

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. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DELTA DENTAL OF WISCONSIN INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2801 Hoover Road City or town, state or province, country, and ZIP or foreign postal code Stevens Point, WI 54481	D Employer identification number 39-6094742 E Telephone number (715) 344-6087 G Gross receipts \$ 563,623,519
F Name and address of principal officer DENNIS BROWN 2801 Hoover Road Stevens Point, WI 54481		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW DELTADENTALWI COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1962 M State of legal domicile WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities DELTA DENTAL'S EXEMPT PURPOSE IS TO IMPROVE ORAL HEALTH AND WELLNESS BY EXTENDING ACCESS TO CARE, ADVANCING SCIENCE, AND SUPPORTING AN EFFECTIVE ORAL-HEALTH WORKFORCE				
2	Check this box <input type="checkbox"/> 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		9	
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 2013 (Part V, line 2a)	5		212	
6	Total number of volunteers (estimate if necessary)	6		0	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)	0		0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	492,766,544		522,319,215	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,878,049		12,296,510	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4,997,307		-4,274,202	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	493,647,286		530,341,523	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,857,155		2,195,411	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	21,378,172		22,299,416	
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0		0	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	463,203,223		489,913,668		
19 Revenue less expenses Subtract line 18 from line 12	486,438,550		514,408,495		
Net Assets or Fund Balances		7,208,736		15,933,028	
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
	21 Total liabilities (Part X, line 26)	167,537,459		186,071,879	
22 Net assets or fund balances Subtract line 21 from line 20	28,130,276		30,736,245		
		139,407,183		155,335,634	

Part II Signature Block

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

Sign Here	*****	Signature of officer
		DOUG BALLWEG TREASURER, VP & CFO
		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Geralyn Hurd	
	Firm's name \rightarrow CROWE HORWATH LLP	
Firm's address \rightarrow 70 WEST MADISON STREET SUITE 700 CHICAGO, IL 606024903		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

DELTA DENTAL'S EXEMPT PURPOSE IS TO IMPROVE ORAL HEALTH AND WELLNESS BY EXTENDING ACCESS TO CARE, ADVANCING SCIENCE, AND SUPPORTING AN EFFECTIVE ORAL-HEALTH WORKFORCE WE EXPAND ACCESS TO CARE IN A NUMBER OF WAYS, INCLUDING (CONTINUED IN SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 503,721,596 including grants of \$) (Revenue \$ 518,045,013)

DENTAL PLANS DELTA DENTAL OF WISCONSIN (DELTA) IS A NOT-FOR-PROFIT DENTAL SERVICE CORPORATION THAT ADMINISTERS AND UNDERWRITES EASY-TO-USE, COST-EFFECTIVE DENTAL PLANS FOR EMPLOYERS AND INDIVIDUALS THROUGHOUT WISCONSIN MORE THAN 80 PERCENT OF WISCONSIN'S DENTISTS PARTICIPATE IN OUR PREMIER NETWORK THIS RELATIONSHIP ALLOWS US TO OFFER QUALITY DENTAL PRACTICES, SUPERIOR COST MANAGEMENT PROGRAMS, ACCURATE PAYMENT AND GUARANTEED BENEFITS FOR 2013, DELTA PROVIDED DENTAL COVERAGE TO OVER 1.6 MILLION PEOPLE DELTA'S COMMITMENT TO IMPROVING THE PUBLICS ORAL HEALTH IS EVIDENCED BY THE STRONG DENTAL PLANS AND NETWORKS IT OFFERS

4b (Code) (Expenses \$ 2,051,021 including grants of \$ 2,051,021) (Revenue \$)

CLINICS AND ORAL HEALTH PROGRAMS SERVING LOW-INCOME INDIVIDUALS DELTA DENTAL OF WISCONSIN (DELTA) MAKES SIGNIFICANT CONTRIBUTIONS TO HELP ESTABLISH OR SUSTAIN MORE THAN A TWENTY-FIVE CLINICS AND ORAL HEALTH PROGRAMS STATEWIDE THAT SPECIALIZE IN SERVING LOW-INCOME INDIVIDUALS COMBINED, THESE CLINICS AND ORAL HEALTH PROGRAMS TREAT THOUSANDS OF PATIENTS EACH YEAR WHOSE URGENT ORAL HEALTH NEEDS WOULD OTHERWISE GO UNMET OR MIGHT BECOME SO SEVERE AS TO REQUIRE EXPENSIVE HOSPITAL EMERGENCY ROOM TREATMENT GENERALLY, THESE CLINICS AND PROGRAMS ARE ESTABLISHED AND SUSTAINED THROUGH PARTNERSHIPS BETWEEN LOCAL COMMUNITY LEADERS, LOCAL DENTAL PROFESSIONALS, AND DELTA SUPPORT OF THESE CLINICS AND ORAL HEALTH PROGRAMS IS AN EXPRESSION OF DELTA'S COMMITMENT TO EXPAND ACCESS TO CARE (CONTINUED IN SCHEDULE O)

