

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

# 2014

**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

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

**C** Name of organization: Delta Dental of Washington  
 % BRADLEY BERG  
 Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 9706 4th Ave NE Suite

City or town, state or province, country, and ZIP or foreign postal code  
 Seattle, WA 98115

**D** Employer identification number: 91-0621480

**E** Telephone number: (206) 522-1300

**G** Gross receipts \$ 1,183,658,273

**F** Name and address of principal officer:  
 Bradley A Berg  
 9706 4th Ave NE  
 Seattle, WA 98115

**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.deltadentalwa.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1954

**M** State of legal domicile: WA

**Part I Summary**

|  |   |                                  |                     |
|--|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SEE SCHEDULE O   |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 11                  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 6                   |
|  | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)   | <b>5</b>                         | 409                 |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 32                  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 0                   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   |                                  |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 18,932                           | 51,320              |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 1,012,247,971                    | 1,075,513,470       |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 10,233,517                       | 18,236,329          |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 630,289                          | 663,309             |
|  |   | 1,023,130,709                    | 1,094,464,428       |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 2,817,976                        | 4,423,574           |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 921,250,711                      | 978,586,624         |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 38,427,111                       | 40,132,663          |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0                                | 0                   |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  |                                  |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 44,387,862                       | 50,963,849          |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,006,883,660   | 1,074,106,710                    |                     |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | 16,247,049  | 20,357,718                       |                     |
| <b>Net Assets or Fund Balances</b>   |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>20</b> Total assets (Part X, line 16)  | 264,323,604                      | 237,972,879         |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 48,592,063                       | 51,398,676          |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 215,731,541   | 186,574,203                      |                     |

**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: \_\_\_\_\_  
 BRADLEY A BERG CFO & COO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: SUE ROBISON  
 Preparer's signature: SUE ROBISON

Firm's name: ▶ KPMG LLP

Firm's address: ▶ 1918 EIGHTH AVENUE SUITE 2900  
 SEATTLE, WA 98101

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

**For Paperwork Reduction Act Notice, see the separate 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

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,010,309,506 including grants of \$ 4,423,574 ) (Revenue \$ 1,075,417,980 )  
SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 2,828,390 including grants of \$ ) (Revenue \$ )  
SEE SCHEDULE O

**4c** (Code ) (Expenses \$ 2,235,426 including grants of \$ ) (Revenue \$ )  
SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 3,008,179 including grants of \$ ) (Revenue \$ 95,490 )

**4e Total program service expenses** 1,018,381,501

**Part IV Checklist of Required Schedules**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | 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 |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .   |     | No |
| <b>3</b>   | 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> <input checked="" type="checkbox"/> . . . . .  | Yes |    |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> 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> . . . . .   |     |    |
| <b>5</b>   | 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> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>6</b>   | 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> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>7</b>   | 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> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>9</b>   | 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> <input checked="" type="checkbox"/> . . . . . |     | No |
| <b>10</b>  | 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> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>11</b>  | 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   |     |    |
| <b>a</b>   | 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>b</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> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>c</b>   | 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> <input checked="" type="checkbox"/> . . . . .   |     | No |
| <b>d</b>   | 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> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>e</b>   | 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"/> . . . . .   |     | No |
| <b>f</b>   | 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"/> . . . . .  |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> . . . . .  |     | No |
| <b>b</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 |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</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 |
| <b>15</b>  | 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 |
| <b>16</b>  | 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 |
| <b>17</b>  | 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</i> (see instructions) . . . . .   |     | No |
| <b>18</b>  | 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 |
| <b>19</b>  | 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 |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</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)*

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | 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> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | 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> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .   | <b>25a</b> |     | No |
| <b>b</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> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .  | <b>33</b>  | Yes |    |
| <b>34</b>  | 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> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> |     | No |
| <b>b</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> . . . . .   | <b>35b</b> |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     |    |
| <b>37</b>  | 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>   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | 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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various organizational requirements.

**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 |
|-----------|---|-----|----|
| <b>1a</b> | 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              |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .  |     |    |
| <b>2</b>  | 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 |
| <b>3</b>  | 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 |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | No |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |     | No |
| <b>7a</b> | 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? . . . . .  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | a The governing body? . . . . .   | Yes |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | No |
| <b>10b</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? . . . . .   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | Yes |    |
|            | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | Yes |    |
| <b>12b</b> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | Yes |    |
| <b>12c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official . . . . .   | Yes |    |
| <b>15b</b> | b Other officers or key employees of the organization . . . . .  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | Yes |    |
| <b>16b</b> | 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? . . . . . | Yes |    |

**Section C. Disclosure**

|           |  |
|-----------|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <b>WA</b>   |
| <b>18</b> | 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.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| <b>19</b> | 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   |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records<br><b>BRADLEY BERG</b><br>9706 4TH AVE NE<br>SEATTLE, WA 98115 (206) 522-1300   |

**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)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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) DWYER JAMES D<br>.....<br>PRESIDENT & CEO                 | 36 0<br>.....<br>4 0   | X   |                       | X       |              |                              |        | 1,222,192   | 0  | 178,513   |
| (2) BECK GEORGE DOUGLAS<br>.....<br>VICE CHAIR                | 11 0<br>.....<br>4 0   | X   |                       | X       |              |                              |        | 87,012  | 0  | 0   |
| (3) BRANCH DAVID W<br>.....<br>DIRECTOR                       | 7 0<br>.....<br>3 5  | X   |                       |         |              |                              |        | 135,252   | 0  | 0   |
| (4) LABBERTON WELLS K<br>.....<br>DIRECTOR                    | 7 0<br>.....<br>3 0  | X   |                       |         |              |                              |        | 275,933   | 0  | 0   |
| (5) DINEEN PATRICK JOSEPH<br>.....<br>TREASURER               | 7 0<br>.....<br>3 0  | X   |                       |         |              |                              |        | 58,899  | 0  | 0   |
| (6) HARWELL JANIS L<br>.....<br>DIRECTOR                      | 7 0<br>.....<br>3 0  | X   |                       |         |              |                              |        | 58,899  | 0  | 0   |
| (7) FARRELL ANNE V<br>.....<br>DIRECTOR                       | 7 0<br>.....<br>3 0  | X   |                       |         |              |                              |        | 41,594  | 0  | 0   |
| (8) SEELY JEFFERY THOMAS<br>.....<br>DIRECTOR                 | 7 0<br>.....<br>3 0  | X   |                       |         |              |                              |        | 54,833  | 0  | 0   |
| (9) PHIPPS GERALD S<br>.....<br>DIRECTOR                      | 11 0<br>.....<br>4 0   | X   |                       |         |              |                              |        | 62,479  | 0  | 0   |
| (10) TUNE JAMES F<br>.....<br>SECRETARY                       | 5 0<br>.....<br>1 0  | X   |                       | X       |              |                              |        | 53,833  | 0  | 0   |
| (11) LOHKAMP JOANNA L<br>.....<br>CHAIR                       | 9 0<br>.....<br>3 0  | X   |                       | X       |              |                              |        | 89,305  | 0  | 0   |
| (12) BERG BRADLEY A<br>.....<br>COO & CFO                     | 36 0<br>.....<br>4 0   |   |                       | X       |              |                              |        | 578,688   | 0  | 147,228   |
| (13) MERLO KRISTIN N<br>.....<br>CHIEF MKTG, INFO & SALES OFF | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 498,521   | 0  | 124,166   |
| (14) GATES THOMAS A<br>.....<br>VP, PLANNING & CORP DEVEL     | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 399,705   | 0  | 100,618   |

