASHINGTON AVE STE 200 MADISON, WI 53703	39-1977300	501(C)(3)	25,000				FUND PARTNERSHIP WITH WISCONSINEYE TO CREATE VIDEO ON OPIOID ADDICTION FOR MIDDLE SCHOOL STUDENTS ACROSS WISCONSIN

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
CITY OF STEVENS POINT 1515 STRONGS AVE STEVENS POINT, WI 54481	39-6005617	LOCAL GOVT	10,000				FUNDING FOR GOERKE PARK (WELLNESS)
CHIPPEWA VALLEY TECHNICAL COLLEGE FOUNDATION INC 620 W CLAIREMONT AVE EAU CLAIRE, WI 54701	39-1233557	501(C)(3)	162,000				FUNDING TO ADD ADDITIONAL DENTAL OPERATORY TO CLINIC SERVING LOW INCOME INDIVIDUALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAP SERVICES INC 2900 HOOVER RD STE A STEVENS POINT, WI 54481	39-1080897	501(C)(3)	10,000				GENERAL FUNDING IN SUPPORT OF CAP SERVICES MISSION, WHICH ALIGNS WITH DDWI'S MISSION OF ADVANCING WELLNESS
Delta Dental of Wisconsin Foundation Inc 2801 Hoover Road Stevens Point, WI 54481	82-4043752	501(c)(3)	3,500,000				CONTRIBUTION OF DELTA DENTAL OF WISCONSIN FOUNDATION TO SUPPORT AND IMPROVE ORAL HEALTH OF WISCONSIN RESIDENTS

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II DEFERRED COMPENSATION	IN PRIOR YEARS, DELTA CONDUCTED AN ANALYSIS OF COMPENSATION PAID AND PROJECTED RETIREMENT BENEFITS TO ITS SENIOR EXECUTIVES IT WAS DETERMINED THAT THESE SENIOR EXECUTIVES HAD ACCEPTED COMPENSATION AND RETIREMENT BENEFITS BELOW MARKET-RATES FOR SEVERAL YEARS AS THE ORGANIZATION WAS NOT THEN IN A POSITION TO PAY MARKET RATES THE BOARD AGREED AT THAT TIME TO ESTABLISH A SUPPLEMENTAL RETIREMENT PLAN AND RECEIVED A REASONABLENESS OPINION FROM AN INDEPENDENT COMPENSATION ORGANIZATION THE COMPENSATION FROM THIS SUPPLEMENTAL RETIREMENT PLAN IS NOTED ON SCHEDULE J, PART II (B), (III) THE AMOUNTS ACCRUED FOR THE CURRENT YEAR ARE REPORTED IN SCHEDULE J, PART II, (C) AND THE AMOUNTS ACCRUED AND REPORTED ON PREVIOUS FORMS 990 ARE REPORTED ON SCHEDULE J, PART II, (F)

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	On flights exceeding three hours in duration, the CEO is permitted to fly first class The difference in price between the coach fare and first class is treated as taxable income to the CEO if the flight is under 3 hours in duration

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	Travel for spouses or guests of Delta employees providing a bona fide business service to the organization and/or acting in a host capacity for a company-sponsored event or activity is provided by the Company and is treated as taxable income

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The organization established non-qualified deferred compensation plans as allowed under IRC Section 457(f) for the benefit of the CEO and senior management team Changes in the present value of the liabilities under this plan are expensed annually The following officers and employees participated in the section 457(f) plan in 2018 Douglas Ballweg $1,185,448 accrued, Fred Eichmiller ($106,114) accrued, Jeff Lutgen $176,156 accrued, David Peterson $180,700 accrued, Kelly McGinty $147,394 accrued, Anne Treankler $151,385 accrued The 2018 expense accrual for Doug Ballweg includes the effect of restructuring his agreement to reflect additional responsibilities assumed

Return Reference	Explanation
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	Sales employees are eligible to receive incentive compensation based upon revenues earned The amount of compensation for a particular time period is calculated by applying factors for new and renewal business against the corresponding revenue that each sales employee sold during that period

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 39-6094742
Name: Delta Dental of Wisconsin Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dennis Peterson	(I)	764,901	347,432	29,476	21,488	42,450	1,205,747	0
President & CEO	(II)	0	0	0	0	0	0	0
Pamela Gartmann	(I)	347,946	151,646	34,613	21,488	21,443	577,136	0
Secretary and VP - Operations	(II)	0	0	0	0	0	0	0
Doug Ballweg	(I)	419,793	189,854	34,576	1,206,936	37,114	1,888,273	0
Treasurer, COO & CFO	(II)	0	0	0	0	0	0	0
Kelly McGinty	(I)	212,405	56,224	0	165,108	26,959	460,696	0
VP, Individual Admin Services	(II)	0	0	0	0	0	0	0
David Peterson	(I)	347,571	163,715	29,135	202,188	47,013	789,622	0
VP - Sales & Marketing	(II)	0	0	0	0	0	0	0
Fred Eichmiller	(I)	349,728	156,898	0	-84,627	38,736	460,735	0
VP & Science Officer	(II)	0	0	0	0	0	0	0
Jeff Lutgen	(I)	313,559	147,634	18,500	197,644	41,943	719,280	0
VP - Information Technology	(II)	0	0	0	0	0	0	0
Anne Treankler	(I)	249,945	111,871	0	172,873	36,650	571,339	0
VP, Actuarial & Underwriting	(II)	0	0	0	0	0	0	0
Steve LeRoy	(I)	199,468	9,899	3,595	17,454	6,975	237,391	0
Senior Sales Executive	(II)	0	0	0	0	0	0	0
Sandra Bolz	(I)	256,783	12,332	4,135	21,488	28,595	323,333	0
Senior Account Executive	(II)	0	0	0	0	0	0	0
Sam Catoe	(I)	185,291	15,263	3,234	17,298	44,082	265,168	0
Director, IT Business Solutions	(II)	0	0	0	0	0	0	0
Jason Keup	(I)	189,250	16,830	0	17,453	44,199	267,732	0
Director, Enterprise Architecture	(II)	0	0	0	0	0	0	0
Kim Christophersen	(I)	182,398	13,442	6,370	16,381	41,650	260,241	0
Director, Sales	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BURLEIGH DENTAL SC	ENTITY MORE THAN 35% OWNED BY MONICA HEBL, CURRENT DIRECTOR	161,995	DENTAL CLAIMS		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 3 Significant changes in program services	Delta Dental of Wisconsin, Inc formed the Delta Dental of Wisconsin Foundation ("The Foun dation") in January 2018 to initiate, collaborate with, and support programs that extend a ccess to dental care, ensure a strong dental workforce, and improve the oral health of und erserved and vulnerable populations Delta Dental of Wisconsin, Inc is the sole member of and provides the majority of funding to The Foundation Beginning in July 2018, the Found ation took over the work on Delta Dental of Wisconsin, Inc 's program services related to safety net clinics/oral health programs and dental workforce support