4c (Code) (Expenses \$ 166,690 including grants of \$ 144,390) (Revenue \$)

DENTAL WORKFORCE SUPPORT SINCE 2007, DELTA DENTAL OF WISCONSIN (DELTA) HAS DONATED MORE THAN \$4.7 MILLION TO THE MARQUETTE UNIVERSITY DENTAL SCHOOL IN THE FORM OF GRANTS TO THE SCHOOL AS WELL AS SCHOLARSHIPS AND FELLOWSHIPS FOR DENTAL SCHOOL STUDENTS MARQUETTE UNIVERSITY IS WISCONSIN'S ONLY DENTAL SCHOOL ACCESS TO DENTAL CARE AND QUALITY OF CARE IN WISCONSIN ARE, THEREFORE, HIGHLY DEPENDENT UPON THE UNIVERSITY'S PROGRAMS, INFRASTRUCTURE AND STUDENTS DELTA WAS A MAJOR DONOR FOR MARQUETTE'S CONSTRUCTION OF A NEW DENTAL SCHOOL FACILITY THAT OPENED IN 2002, FEATURING STATE-OF-THE-ART EQUIPMENT AND TECHNOLOGY IN 2011, DELTA DONATED \$2 MILLION TO MARQUETTE'S BUILDING FOR THE FUTURE EXPANSION PROJECT, WHICH SEEKS TO EXPAND STUDENT CAPACITY TO MEET FUTURE DENTAL WORKFORCE DEMANDS AND UPGRADE TECHNOLOGIES DELTA ESTABLISHED A SCHOLARSHIP PROGRAM IN 2005 THAT CURRENTLY PROVIDES APPROXIMATELY \$130,000 IN SCHOLARSHIPS ANNUALLY TO A TOTAL OF 21 DENTAL SCHOOL STUDENTS IN ADDITION, DELTA SUPPORTS OTHER DENTAL WORKFORCE PROGRAMS THROUGH VARIOUS SCHOLARSHIPS IN SEVERAL TECHNICAL COLLEGES AND DENTAL RESIDENCIES AT MARSHFIELD CLINIC

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

4e Total program service expenses 505,939,307

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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. 34,362		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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. 212		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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. 		
13c	Enter the amount of reserves on hand. 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Doug Ballweg 2801 Hoover Road
 Stevens Point, WI 54481 (715) 343-7601

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

Check if Schedule O contains a response 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) CHARLES NASON CHAIRMAN & DIRECTOR	1 00	X		X			66,568	0	0	
(2) DENNIS BROWN PRESIDENT & CEO	45 00	X		X			619,801	0	69,648	
(3) CHRISTOPHER QUERAM DIRECTOR	1 00	X					53,800	0	0	
(4) DAVID BRETTING DIRECTOR	1 00	X					47,500	0	0	
(5) EUGENE RANDOLPH DIRECTOR	1 00	X					51,100	0	0	
(6) KAREN ORDINANS DIRECTOR	1 00	X					55,100	0	0	
(7) MONICA HEBL DDS DIRECTOR	1 00	X					34,200	0	17,500	
(8) TIM KINZEL DDS DIRECTOR	1 00	X					31,400	0	17,500	
(9) VINCENT LYLES DIRECTOR	1 00	X					50,500	0	0	
(10) DENNIS PETERSON SECRETARY AND EVP	45 00			X			3,446,131	0	68,525	
(11) DOUG BALLWEG TREASURER, VP & CFO	45 00			X			411,590	0	216,971	
(12) DAVID PETERSON VP - SALES & MARKETING	45 00				X		256,280	0	266,886	
(13) FRED EICHMILLER VP & SCIENCE OFFICER	45 00				X		328,457	0	72,851	
(14) JEFF LUTGEN VP - INFORMATION TECHNOLOGY	45 00				X		250,438	0	253,835	
(15) KAREN THOMPSON VP - BUSINESS DEVELOPMENT	45 00				X		382,593	0	74,120	
(16) PAMELA GARTMANN VP - OPERATIONS	45 00				X		269,582	0	72,851	
(17) BRIAN PINTER MANAGER, APPLICATIONS (IT)	45 00					X	163,395	0	46,922	