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) LO ERIC C<br>VP, ACTUARIAL & UNDERWRITING        | 40 0<br>0 0  |   |                       |         | X            |                              |        | 266,864   | 0  | 63,500  |
| (16) SNYDER CINDY K<br>VP, INNOV SVCS & PROVIDER REL  | 40 0<br>0 0  |   |                       |         | X            |                              |        | 201,885   | 0  | 43,554  |
| (17) SMITH LAURA J<br>WDS FDN, PRESIDENT & CEO        | 40 0<br>0 0  |   |                       |         |              | X                            |        | 342,757   | 0  | 65,814  |
| (18) BURSETT JOHN T<br>SR VP, UNDERWRITING/ACTUARIAL  | 40 0<br>0 0  |   |                       |         |              | X                            |        | 233,523   | 0  | 53,901  |
| (19) LAY LINDA T<br>DIRECTOR, SALES ACCT MGMT         | 40 0<br>0 0  |   |                       |         |              | X                            |        | 297,591   | 0  | 46,386  |
| (20) SCHOBER DEBRA F<br>SENIOR SALES EXECUTIVE        | 40 0<br>0 0  |   |                       |         |              | X                            |        | 262,096   | 0  | 33,672  |
| (21) CURHAN SUSAN L<br>DIRECTOR MKTG, PRODUCTION MGMT | 40 0<br>0 0  |   |                       |         |              | X                            |        | 198,451   | 0  | 56,765  |
| (22) INGE RONALD E<br>FMR VP, DENTAL DIRECTOR & PR    | 40 0<br>0 0  |   |                       |         |              |                              | X      | 546,569   | 0  | 52,823  |
| (23) WEBBER SUSAN S<br>FORMER CHIEF HR OFFICER        | 40 0<br>0 0  |   |                       |         |              |                              | X      | 393,474   | 0  | 54,921  |
| (24) CHITTOOR VENKATARAMAN<br>FORMER CIO              | 40 0<br>0 0  |   |                       |         |              |                              | X      | 297,858   | 0  | 21,918  |

|  |           |   |           |
|--|-----------|---|-----------|
| <b>1b Sub-Total</b>  |           |   |           |
| <b>c Total from continuation sheets to Part VII, Section A</b> |           |   |           |
| <b>d Total (add lines 1b and 1c)</b>                           | 6,658,213 | 0 | 1,043,779 |

**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 **99**

|  | Yes   | No   |
|--|-------|------|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 3 Yes |      |
| <b>4</b> 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> | 4 Yes |      |
| <b>5</b> 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>                       |       | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| DECARE SYSTEMS,<br>UNIT 1 CURRAHEEN ROAD<br>CORK, 0<br>IC                    | SOFTWARE DEVELOPMENT           | 3,777,417           |
| EMDEON BUSINESS SERVICES,<br>PO BOX 57249<br>MURRAY, UT 84157                | PRINTING/MAILING               | 3,762,920           |
| GREENRUBINO INC,<br>1938 FAIRVIEW AVE E 200<br>SEATTLE, WA 98102             | ADVERTISING AGENCY             | 2,170,344           |
| PRESIDIO NETWORKED SOLUTIONS,<br>7601 ORA GLEN DR 100<br>GREENBELT, MD 20770 | NTWK INFRASTRUCTURE            | 1,959,269           |
| ENCARA INC,<br>4818 STARKEY ROAD SW<br>ROANOKE, VA 24018                     | IND PLANNED TPA                | 1,649,734           |