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 5 Lobbying Activities	This question is not applicable for 501(c)(4) organizations and was intentionally not answ ered per Form 990 instructions Delta Dental of Wisconsin does record lobbying expense Ho wever, the organization does not receive membership dues and thus not subject to the notic e and reporting requirement or the proxy tax

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Potential conflicts of interest are identified through the annual disclosure process Annu al conflict of interest disclosure statements are required from officers, directors, key e mployees, and the top five highest compensated employees If potential conflicts arise dur ing the year, these are brought to the Board's and management's attention at the time they are identified Persons who have a potential conflict abstain from voting on issues relat ed to or possibly related to the conflict If a transaction were to occur where there was a conflict, the Board of Directors would be notified and it would decide on an appropriate course of action

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Delta Dental of Wisconsin (Delta) engaged Longnecker & Associates, an independent compensation consultant, to assist in determining the compensation of Delta's top management officials In setting the top management officials' compensation, the organization's Compensation Committee of the Board of Directors relies upon recent compensation studies and surveys that provide compensation data for similarly qualified persons in comparable organizations to support its decision-making process The top management officials' compensation arrangement is subject to the review and approval of Delta's independent Board of Directors (Board) The Board adequately documents its compensation determinations and deliberations regarding compensation in the Board minutes on a timely basis The process for determining the compensation of the organization's top management official, Dennis Peterson, President and CEO, was last undertaken in 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Delta Dental of Wisconsin (Delta) engaged Longnecker & Associates, an independent compensation consultant, to assist in determining the compensation of Delta's officers and vice presidents In setting the compensation of the officer and vice president group, the organization's Compensation Committee relies upon recent compensation studies and surveys that provide compensation data for similarly qualified persons in comparable organizations to support its decision-making process The compensation arrangements of the officers and vice presidents is subject to the review and approval of Delta's independent Board of Directors (Board) The Board adequately documents its compensation determinations and deliberations regarding compensation in the Board minutes on a timely basis The process for determining the compensation for the President and CEO and vice presidents was last undertaken in 2018 For all other employees, the President and the Director, Human Resources, of Delta Dental of Wisconsin rely upon external market data compensation studies and surveys in determining competitive compensation levels This data is collected and reviewed on an ongoing basis Changes in salary levels are subject to the review and approval of Delta's management group

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Form 990 and IRS Determination Letter granting exempt status are made available to the pub lic upon request Delta Dental's annual report, which includes selected financial informat ion is available on the organization's website Delta Dental's statutory annual statement is available on the website of the National Association of Insurance Commissioners The st atutory annual statement is also available for review at the Wisconsin Office of the Commi ssioner of Insurance All other governing documents are available in hard copy form to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Income (loss) from investment in Link DDS - Total Revenue -153143, Related or Exempt Function Revenue -153143, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Miscellaneous Income - Total Revenue 23251, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 23251,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN DEFERRED TAX LIABILITY - 1116342,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Delta Dental of Wisconsin Inc

Employer identification number
39-6094742

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)Delta Dental of Wisconsin Foundation Inc 2801 Hoover Road Stevens Point, WI 54481 82-4043752	SEE PART VIII	WI	501(c)(3)	Type I	Delta Dental of Wisconsin Inc	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) WYSSTA INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 39-6094742	HOLDING COMPANY	WI	DELTA DENTAL WI	C Corporation	33,068,511	20,204,800	100 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Wyssta Inc	R	15,219,316	ACTUAL PREMIUM RECEIVED
(2) Wyssta Inc	S	884,510	ACTUAL COMMISSIONS PAID
(3) Wyssta Inc	O	353,195	ALLOCATION BASED ON EMPLOYEES' TIME
(4) Delta Dental of Wisconsin Foundation Inc	B	3,500,000	Cash value
(5) Wyssta Inc	O	9,800,696	Allocation based on employees' time

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part II, Column (b) PRIMARY ACTIVITY	INITIATING, COLLABORATING WITH, AND SUPPORTING PROGRAMS THAT EXTEND ACCESS TO DENTAL CARE, ENSURE A STRONG DENTAL WORKFORCE, AND IMPROVING THE ORAL HEALTH OF UNDERSERVED AND VULNERABLE POPULATIONS