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) KELLY MCGINTY DIRECTOR, INFORMATION TECHNOLOGY	45 00					X		178,475	0	46,616
(19) STEVE LEROY SENIOR SALES EXECUTIVE	45 00					X		168,839	0	34,904
(20) THOMAS WILLIAMS SENIOR ACCOUNT EXECUTIVE	45 00					X		190,310	0	60,803
(21) TIM KRULL SENIOR SALES EXECUTIVE	45 00					X		166,187	0	18,604
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,222,246	0	1,338,536

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 **▶**30

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST DENTAL CARE - SHEBOYGAN 1212 HORTON STREET LACROSSE WI 54601	DENTAL SERVICES	10,264,474
DENTAL ASSOCIATES LTD - CCD 11711 BURLEIGH ST WAUWATOSA WI 53222	DENTAL SERVICES	9,289,531
WISCONSIN DENTAL GROUP SC 5100 W FOREST HOME AVE 203 MILWAUKEE WI 53219	DENTAL SERVICES	8,184,836
DENTAL HEALTH ASSOCIATES OF MADISON 2971 CHAPEL VALLEY ROAD MADISON WI 53711	DENTAL SERVICES	6,539,064
FIRST CHOICE DENTAL GROUP 925 N MAIN ST VERONA WI 53593	DENTAL SERVICES	5,851,154

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 **▶**965

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	2a PREMIUMS EARNED	Business Code 524114	522,319,215	522,319,215		
	b _____		0			
	c _____		0			
	d _____		0			
	e _____		0			
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		522,319,215			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,986,215		2,986,215
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
d Net rental income or (loss)			0			
7a Gross amount from sales of assets other than inventory		(i) Securities	42,557,468	34,823		
		(ii) Other				
		b Less cost or other basis and sales expenses	33,251,520	30,476		
		c Gain or (loss)	9,305,948	4,347		
d Net gain or (loss)			9,310,295		9,310,295	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a _____				
		b Less direct expenses b _____				
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a _____					
	b Less direct expenses b _____					
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a _____					
	b Less cost of goods sold b _____					
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a INCOME (LOSS) FROM SUBSIDIARY	900099	-1,225,379	-1,225,379			
b EQUITY LOSS ON C3	900099	-3,048,823	-3,048,823			
c _____		0				
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		-4,274,202				
12 Total revenue. See Instructions		530,341,523	518,045,013	0	12,296,510	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,195,411	2,195,411		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,114,888	3,783,142	3,331,746	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	9,173,609	8,256,248	917,361	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,260,368	945,276	315,092	
9	Other employee benefits	3,688,894	2,766,670	922,224	
10	Payroll taxes	1,061,657	796,243	265,414	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	231,113	92,445	138,668	
c	Accounting	111,248	44,499	66,749	
d	Lobbying	36,696	14,678	22,018	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	359,787		359,787	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,938,910	5,350,040	588,870	0
12	Advertising and promotion	872,311	785,080	87,231	
13	Office expenses	3,710,448	3,339,403	371,045	
14	Information technology	1,823,196	1,640,876	182,320	
15	Royalties	0			
16	Occupancy	273,203	245,883	27,320	
17	Travel	783,716	587,787	195,929	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	854,032	640,524	213,508	
23	Insurance	73,278	54,958	18,320	
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	463,220,530	463,220,530		
b	COMMISSIONS	9,213,424	9,213,424		
c	NON-GRANT CHARITABLE CONTRIBUTIONS	447,174	447,174		
d	STATE INCOME TAX	1,696,835	1,272,626	424,209	
e	All other expenses	267,767	246,390	21,377	0
25	Total functional expenses. Add lines 1 through 24e	514,408,495	505,939,307	8,469,188	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,742,901	1	13,700,846
	2 Savings and temporary cash investments	5,049,730	2	3,753,351
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,702,794	4	1,771,582
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	200,000	7	200,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 13,263,713		
	b Less accumulated depreciation	10b 7,027,792	5,647,390	10c 6,235,921
	11 Investments—publicly traded securities	128,117,669	11	141,927,500
	12 Investments—other securities See Part IV, line 11	9,152,266	12	8,830,327
	13 Investments—program-related See Part IV, line 11	8,479,135	13	5,430,312
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,445,574	15	4,222,040
16 Total assets. Add lines 1 through 15 (must equal line 34)	167,537,459	16	186,071,879	
Liabilities	17 Accounts payable and accrued expenses	13,722,982	17	14,216,072
	18 Grants payable	1,440,000	18	1,051,908
	19 Deferred revenue	4,351,689	19	5,483,496
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	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	8,615,605	25	9,984,769
	26 Total liabilities. Add lines 17 through 25	28,130,276	26	30,736,245
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	139,407,183	32	155,335,634
33 Total net assets or fund balances	139,407,183	33	155,335,634	
34 Total liabilities and net assets/fund balances	167,537,459	34	186,071,879	