**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 **95**

**Part VIII Statement of Revenue**

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

|   |  |   | (A)  | (B)                                | (C)                        | (D)  |  |
|---|--|---|--|------------------------------------|----------------------------|--|--|
|   |  |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>   |  |                                    |                            |  |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>   |  |                                    |                            |  |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>  |  |                                    |                            |  |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>   | 11,875   |                                    |                            |  |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>   |  |                                    |                            |  |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>  | 39,445   |                                    |                            |  |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$  |  |                                    |                            |  |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   |  | 51,320                             |                            |  |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>  | PROGRAM REVENUE   | Business Code  |                                    |                            |  |  |
|   |  |   | 524114   | 1,075,417,980                      | 1,075,417,980              |  |  |
|   | <b>b</b>   | SMILEMOBILE (MOBILE DENTIST OFFICE)   | 621990   | 95,490                             | 95,490                     |  |  |
|   | <b>c</b>   |   |  |                                    |                            |  |  |
|   | <b>d</b>   |   |  |                                    |                            |  |  |
|   | <b>e</b>   |   |  |                                    |                            |  |  |
|   | <b>f</b>   | All other program service revenue   |  |                                    |                            |  |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . .                            |   | 1,075,513,470  |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) . . . . .  |  | 5,936,070                          |                            | 5,936,070  |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . . .  |  | 213,668                            |                            | 213,668  |  |
|   | <b>5</b>   | Royalties . . . . .   |  | 0                                  |                            |  |  |
|   | <b>6a</b>  | Gross rents   | (i) Real   | 531,473                            |                            |  |  |
|   |  |   | (ii) Personal  |                                    |                            |  |  |
|   |  |   | <b>b</b> Less rental expenses                        |                                    |                            |  |  |
|   |  |   | <b>c</b> Rental income or (loss)                     | 531,473                            | 0                          |  |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . .   |  | 531,473                            |                            | 531,473  |  |
|   | <b>7a</b>  | Gross amount from sales of assets other than inventory  | (i) Securities                                       | 98,445,008                         |                            |  |  |
|   |  |   | (ii) Other   |                                    | 2,835,428                  |  |  |
|   |  |   | <b>b</b> Less cost or other basis and sales expenses | 85,769,342                         | 3,424,503                  |  |  |
|   |  |   | <b>c</b> Gain or (loss)                              | 12,675,666                         | -589,075                   |  |  |
|   | <b>d</b>   | Net gain or (loss) . . . . .  |  | 12,086,591                         |                            | 12,086,591                                       |  |
|   | <b>8a</b>  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |                                    |                            |  |  |
|   | <b>b</b>   | Less direct expenses . . . . . <b>b</b>   |  |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . .             |   | 0  |                                    |                            |  |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  |                                    |                            |  |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>                            |   |  |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .              |   | 0  |                                    |                            |  |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . .    | <b>a</b>  |  |                                    |                            |  |  |
| <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>                         |   |  |                                    |                            |  |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . .             |   | 0  |                                    |                            |  |  |
|   | Miscellaneous Revenue  | Business Code   |  |                                    |                            |  |  |
| <b>11a</b>  | OTHER INCOME   | 900099  | 131,836  | 131,836                            |                            |  |  |
| <b>b</b>  |  |   |  |                                    |                            |  |  |
| <b>c</b>  |  |   |  |                                    |                            |  |  |
| <b>d</b>  | All other revenue . . . . .  |   |  |                                    |                            |  |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .                          |   | 131,836  |                                    |                            |  |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . .                   |   | 1,094,464,428  | 1,075,645,306                      |                            | 18,767,802                                       |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 4,423,574             | 4,423,574                       |  |                             |
| <b>2</b>   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0                     |                                 |  |                             |
| <b>3</b>   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members . . . . .   | 978,586,624           | 978,586,624                     |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 6,539,279             | 2,877,887                       | 3,661,392                              |                             |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages . . . . .  | 24,094,158            | 8,865,483                       | 15,228,675                             |                             |
| <b>8</b>   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 1,429,866             | 480,282                         | 949,584                                |                             |
| <b>9</b>   | Other employee benefits . . . . .   | 5,781,985             | 2,232,310                       | 3,549,675                              |                             |
| <b>10</b>  | Payroll taxes . . . . .   | 2,287,375             | 989,612                         | 1,297,763                              |                             |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .  | 0                     |                                 |  |                             |
| <b>b</b>   | Legal . . . . .   | 316,193               | 29,596                          | 286,597                                |                             |
| <b>c</b>   | Accounting . . . . .  | 260,437               |                                 | 260,437                                |                             |
| <b>d</b>   | Lobbying . . . . .  | 72,475                | 72,475                          |  |                             |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| <b>f</b>   | Investment management fees . . . . .  | 560,153               |                                 | 560,153                                |                             |
| <b>g</b>   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 7,248,299             | 2,135,383                       | 5,112,916                              |                             |
| <b>12</b>  | Advertising and promotion . . . . .   | 4,854,237             | 2,828,390                       | 2,025,847                              |                             |
| <b>13</b>  | Office expenses . . . . .   | 4,804,038             | 3,101,487                       | 1,702,551                              |                             |
| <b>14</b>  | Information technology . . . . .  | 4,781,737             | 485,861                         | 4,295,876                              |                             |
| <b>15</b>  | Royalties . . . . .   | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .   | 1,987,008             | 829,305                         | 1,157,703                              |                             |
| <b>17</b>  | Travel . . . . .  | 1,614,930             | 529,716                         | 1,085,214                              |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .  | 848,766               | 181,006                         | 667,760                                |                             |
| <b>20</b>  | Interest . . . . .  | 34                    |                                 | 34                                     |                             |
| <b>21</b>  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .   | 4,395,554             | 41,941                          | 4,353,613                              |                             |
| <b>23</b>  | Insurance . . . . .   | 233,891               |                                 | 233,891                                |                             |
| <b>24</b>  | 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) . . . . .                                    |                       |                                 |  |                             |
| <b>a</b>   | COMMISSIONS   | 8,381,757             | 8,381,757                       |  |                             |
| <b>b</b>   | TAXES & SERVICE CHARGES   | 8,563,806             | 1,136,158                       | 7,427,648                              |                             |
| <b>c</b>   | RESEARCH & DEVELOPMENT  | 343,350               |                                 | 343,350                                |                             |
| <b>d</b>   | DUES & SUBSCRIPTIONS  | 822,197               | 81,176                          | 741,021                                |                             |
| <b>e</b>   | All other expenses  | 874,987               | 91,478                          | 783,509                                |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,074,106,710         | 1,018,381,501                   | 55,725,209                             | 0                           |
| <b>26</b>  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance 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           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | -12,060,969           | <b>1</b>    | 4,100,790             |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 42,521,769            | <b>2</b>    | 3,027,927             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                     | <b>3</b>    | 0                     |
|   | <b>4</b> Accounts receivable, net . . . . .   | 12,989,640            | <b>4</b>    | 21,069,952            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                     | <b>5</b>    | 0                     |
|   | <b>6</b> 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                     | <b>6</b>    | 0                     |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 100,000               | <b>7</b>    | 0                     |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                     | <b>8</b>    | 0                     |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 2,672,736             | <b>9</b>    | 2,974,435             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 61,107,611 |             |                       |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 44,287,593 | 16,097,749  | <b>10c</b> 16,820,018 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 200,641,797           | <b>11</b>   | 188,980,177           |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 341,970               | <b>12</b>   | 275,732               |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                     | <b>13</b>   | 0                     |
|   | <b>14</b> Intangible assets . . . . .   | 0                     | <b>14</b>   | 0                     |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 1,018,912             | <b>15</b>   | 723,848               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 264,323,604   | <b>16</b>             | 237,972,879 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 44,602,557            | <b>17</b>   | 44,126,705            |
|   | <b>18</b> Grants payable . . . . .  | 255,482               | <b>18</b>   | 873,466               |
|   | <b>19</b> Deferred revenue . . . . .  | 3,734,024             | <b>19</b>   | 6,398,505             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                     | <b>20</b>   | 0                     |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 0                     | <b>21</b>   | 0                     |
|   | <b>22</b> 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                     | <b>22</b>   | 0                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                     | <b>23</b>   | 0                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                     | <b>24</b>   | 0                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  | 0                     | <b>25</b>   | 0                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 48,592,063            | <b>26</b>   | 51,398,676            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                       |             |                       |
|   | <b>27</b> Unrestricted net assets . . . . .   | 215,731,541           | <b>27</b>   | 186,574,203           |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 0                     | <b>28</b>   | 0                     |
|   | <b>29</b> Permanently restricted net assets . . . . .   | 0                     | <b>29</b>   | 0                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                       |             |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                       | <b>30</b>   |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                       | <b>31</b>   |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                       | <b>32</b>   |                       |
| <b>33</b> Total net assets or fund balances . . . . .                         | 215,731,541   | <b>33</b>             | 186,574,203 |                       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 264,323,604   | <b>34</b>             | 237,972,879 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |               |
|-----------|---|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,094,464,428 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,074,106,710 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 20,357,718    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 215,731,541   |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -8,228,052    |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |               |
| <b>7</b>  | Investment expenses   | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | 3,006         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -41,290,010   |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 186,574,203   |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>3b</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   |     |    |