Part XI Reconciliation 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	530,341,523
2	Total expenses (must equal Part IX, column (A), line 25)	2	514,408,495
3	Revenue less expenses Subtract line 2 from line 1	3	15,933,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,407,183
5	Net unrealized gains (losses) on investments	5	-58,943
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	54,366
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,335,634

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization DELTA DENTAL OF WISCONSIN INC

Employer identification number 39-6094742

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

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

Table with 2 columns: Description, Amount. Rows include 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.

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		823,580		823,580
b Buildings		6,891,984	3,160,625	3,731,359
c Leasehold improvements				0
d Equipment		4,890,356	3,632,923	1,257,433
e Other		657,793	234,244	423,549
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,235,921

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	DELTA DENTAL OF WISCONSIN IS ORGANIZED AS A NONPROFIT DENTAL CARE PLAN FOR FEDERAL INCOME TAX PURPOSES UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAXES THE SUBSIDIARY IS SUBJECT TO FEDERAL INCOME TAXES FOR WISCONSIN INCOME TAX PURPOSES, THE PARENT COMPANY IS TAXED AS AN INSURANCE COMPANY AND FILES A COMBINED STATE RETURN WITH ITS SUBSIDIARY THE COMPANY HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) THE COMPANY WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED THE COMPANY HAS NOT IDENTIFIED ANY MATERIAL LOSS CONTINGENCIES ARISING FROM UNCERTAIN TAX POSITIONS INCOME TAX EXPENSE FOR 2013 AND 2012 CONSISTS OF THE FEDERAL AND STATE INCOME TAX EXPENSE OF THE SUBSIDIARY AND STATE INCOME TAXES OF THE PARENT COMPANY SINCE THE PARENT COMPANY IS EXEMPT FROM FEDERAL INCOME TAXES INCOME TAX EXPENSE DIFFERS FROM THE AMOUNTS OBTAINED BY APPLYING THE STATE INCOME TAX RATE OF 7.9 PERCENT TO THE PARENT COMPANY'S STAND-ALONE PRETAX INCOME (LOSS) AND BY APPLYING A BLENDED FEDERAL AND STATE INCOME TAX RATE OF 39.2 PERCENT TO THE SUBSIDIARY'S PRETAX INCOME (LOSS) FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012 DDW RECORDS A VALUATION ALLOWANCE FOR ANY DEFERRED TAX ASSETS RELATED TO CHARITABLE CONTRIBUTION CARRYFORWARDS THE COMPANIES HAVE NOT IDENTIFIED ANY MATERIAL LOSS CONTINGENCIES ARISING FROM UNCERTAIN TAX POSITIONS THE COMPANY IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2010 AND STATE EXAMINATIONS FOR YEARS BEFORE 2009

Schedule I (Form 990)

OMB No 1545-0047

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

2013

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

Attach to Form 990

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2, 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
Schedule I, Part II, Column H, Purpose of grant or assistance	MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY, 39-0806251 RURAL FELLOWSHIP, SCHOLARSHIPS, MISSION OF MERCY GRANT, CAPITAL CAMPAIGN FOR SCHOOL EXPANSION, SAINT MICHAELS FOUNDATION OF STEVENS POINT, 39-1657410 FUNDING FOR UNREIMBURSED DENTAL SERVICES AT MINISTRY DENTAL AND FUNDING FOR BIRTH-3 ORAL HEALTH PROGRAM,

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 39-6094742
Name: DELTA DENTAL OF WISCONSIN INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(C)(3)	144,390		N/A	N/A	RURAL FELLOWSHIP, SCHOLARSHIPS, MISSION OF MERCY GRANT, CAPITAL CAMPAIGN FOR SCHOOL EXPANSION
MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	90,000		N/A	N/A	DENTAL-RELATED RESEARCH PROJECTS
STATE OF WISCONSIN - DEPT OF HEALTH SERVICES 1 WEST WILSON ST ROOM 650 MADISON, WI 53707	39-6006469	STATE OF WI	600,000		N/A	N/A	SEAL-A-SMILE, A STATEWIDE SCHOOL-BASED ORAL CARE PROGRAM
WISCONSIN DENTAL ASSOCIATION FOUNDATION 6737W WASHINGTON ST SUITE 2360 WEST ALLIS, WI 53214	39-0965289	501(C)(3)	166,933		N/A	N/A	MISSION OF MERCY, DONATED DENTAL SERVICES FOR LOW INCOME
AIDS RESOURCE CENTER OF WISCONSIN 820 NORTH PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501(C)(3)	50,000		N/A	N/A	DENTAL CARE FOR UNINSURED AIDS AND HIV PATIENTS
DOOR COUNTY MEMORIAL HOSPITAL FOUNDATION 1843 MICHIGAN ST STURGEON BAY, WI 54235	39-0806324	501(C)(3)	25,908		N/A	N/A	DENTAL CARE FOR LOW INCOME ADULTS AND DENTAL EQUIPMENT PURCHASES
SPECIAL OLYMPICS WISCONSIN INC 2310 CROSSROADS DR NO 1000 MADISON, WI 53718	39-1176591	501(C)(3)	25,000		N/A	N/A	SPECIAL SMILES, AN ORAL SCREENING AND EDUCATION FOR SPECIAL OLYMPICS ATHLETES
HEALTHNET OF ROCK COUNTY INC 23 W MILWAUKEE ST JANESVILLE, WI 53548	39-1778804	501(C)(3)	50,000		N/A	N/A	EXPANSION OF DENTAL CLINIC FOR UNINSURED
MADISON COMMUNITY HEALTH CENTER INC 2901 W BELTLINE HWY NO 120 MADISON, WI 53713	39-1391134	501(C)(3)	34,775		N/A	N/A	CAPITAL CAMPAIGN GIFT TO BUILD A NEW SAFETY NET DENTAL CLINIC
GREATER MILWAUKEE DENTAL ASSOCIATION 6737 W WASHINGTON ST WEST ALLIS, WI 53214	39-0476070	501(C)(6)	15,000		N/A	N/A	SMILE DAY, FREE ORAL HEALTH EDUCATION EVENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING FOR KIDS INC 100 W COLLEGE AVE APPLETON, WI 54911	39-1706260	501(C)(3)	7,000		N/A	N/A	MILES OF SMILES, FREE ORAL HEALTH EDUCATION EVENT
INHEALTH COMMUNITY WELLNESS CLINIC INC 109 E BLUFF ST BOSCOBEL, WI 53805	33-1170597	501(C)(3)	9,000		N/A	N/A	EQUIPMENT FOR FREE DENTAL CLINIC
WAUKESHA COMMUNITY DENTAL CLINIC INC 210 NW BARSTOW ST WAUKESHA, WI 53188	30-0436162	501(C)(3)	50,000		N/A	N/A	EQUIPMENT FOR EXPANSION OF LOW INCOME SAFETY NET DENTAL CLINIC
AMERICAS DENTISTS CARE FOUNDATION 9110 E 35TH ST N WICHITA, KS 67226	26-2275291	501(C)(3)	33,000		N/A	N/A	EQUIPMENT FOR MISSION OF MERCY
ST ELIZABETH ANN SETON DENTAL CLINIC 1730 S 13TH ST MILWAUKEE, WI 53204	39-0806315	501(C)(3)	125,000		N/A	N/A	FUNDING FOR URGENT DENTAL CARE NEEDS OF LOW INCOME
BAD RIVER HEALTH CLINIC 53585 NOKOMIS RD ASHLAND, WI 54806	39-1178897	NATIVE AMER TRIBE	230,000		N/A	N/A	FUNDING TO EXPAND TO PEDIATRIC DENTAL CARE
BROWN COUNTY ORAL HEALTH PARTNERSHIP 2701 LARSEN RD GREEN BAY, WI 54303	20-8969896	501(C)(3)	30,500		N/A	N/A	EXPANSION OF SAFETY NET DENTAL CLINIC
AIDS NETWORK INC 600 WILLIAMSON ST STE H MADISON, WI 53703	39-1548528	501(C)(3)	10,000		N/A	N/A	FUNDING FOR DENTAL LAB SERVICES FOR PATIENTS
FOWLER MEMORIAL FREE DENTAL CLINIC INC N3150 HWY 81 MONROE, WI 53566	26-3173594	501(C)(3)	55,000		N/A	N/A	EXPANSION OF SAFETY NET DENTAL CLINIC
BREWERS COMMUNITY FOUNDATION INC ONE BREWERS WAY MILWAUKEE, WI 53214	39-1970152	501(C)(3)	25,000		N/A	N/A	TEAM SMILE, FREE DENTAL CARE DAY FOR YOUTH AT RISK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER MILWAUKEE INC 1558 N 6TH STREET MILWAUKEE, WI 53212	39-0806292	501(C)(3)	25,500		N/A	N/A	ORAL CARE PILOT PROJECT
CHURCH HEALTH SERVICES INC 115 CENTER STREET BEAVER DAM, WI 53916	39-1759669	501(C)(3)	25,000		N/A	N/A	START-UP FUNDING FOR NEW DENTAL SAFETY NET CLINIC
FOUNDATION FOR MADISON'S PUBLIC SCHOOLS 455 SCIENCE DR 130 MADISON, WI 53711	39-2043104	501(C)(3)	12,000		N/A	N/A	EQUIPMENT FOR GIVE KIDS A SMILE, A SCHOOL BASED ORAL HEALTH PROGRAM
SAINT MICHAELS FOUNDATION OF STEVENS POINT 900 ILLINOIS AVENUE STEVENS POINT, WI 54481	39-1657410	501(C)(3)	10,000		N/A	N/A	FUNDING FOR UNREIMBURSED DENTAL SERVICES AT MINISTRY DENTAL AND FUNDING FOR BIRTH-3 ORAL HEALTH PROGRAM
AMERICAN DIABETES ASSOCIATION 375 BISHOPS WAY SUITE 220 BROOKFIELD, WI 53005	13-1623888	501(C)(3)	10,000		N/A	N/A	ORAL HEALTH EDUCATION PROGRAM FOR CHILDREN WITH DIABETES
CHILDRENS HOSPITAL OF WISCONSIN INC 9000 W WISCONSIN AVE MILWAUKEE, WI 53201	39-0812532	501(C)(3)	9,000		N/A	N/A	PRODUCTION OF ORAL HEALTH VIDEO
UNITED WAY OF PORTAGE COUNTY INC 1100 CENTERPOINT DRIVE SUITE 302 STEVENS POINT, WI 54481	39-0831152	501(C)(3)	317,405		N/A	N/A	SUPPORT FOR UNITED WAY AGENCIES IN PORTAGE COUNTY
STEVENS POINT AREA YMCA 1000 DIVISION ST STEVENS POINT, WI 54481	39-1102612	501(C)(3)	10,000		N/A	N/A	SCHOLARSHIPS TO IMPROVE THE WELLNESS OF LOW INCOME INDIVIDUALS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