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

**[www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of the organization  
Delta Dental of Washington

**Employer identification number**

91-0621480

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

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

**2** Political expenditures

▶ \$ 132,000

**3** Volunteer hours

0

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

**2** Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Yes  No

**4a** Was a correction made?

Yes  No

**b** If "Yes," describe in Part IV

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

▶ \$ 132,000

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

▶ \$ 132,000

**4** Did the filing organization file **Form 1120-POL** for this year?

Yes  No

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

| (a) Name                            | (b) Address                                | (c) EIN    | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|-------------------------------------|--|------------|---|--|
| (1) COMMITTEE TO ELECT DAWN MORRELL | 2106 MANORWOOD DR SE<br>PUYALLUP, WA 98374 | 01-0679962 | 1,000   |  |
| (2) COMMITTEE TO ELECT KAREN KEISER | PO BOX 13290<br>DES MOINES, WA 98189       | 91-1947669 | 1,000   |  |
| (3) FRIENDS OF MELANIE STAMBAUGH    | PO BOX 73267<br>PUYALLUP, WA 98373         | 71-0896890 | 1,000   |  |
| (4) COMMITTEE TO ELECT SUSAN FAGEN  | PO BOX 1471<br>PULLMAN, WA 99163           | 26-4513295 | 1,900   |  |
| (5) BRUCE CHANDLER CAMPAIGN         | PO BOX 1108<br>ZILLAH, WA 98953            | 91-2066326 | 1,000   |  |
| (6) FRIENDS OF BOB FERGUSON         | PO BOX 2405<br>SEATTLE, WA 98111           | 01-0699595 | 1,000   |  |

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                  | (b) Affiliated group totals                              |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|--|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000   | 20% of the amount on line 1e                      |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000  |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000  | \$1,000,000                                       |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)   |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-  |   |  |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |   |   |   |   |  |  |                   |             |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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



# Additional Data

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

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

| (a) Name                        | (b) Address                                | (c) EIN   | (d) Amount paid from filing organization's own internal funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|---------------------------------|--|-----------|---|---|
| COMMITTEE TO ELECT DAWN MORRELL | 2106 MANORWOOD DR SE<br>PUYALLUP, WA 98374 | 010679962 | 1000  |   |
| COMMITTEE TO ELECT KAREN KEISER | PO BOX 13290<br>DES MOINES, WA 98189       | 911947669 | 1000  |   |
| FRIENDS OF MELANIE STAMBAUGH    | PO BOX 73267<br>PUYALLUP, WA 98373         | 710896890 | 1000  |   |
| COMMITTEE TO ELECT SUSAN FAGEN  | PO BOX 1471<br>PULLMAN, WA 99163           | 264513295 | 1900  |   |
| BRUCE CHANDLER CAMPAIGN         | PO BOX 1108<br>ZILLAH, WA 98953            | 912066326 | 1000  |   |
| FRIENDS OF BOB FERGUSON         | PO BOX 2405<br>SEATTLE, WA 98111           | 010699595 | 1000  |   |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

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.

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 Washington

Employer identification number

91-0621480

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 value of contributions, grants, and 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.

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

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

Table with 2 columns: Description (1c-1f) and Amount

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

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

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.



**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.

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

**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.

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

**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 I  
(Form 990)**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Delta Dental of Washington

Employer identification number

91-0621480

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

|   |    |
|---|----|
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . | 21 |
| 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" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

| <b>Return Reference</b>    | <b>Explanation</b>   |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | THE GRANTEE IS REQUIRED TO SIGN A GRANT AGREEMENT STATING THAT THEY WILL USE THE FUNDS ONLY FOR PURPOSES OUTLINED IN THE GRANT AGREEMENT AND APPLICATION THE GRANTEE IS REQUIRED TO FILE REPORTS ON REGULAR INTERVALS OUTLINING USE OF FUNDS GRANTEE IS ALSO REQUIRED TO RETURN UNUSED FUNDING IF APPLICABLE |

**Additional Data**

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

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| UNION GOSPEL MISSION -<br>YAKIMABOX 565<br>YAKIMA, WA 98907 | 23-7050061     | 501(c)(3)                                 | 100,000                         |  |  |   | EXPAND THE<br>YAKIMA CLINIC               |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|---|---------------------------------|--|--|---|--|
| WACMHC2120 STATE ST<br>NE 220<br>OLYMPIA, WA 98506        | 91-1323282     | 501(c)(3)                                 | 51,782                          |  |  |   | FUNDING FOR THE<br>COMMUNITY<br>HEALTH CENTER<br>DIRECTORS DENTAL<br>LEARNING<br>NETWORK |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| WASHINGTON EARLY LEARNING FUND<br>1218 THIRD AVE 800<br>SEATTLE, WA 98101 | 91-2041837     | 501(c)(3)                                 | 45,000                          |  |  |   | YEARLY THRIVE BY FIVE FUNDING             |

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

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance         |
|--|----------------|---|---------------------------------|--|--|---|---|
| DENTAQUEST<br>FOUNDATION<br>465 MEDFORD ST<br>BOSTON, MA 02129 | 04-3265080     | 501(c)(3)                                 | 150,000                         |  |  |   | NATIONAL<br>COMMITTEE FOR<br>QUALITY<br>ASSURANCE |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| FAMILY HEALTH CENTERS<br>PO BOX 1340<br>OKANOGAN, WA 98840 | 91-1275011     | 501(c)(3)                                 | 300,000                         |  |  |   | NEW CLINIC IN<br>BREWSTER                 |

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

| <b>(a)</b> Name and address of organization or government    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                      |
|--|----------------|---|---------------------------------|--|--|---|--|
| NEIGHBORCARE HEALTH<br>1537 WESTERN AVE<br>SEATTLE, WA 98101 | 91-0893287     | 501(c)(3)                                 | 300,000                         |  |  |   | EXPAND ACCESS BY PURCHASING EQUIPMENT FOR NEW NORTH END MERIDIAN DENTAL CLINIC |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| AMERICAN ACADEMY OF PEDIATRICS<br>141 NORTHWEST POINT BLVD<br>ELK GROVE, IL 60007 | 36-2275597     | 501(c)(3)                                 | 50,000                          |  |  |   | NATIONAL FLUORIDATION CAMPAIGN            |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|---|---------------------------------|--|--|---|--|
| MEDICAL TERMS INTERNATIONAL<br>9680 153RD AVE NW<br>REDMOND, WA 98052 | 93-0878944     | 501(c)(3)                                 | 180,000                         |  |  |   | MAINTAIN ACCESS BY PURCHASING EQUIPMENT FOR NEW NORTH END MERIDIAN DENTAL CLINIC |

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

| <b>(a)</b> Name and address of organization or government      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|---|---------------------------------|--|--|---|---|
| DENTAQUEST<br>FOUNDATION<br>465 MEDFORD ST<br>BOSTON, MA 02129 | 04-3265080     | 501(c)(3)                                 | 200,000                         |  |  |   | ENGAGEMENT OF<br>PRIMARY CARE<br>PHYSICIANS IN<br>DELIVERY OF ORAL<br>HEALTH SERVICES |

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| PUGET SOUND CHRISTIAN CLINIC<br>2150 NORTH 122ND STREET<br>SEATTLE, WA 98133 | 33-1052418     | 501(c)(3)                                 | 150,000                         |  |  |   | EQUIPMENT FOR LYNWOOD CLINIC              |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                    |
|--|----------------|---|---------------------------------|--|--|---|--|
| INTERFAITH COMMUNITY HEALTH CENTER<br>220 UNITY STREET<br>BELLINGHAM, WA 98225 | 91-1202013     | 501(c)(3)                                 | 300,000                         |  |  |   | RENOVATE AN OFFICIAL SUITE INTO A 12 OPERATORY DENTAL CLINIC |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|---|---------------------------------|--|--|---|--|
| INTERNATIONAL<br>COMMUNITY HEALTH<br>SERVICES<br>720 8TH AVE S<br>2ND FLOOR<br>SEATTLE, WA 98104 | 91-0947084     | 501(c)(3)                                 | 150,000                         |  |  |   | ICHS REQUESTED AN ADDITIONAL \$150,000 FOR THE NEW 10 CHAIR DENTAL CLINIC WITHIN THEIR SHORELINE CLINIC WHICH OPENED IN SEPTEMBER 2014 |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH CENTER OF SNOHOMISH COUNTY<br>2722 COLBY EVERETT, WA 98201 | 91-1255170     | 501(c)(3)                                 | 99,317                          |  |  |   | EXPAND THE LYNNWOOD CLINIC                |

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

| <b>(a)</b> Name and address of organization or government                           | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance             |
|---|----------------|---|---------------------------------|--|--|---|---|
| VOLUNTEERS IN MEDICINE OF THE OLYMPICS CLINIC819 GEORGIANA ST PORT ANGELES,WA 98362 | 01-0590704     | 501(c)(3)                                 | 54,500                          |  |  |   | THIRD YEAR ABCD PROGRAM IN CLALLAM/JEFFERSON COUNTIES |

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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance    |
|--|----------------|---|---------------------------------|--|--|---|--|
| NATIONAL NETWORK FOR ORAL HEALTH ACCESS181 E 56TH AVE STE 501 DENVER, CO 80216 | 84-1186592     | 501(c)(3)                                 | 25,000                          |  |  |   | UNDERWRITING COSTS OF THE NOHLI PARTICIPANTS |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance    |
|--|----------------|---|---------------------------------|--|--|---|--|
| DEPARTMENT OF SOCIAL AND HEALTH SERVICESPO BOX 45842 OLYMPIA, WA 98504 | 91-6001088     | WA STATE                                  | 16,000                          |  |  |   | FLUORIDATION TRANING GRANTS TO WATER SYSTEMS |

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

| <b>(a)</b> Name and address of organization or government          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                          |
|--|----------------|---|---------------------------------|--|--|---|--|
| EDUCATIONAL SERVICES DISTRICT 12333 SOUTH 2ND AVE YAKIMA, WA 98902 | 91-0919927     | WA STATE                                  | 30,000                          |  |  |   | SOUTHEAST EARLY LEARNING COALITION AND ABCD PARTNERSHIP - YEAR ONE |

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

| <b>(a)</b> Name and address of organization or government              | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance     |
|--|----------------|---|---------------------------------|--|--|---|---|
| EDUCATIONAL SERVICE DISTRICT 114105 NATIONAL AVE N BREMERTON, WA 98312 | 75-3214740     | WA STATE                                  | 30,000                          |  |  |   | EARLY LEARNING COALITION AND ABCD PARTNERSHIP |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|---|----------------|---|---------------------------------|--|--|---|--|
| WASHINGTON STATE<br>DEPARTMENT OF EARLY<br>LEARNING<br>PO BOX 40970<br>TACOMA, WA 98504 | 75-3214740     | WA STATE                                  | 10,000                          |  |  |   | ONLINE TRAINING<br>FOR CHILD CARE<br>PROVIDERS |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| DEPARTMENT OF HEALTH<br>PO BOX 40709<br>OLYMPIA, WA 98504 | 91-1444603     | WA STATE                                  | 34,327                          |  |  |   | 2015 WASHINGTON<br>STATE SMILE<br>SURVEY  |

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

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|---|---------------------------------|--|--|---|---|
| WASHINGTON STATE<br>EARLY LEARNING FUND<br>1218 THIRD AVE 800<br>SEATTLE, WA 98101 | 91-1444603     | WA STATE                                  | 20,000                          |  |  |   | STATE HOME VISITING MATCH FUND TO EXPAND HOME VISITING PROGRAM'S FOR WASHINGTON'S YOUNGEST CHILDREN |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2014**

**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Delta Dental of Washington

Employer identification number

91-0621480

**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 checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
- 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 |
|-----------|-----|----|
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> | Yes |    |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> | Yes |    |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