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

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a	Yes	
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, First-class or charter travel	ON FLIGHTS EXCEEDING THREE HOURS IN DURATION, THE CEO IS PERMITTED TO FLY FIRST CLASS. THE DIFFERENCE IN PRICE BETWEEN THE COACH FARE AND FIRST CLASS IS TREATED AS TAXABLE INCOME TO THE CEO IF THE FLIGHT IS UNDER 3 HOURS IN DURATION.
Schedule J, Part I, Line 1a, Travel for companions	TRAVEL FOR SPOUSES OR GUESTS OF DELTA EMPLOYEES PROVIDING A BONA FIDE BUSINESS SERVICE TO THE ORGANIZATION AND/OR ACTING IN A HOST CAPACITY FOR A COMPANY-SPONSORED EVENT OR ACTIVITY IS PROVIDED BY THE COMPANY AND IS TREATED AS TAXABLE INCOME.
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	THE ORGANIZATION ESTABLISHED NON-QUALIFIED DEFERRED COMPENSATION PLANS AS ALLOWED UNDER IRC SECTION 457(F) FOR THE BENEFIT OF THE CEO AND SENIOR MANAGEMENT TEAM. THE LIABILITIES TO THE CORPORATION RELATED TO THESE PLANS WERE EXPENSED IN 2007 AND 2009. ADDITIONAL AMOUNTS ARE EXPENSED ANNUALLY AS A RESULT OF CHANGES IN THE PRESENT VALUE OF THE LIABILITIES. BENEFITS TOTALING \$2,994,083 WERE PAID TO DENNIS PETERSON, SECRETARY & EVP, UNDER THESE PLANS IN 2013. THE BENEFITS PAYABLE UNDER THE PLANS TOTALED \$5,497,866 AT 12/31/13 AND ARE EXPECTED TO BE PAID IN 2015 AND BEYOND TO OTHER PARTICIPATING EXECUTIVES.
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.
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).