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

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

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

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

**Part III Supplemental Information**

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

| Return Reference            | Explanation   |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1A | DDWA OCCASIONALLY PAYS FOR SPOUSAL TRAVEL FOR THE CEO, WHICH IS TREATED AS TAXABLE INCOME. ANY FIRST CLASS TRAVEL IS SUBJECT TO THE APPROVAL OF THE CEO. DDWA PROVIDES A WELLNESS PROGRAM WHICH REIMBURSES 50% OF APPROVED EXPENSES FOR ALL EMPLOYEES WORKING 30 HOURS OR MORE A WEEK, WITH A MAXIMUM PAYABLE OF \$40/ MONTH, OR \$480 PER YEAR, AND 25% OF APPROVED EXPENSES FOR PART-TIME EMPLOYEES WORKING 20 TO 30 HOURS A WEEK WITH A MAXIMUM PAYMENT OF \$20/ MONTH, OR \$240 PER YEAR FOR HEALTH CLUB MEMBERSHIPS, AEROBIC OR GENERAL EXERCISE CLASSES, WEIGHT LOSS PROGRAMS, STRESS MANAGEMENT AND MASSAGE THERAPY. THESE REIMBURSEMENTS ARE TREATED AS TAXABLE INCOME. ADDITIONALLY, HEALTH OR LUNCHEON CLUB DUES ARE PAID IN FULL FOR SENIOR MANAGEMENT WHICH IS INCLUDED IN TAXABLE INCOME. DDWA GROSSES UP INCENTIVE AWARDS AND AN EXECUTIVE AUTO STIPEND PAID TO CERTAIN EMPLOYEES. BOARD MEMBERS RECEIVE A GROSS-UP PAYMENT TO COVER B&O TAXES ASSESSED ON DIRECTOR FEES PAID TO THE BOARD.   |
| SCHEDULE J, PART I, LINE 3  | THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD OF DIRECTORS ENGAGES AN EXTERNAL CONSULTANT TO EVALUATE ALL KEY EMPLOYEES, INCLUDING PRESIDENT AND CEO, CFO/COO, VP UNDERWRITING/ACTUARIAL, CMO/CIO/CSO, VP PLANNING, AND CORPORATE DEVELOPMENT, CHIEF HUMAN RESOURCE STRATEGIST, AND VP INNOVATIVE SERVICES & PROVIDER RELATIONS. COMPENSATION IN COMPARISON TO THE PRACTICE OF SIMILAR EMPLOYERS IN THE MARKETPLACE. THE PROCESS IS CONDUCTED ON AN ANNUAL BASIS.  |
| SCHEDULE J, PART I, LINE 4B | THE COMPANY MAKES CONTRIBUTIONS TO A NON-QUALIFIED, SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), AS DETERMINED BY THE BOARD OF DIRECTORS, WHICH IS SUBJECT TO CODE SECTION 457(B). PLAN PARTICIPANTS ARE "KEY EMPLOYEES" WHO RECEIVE AN ANNUAL CONTRIBUTION BASED ON THEIR AGE, EARNINGS AND PROJECTED 401(K) INVESTMENT RETURNS. THE INVESTMENT OF THE COMPANY CONTRIBUTIONS IS DIRECTED BY EACH PARTICIPANT, BUT VESTING OF THE BENEFIT IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE AS REQUIRED BY CODE SECTION 409(A). CONTRIBUTIONS MADE IN 2014 WERE AS FOLLOWS: BRADLEY BERG, CHIEF OPERATING AND FINANCIAL OFFICER, \$67,262; KRISTIN MERLO, CHIEF MARKETING, INFORMATION AND SALES OFFICER, \$43,974; THOMAS GATES, VP PLANNING AND CORPORATE DEVELOPMENT, \$39,960; SUSAN WEBBER, FORMER CHIEF HUMAN RESOURCES OFFICER, \$31,477; ERIC LO, VP UNDERWRITING/ACTUARIAL, \$5,791. THE 457(B) PLAN HAD TOTAL ASSETS OF \$635,015 AT DECEMBER 31, 2014. THE COMPANY ALSO MAKES A CONTRIBUTION TO A 457(F) NON-QUALIFIED SERP, A DEFINED CONTRIBUTION PLAN FOR THE PRESIDENT AND CEO DUE TO AGE RESTRICTIONS ASSOCIATED WITH THE 457(B) PLAN. THE COMPANY CONTRIBUTED \$100,000 TO THE PLAN FOR 2014. THE 457(F) PLAN HAD TOTAL ASSETS OF \$154,425 AT DECEMBER 31, 2014. |
| SCHEDULE J, PART I, LINE 6A | THE BOARD OF DDWA APPROVED A COMPANY-WIDE BONUS MATRIX BASED ON SEVEN METRICS, ONE OF WHICH WAS BASED ON THE PROFIT MARGIN FOR THE FISCAL YEAR. THE OTHER METRICS WERE ADMINISTRATIVE COST, NEW SALES FOR SMALL AND LARGE CUSTOMERS, CUSTOMER PERSISTENCY, NETWORK GROWTH AND OPERATIONAL PERFORMANCE.  |
| SCHEDULE J, PART I, LINE 7  | DDWA PAID COMMISSION TO INTERNAL SALES STAFF BASED ON THE NUMBER OF PRIMARY SUBSCRIBERS ACQUIRED BY THE COMPANY AS A RESULT OF NEW EMPLOYER GROUP SALES.  |
| SCHEDULE J, PART I, LINE 4A | FORM 990, PART VII, SECTION A INCLUDES SEVERANCE PAID TO TWO FORMER EMPLOYEES: SUSAN WEBBER AND VENKATARAMAN CHITTOOR WERE PAID \$169,110 AND \$131,250, RESPECTIVELY.  |
| SCHEDULE J, PART I, LINE 5A | FORM 990, PART VII, SECTION A INCLUDES SALES COMMISSION PAID TO TWO EMPLOYEES BASED ON NEW SUBSCRIBERS ACQUIRED.  |