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAMELA GARTMANN VP - OPERATIONS	(i) (ii)	236,070 0	24,842 0	8,670 0	42,375 0	30,476 0	342,433 0	0 0
KAREN THOMPSON VP - BUSINESS DEVELOPMENT	(i) (ii)	261,388 0	116,105 0	5,100 0	42,375 0	31,745 0	456,713 0	0 0
DENNIS PETERSON SECRETARY AND EVP	(i) (ii)	397,809 0	42,548 0	3,005,774 0	42,375 0	26,150 0	3,514,656 0	2,994,083 0
DENNIS BROWN PRESIDENT & CEO	(i) (ii)	533,732 0	58,190 0	27,879 0	42,375 0	27,273 0	689,449 0	0 0
DAVID PETERSON VP - SALES & MARKETING	(i) (ii)	225,477 0	22,142 0	8,661 0	235,794 0	31,092 0	523,166 0	0 0
FRED EICHMILLER VP & SCIENCE OFFICER	(i) (ii)	286,898 0	30,819 0	10,740 0	42,375 0	30,476 0	401,308 0	0 0
BRIAN PINTER MANAGER, APPLICATIONS (IT)	(i) (ii)	154,772 0	5,851 0	2,772 0	18,817 0	28,105 0	210,317 0	0 0
JEFF LUTGEN VP - INFORMATION TECHNOLOGY	(i) (ii)	222,473 0	23,628 0	4,337 0	222,814 0	31,021 0	504,273 0	0 0
KELLY MCGINTY DIRECTOR, INFORMATION TECHNOLOGY	(i) (ii)	172,320 0	6,155 0	0 0	25,159 0	21,457 0	225,091 0	0 0
THOMAS WILLIAMS SENIOR ACCOUNT EXECUTIVE	(i) (ii)	125,135 0	63,259 0	1,916 0	38,139 0	22,664 0	251,113 0	0 0
DOUG BALLWEG TREASURER, VP & CFO	(i) (ii)	350,288 0	37,820 0	23,482 0	186,677 0	30,294 0	628,561 0	0 0
STEVE LEROY SENIOR SALES EXECUTIVE	(i) (ii)	103,191 0	65,384 0	264 0	31,237 0	3,667 0	203,743 0	0 0
TIM KRULL SENIOR SALES EXECUTIVE	(i) (ii)	106,957 0	55,611 0	3,619 0	13,682 0	4,922 0	184,791 0	0 0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DELTA DENTAL OF WISCONSIN INC

Employer identification number

39-6094742

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

Return Reference	Explanation
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENT	(CONTINUATION FROM FORM 990, PART III LINE 4B) THESE CONTRIBUTIONS ARE HELPING TO OVERCOME THE LOOMING SHORTAGE OF DENTISTS IN WISCONSIN WHILE IMPROVING THE SKILLS AND PRODUCTIVITY OF THE DENTAL WORKFORCE. SUPPORT OF THE MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY REFLECTS DELTA'S COMMITMENT TO IMPROVING THE ORAL HEALTH OF THE PEOPLE OF WISCONSIN AND BEYOND BY EXPANDING ACCESS TO CARE AND ENCOURAGING INNOVATIONS THAT ADVANCE THE EFFECTIVENESS OF CARE

Return Reference	Explanation
FORM 990, PART IV, LINE 5, LOBBYING ACTIVITIES	THIS QUESTION IS NOT APPLICABLE AND WAS INTENTIONALLY ANSWERED 'NO' DELTA DENTAL OF WISCONSIN DOES RECORD LOBBYING EXPENSE, HOWEVER THE ORGANIZATION DOES NOT RECEIVE MEMBERSHIP DUES AND THUS NOT SUBJECT TO THE NOTICE AND REPORTING REQUIREMENT OR THE PROXY TAX

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

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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED LONGNECKER & ASSOCIATES, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S TOP MANAGEMENT OFFICIALS. IN SETTING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE TOP MANAGEMENT OFFICIAL'S COMPENSATION ARRANGEMENT IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS. THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS. THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL, DENNIS BROWN, PRESIDENT AND CEO, WAS LAST UNDERTAKEN IN 2013.

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	DELTA DENTAL OF WISCONSIN (DELTA) ENGAGED LONGNECKER & ASSOCIATES, AN INDEPENDENT COMPENSATION CONSULTANT, TO ASSIST IN DETERMINING THE COMPENSATION OF DELTA'S OFFICERS AND VICE PRESIDENTS. IN SETTING THE COMPENSATION OF THE OFFICER AND VICE PRESIDENT GROUP, THE ORGANIZATION'S BOARD RELIES UPON RECENT COMPENSATION STUDIES AND SURVEYS THAT PROVIDE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS. THE COMPENSATION ARRANGEMENTS OF THE OFFICERS AND VICE PRESIDENTS IS SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S INDEPENDENT BOARD OF DIRECTORS. THE BOARD ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN THE BOARD MINUTES ON A TIMELY BASIS. THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND OTHER VICE PRESIDENTS, WAS LAST UNDERTAKEN IN 2013. FOR ALL OTHER EMPLOYEES, THE VICE PRESIDENT, ADMINISTRATION, AND THE DIRECTOR, HUMAN RESOURCES, OF DELTA DENTAL OF WISCONSIN RELY UPON EXTERNAL MARKET DATA, COMPENSATION STUDIES AND SURVEYS IN DETERMINING COMPETITIVE COMPENSATION LEVELS. THIS DATA IS COLLECTED AND REVIEWED ON AN ONGOING BASIS. CHANGES IN SALARY LEVELS ARE SUBJECT TO THE REVIEW AND APPROVAL OF DELTA'S MANAGEMENT GROUP.

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

Return Reference	Explanation
FORM 990, PART IX, LINE 1, GRANTS AND CONTRIBUTIONS	THE ORGANIZATION REPORTED GRANTS PAID AND CONTRIBUTIONS SEPARATELY IN THE CURRENT YEAR'S FORM 990 THE GRANTS BEING REPORTED ON LINE 1 ARE THOSE DISBURSEMENTS THAT ARE REVIEWED AND MONITORED ON A CONTINUING BASIS CONTRIBUTIONS REPORTED ON LINE 24C OF PART IX WITHIN THE FORM 990 ARE GENERAL CONTRIBUTIONS MADE TO TAX-EXEMPT ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSE.

Return Reference	Explanation
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	CHANGE IN DEFERRED TAX LIABILITY - 54366,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) WYSSTA INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 39-6094742	HOLDING COMPANY	WI	DELTA DENTAL WI	C CORPORATION	0	10,002,323	100 %	Yes	
(2) WYSSTA INVESTMENTS INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 20-5721846	INVESTING	WI	WYSSTA INC	C CORPORATION	-2,054,358	1,273,624	100 %	Yes	
(3) WYSSTA INSURANCE COMPANY INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 20-3212328	VISION INSURER	WI	WYSSTA INC	C CORPORATION	6,602,425	8,406,061	100 %	Yes	
(4) WYSSTA SERVICES INC 2801 HOOVER ROAD STEVENS POINT, WI 54481 39-1934578	DENTAL ADMINISTRATOR	WI	WYSSTA INC	C CORPORATION	105,204	486,344	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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
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	B	1,000,000	CASH VALUE
(2) WYSSTA INSURANCE COMPANY INC	O	296,342	ALLOCATION BASED ON EMPLOYEES' TIME
(3) WYSSTA INSURANCE COMPANY INC	R	6,476,518	ACTUAL PREMIUM RECEIVED
(4) WYSSTA INSURANCE COMPANY INC	S	313,333	ACTUAL COMMISSIONS PAID
(5) WYSSTA INSURANCE COMPANY INC	Q	79,127	STATE INCOME TAX CALCULATION

Part VII **Supplemental Information**

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

Return Reference**Explanation**