**Additional Data**

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

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

| (A) Name and Title                                      |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 DWYER JAMES D,<br>PRESIDENT & CEO                     | (i)  | 620,536  | 565,000                             | 36,656                              | 158,000  | 20,513                  | 1,400,705                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 1 BERG BRADLEY A, COO & CFO                             | (i)  | 368,550  | 200,794                             | 9,344                               | 125,262  | 21,966                  | 725,916                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 INGE RONALD E, FMR VP, DENTAL DIRECTOR & PR           | (i)  | 345,959  | 191,845                             | 8,765                               | 43,495   | 9,328                   | 599,392                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 MERLO KRISTIN N,<br>CHIEF MKTG, INFO & SALES OFF      | (i)  | 354,418  | 135,648                             | 8,455                               | 96,474   | 27,692                  | 622,687                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 WEBBER SUSAN S,<br>FORMER CHIEF HR OFFICER            | (i)  | 99,741   | 121,439                             | 172,294                             | 49,319   | 5,602                   | 448,395                         | 64,825  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 GATES THOMAS A, VP,<br>PLANNING & CORP DEVEL          | (i)  | 261,712  | 131,539                             | 6,454                               | 74,960   | 25,658                  | 500,323                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 SMITH LAURA J, WDS<br>FDN, PRESIDENT & CEO            | (i)  | 221,916  | 106,636                             | 14,205                              | 58,000   | 7,814                   | 408,571                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 CHITTOOR<br>VENKATARAMAN, FORMER<br>CIO               | (i)  | 35,014   | 130,503                             | 132,341                             | 19,923   | 1,995                   | 319,776                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 LO ERIC C, VP,<br>ACTUARIAL &<br>UNDERWRITING         | (i)  | 176,117  | 82,487                              | 8,260                               | 54,935   | 8,565                   | 330,364                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 SNYDER CINDY K, VP,<br>INNOV SVCS & PROVIDER<br>REL   | (i)  | 169,032  | 33,594                              | -741                                | 27,045   | 16,509                  | 245,439                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 BURSETT JOHN T, SR<br>VP,<br>UNDERWRITING/ACTUARIAL  | (i)  | 194,464  | 40,559                              | -1,500                              | 38,893   | 15,008                  | 287,424                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 LAY LINDA T,<br>DIRECTOR, SALES ACCT<br>MGMT         | (i)  | 167,769  | 132,141                             | -2,319                              | 30,922   | 15,464                  | 343,977                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 SCHOBER DEBRA F,<br>SENIOR SALES EXECUTIVE           | (i)  | 95,406   | 169,617                             | -2,927                              | 17,173   | 16,499                  | 295,768                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 CURHAN SUSAN L,<br>DIRECTOR MKTG,<br>PRODUCTION MGMT | (i)  | 164,865  | 35,757                              | -2,171                              | 36,189   | 20,576                  | 255,216                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 DOSCH KYLE P, DENTAL<br>DIRECTOR                     | (i)  | 161,912  | 32,445                              | -498                                | 30,453   | 10,201                  | 234,513                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 LABBERTON WELLS K,<br>DIRECTOR                       | (i)  | 64,201   | 0                                   | 211,732                             | 0  | 0                       | 275,933                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

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

**2014**

**Open to Public  
Inspection**

Name of the organization  
Delta Dental of Washington

**Employer identification number**

91-0621480

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

| Return Reference           | Explanation  |
|----------------------------|--|
| FORM 990, PART III, LINE 3 | ON JULY 16, 2014, DELTA DENTAL OF WASHINGTON (DDWA) DISTRIBUTED \$18,800,000 IN CASH TO ITS SOLE MEMBER WASHINGTON DENTAL SERVICE (WDS) ON JULY 23, 2014, THE DDWA BOARD OF DIRECTORS APPROVED, SUBJECT TO OFFICE OF THE INSURANCE COMMISSIONER (OIC) REVIEW, AN EXTRAORDINARY DISTRIBUTION OF DDWA'S SUBSIDIARIES, WDS HOLDINGS LLC, THE INSTITUTE OF ORAL HEALTH, AND AN INVESTMENT C3 JIAN FROM DDWA TO WDS THAT WAS VALUED AT APPROXIMATELY \$22,630,000 ON AUGUST 6, 2014, THE OIC APPROVED THE DISTRIBUTION REQUEST ON SEPTEMBER 4, 2014, DDWA MADE THE DISTRIBUTION TO WDS VALUED AT \$22,490,000 |

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III, LINE<br>4A | DDWA PROVIDES DENTAL INSURANCE FOR OVER 2,492,000 MEMBERS AND THEIR DEPENDENTS THROUGHOUT THE STATE OF WASHINGTON AND ACROSS THE NATION. WORKING COLLECTIVELY WITH PRODUCERS AND BENEFIT MANAGERS, WE OFFER STANDARD INSURANCE BENEFITS, AS WELL AS HIGHLY CUSTOMIZED PLANS TO MEET THE NEEDS OF INDIVIDUALS AND THEIR FAMILIES. WE HAVE CONTRACTED WITH OVER 4,300 DENTISTS CREATING A NETWORK OF PROVIDERS SERVING PATIENTS ACROSS THE STATE. AS A MEMBER OF THE DELTA DENTAL PLANS ASSOCIATION, A NATIONAL ASSOCIATION SUPPORTING DELTA INSURERS NATION-WIDE, OUR MEMBERS ARE ABLE TO ACCESS DELTA CONTRACTED PROVIDERS IN EVERY STATE. IN 2014, DDWA PROCESSED OVER 5,400,000 CLAIMS FOR MEMBERS AND THEIR DEPENDENTS. TO ENSURE PROVIDERS ARE SUBMITTING CLAIMS APPROPRIATELY, WE AUDITED OVER 30,000 INDIVIDUAL CLAIMS, THE RESULTS OF WHICH INCLUDE THE EDUCATION OF DENTAL OFFICE STAFF ON THE USE OF CDT CODES, INVOICING PROCEDURES AND REDUCING COMMON ERRORS. |

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III, LINE<br>4B | DDWA PROMOTES THE BENEFITS OF ORAL HEALTH THROUGH MARKETING EFFORTS IN PRINT, DIRECT MAIL, TV, RADIO, ONLINE MEDIA AND EVENT SPONSORSHIPS IN 2014, THE MARKETING AND ADVERTISING CAMPAIGN CONTINUED TO REACH OUT TO NEW AUDIENCES VIA PROMOTIONAL SPONSORSHIPS IN AN ATTEMPT TO PROMOTE THE BENEFITS OF GOOD ORAL HEALTH IN A MORE DIRECT AND INTERACTIVE WAY |

| Return Reference            | Explanation  |
|-----------------------------|--|
| FORM 990, PART III, LINE 4C | <p>DENTAL DECAY IS THE SINGLE MOST COMMON CHRONIC DISEASE OF EARLY CHILDHOOD - FIVE TIMES MORE COMMON THAN ASTHMA. NEARLY ONE IN FIVE ADULTS, NATIONALLY, HAS UNTREATED DENTAL CAVITIES. THE WASHINGTON DENTAL SERVICE FOUNDATION (THE FOUNDATION), A WHOLLY OWNED SUBSIDIARY OF DDWA, SUPPORTED ALMOST EXCLUSIVELY BY DDWA, FOCUSES THEIR WORK SPECIFICALLY ON YOUNG CHILDREN AND SENIORS, AND WORKS CLOSELY WITH PARTNER ORGANIZATIONS TO DEVELOP AND IMPLEMENT INNOVATIVE PROGRAMS. THE ACCESS TO BABY AND CHILD DENTISTRY (ABCD) PROGRAMS EXPAND ACCESS TO DENTAL CARE FOR YOUNG CHILDREN IN WASHINGTON STATE BY PROVIDING DENTAL SERVICES, BOTH PREVENTATIVE AND RESTORATIVE - MEDICAID-ENROLLED CHILDREN UP TO AGE SIX. IN COUNTIES WITH ABCD, THE UTILIZATION OF DENTAL SERVICES INCREASED FROM 20% TO 51% FROM 1997 TO 2014. THE EARLY INTERVENTION IN MEDICAL SETTINGS PROGRAM IS TRAINING PEDIATRICIANS IN THE ADVANTAGES AND TECHNIQUES OF ORAL SCREENING, APPLYING FLUORIDATION AND REFERRING HIGH RISK PATIENTS FOR DENTAL CARE. THE FOUNDATION IS ENGAGING HEALTH PROFESSIONALS, INCLUDING PHARMACISTS AND HOME HEALTH AIDES, TO TAKE PREVENTATIVE STEPS WITH SENIORS BEFORE ORAL HEALTH PROBLEMS AFFECT THEIR OVERALL HEALTH.</p> |

| Return Reference            | Explanation  |
|-----------------------------|--|
| FORM 990, PART III, LINE 4D | <p>1 DDWA IS ENGAGED IN EFFORTS TO PROMOTE EVIDENCED BASED DENTAL CARE THROUGH THE INSTITUTE OF ORAL HEALTH (IOH), A NON-PROFIT WHOLLY OWNED SUBSIDIARY OF DDWA THROUGH SEPTEMBER 4, 2014 WHEN THE IOH WAS DISTRIBUTED TO DDWA'S PARENT COMPANY WASHINGTON DENTAL SERVICE. THE PURPOSE OF THE IOH IS TO EDUCATE DENTAL PROVIDERS THROUGHOUT THE COUNTRY ON THE LATEST RESEARCH RELATED TO ORAL HEALTH, AND CORRELATIONS BETWEEN ORAL HEALTH AND OVERALL HEALTH. THE IOH CONDUCTS AN ANNUAL CONFERENCE NATIONALLY THAT HAS ATTRACTED HUNDREDS OF PROVIDERS.</p> <p>2 WATER FLUORIDATION IS THE MOST IMPORTANT STEP A COMMUNITY CAN TAKE TO IMPROVE THE ORAL HEALTH OF ALL RESIDENTS. THE FOUNDATION PROMOTES LEGISLATION TO ENCOURAGE FLUORIDATION AND PROVIDES ASSISTANCE TO GROUPS WHO ARE COMMITTED TO BRINGING THE BENEFITS OF FLUORIDE TO THEIR COMMUNITIES. SINCE 2001, AN ADDITIONAL 287,000 WASHINGTONIANS ARE RECEIVING THE HEALTH BENEFITS ASSOCIATED WITH FLUORIDATED WATER AS A RESULT OF THE FOUNDATION'S WORK.</p> <p>3 ASSISTING THE WORK OF THE FOUNDATION ARE DDWA EMPLOYEES VOLUNTEERING THEIR TIME. DDWA ENABLES ALL EMPLOYEES TO ENGAGE WITH THE PUBLIC REGARDING ORAL HEALTH THROUGH THE USE OF TWO VOLUNTEER DAYS PER YEAR. VOLUNTEER TIME IS SPENT WORKING ON THE SMILEMOBILE, A MOBILE DENTAL FACILITY TRAVELING TO UNDERSERVED AREAS OF THE STATE. MORE THAN 20,000 LOW-INCOME AND AT-RISK CHILDREN STATE-WIDE RECEIVED DENTAL SERVICES IN THE LAST 10 YEARS THROUGH THE FOUNDATION OPERATED SMILEMOBILE. VOLUNTEER TIME IS ALSO SPENT HANDING OUT FLYERS PROMOTING ORAL HEALTH TO WASHINGTON CITIZENS AT FAIRS, THE ZOO, PARADES, AND EVENTS ACROSS THE STATE.</p> <p>4 DDWA MATCHES DONATIONS MADE BY EMPLOYEES TO NON-PROFIT ORGANIZATIONS WITH OFFICIAL IRS 501(C)(3) STATUS, ALTHOUGH THE FOLLOWING ORGANIZATIONS/EVENTS ARE NOT ELIGIBLE FOR MATCHING: CHURCHES, POLITICAL CAMPAIGNS/ORGANIZATIONS, CAPITAL FUNDING, FRATERNAL/LABOR ORGANIZATIONS, TRIPS/TOURS, MASS MAILINGS, ORGANIZATIONS/GROUPS THAT DISCRIMINATE FOR ANY REASON INCLUDING, BUT NOT LIMITED TO, RACE, COLOR, RELIGION, CREED, AGE, SEX, SEXUAL ORIENTATION OR NATIONAL ORIGIN.</p> <p>5 DDWA SUPPORTED THE UNIVERSITY OF WASHINGTON'S SCHOOL OF DENTISTRY BY CREATING THE DDWA DENTIST OF THE FUTURE FUND. THIS FUND PROVIDES TRAINING FOR DENTAL STUDENTS AND PRACTICING DENTISTS EMPHASIZING EVIDENCE BASED INSTRUCTION, INTER-PROFESSIONAL EDUCATION, RISK ASSESSMENT AND BEHAVIORAL CHANGES AND MORE FULLY INCORPORATING ORAL HEALTH INTO OVERALL HEALTH IN PATIENT MANAGEMENT.</p> |

| Return Reference                        | Explanation  |
|---|--|
| FORM 990, PART VI,<br>SECTION A, LINE 6 | DDWA'S MEMBER DENTISTS ARE CONSIDERED MEMBERS OF THE COMPANY'S PARENT COMPANY, WDS. MEMBER DENTISTS ELECT THE DENTAL MEMBERS OF THE WDS BOARD OF DIRECTORS. WDS DIRECTORS ALSO SERVE AS DIRECTORS ON THE DDWA BOARD. |

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

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7B | RECOMMENDED CHANGES TO THE WDS CORPORATE BY-LAWS BY THE WDS BOARD ARE SUBJECT TO APPROVAL BY THE WDS MEMBERS |

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

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

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD APPOINTS THE HRCC, NONE OF WHOM MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY COMPENSATION ARRANGEMENTS, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND KEY EMPLOYEE (INCLUDING THE CEO AND CFO/COO) THE HRCC DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES THE HRCC ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST (INDEPENDENT EXPERT) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFIT PACKAGES OF OFFICERS AND KEY EMPLOYEES APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILAR SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES THE HRCC'S WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE ARRANGEMENTS WITH THE OFFICERS AND KEY EMPLOYEES (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED), (2) A LIST OF MEMBERS PRESENT DURING THE DISCUSSION ON ANY ARRANGEMENTS, AND (3) A DESCRIPTION OF THE COMPARABLE DATA RELIED UPON BY THE HRCC KEY DELIBERATIONS OF THE HRCC ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT HRCC MEETING |

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

| Return Reference          | Explanation  |
|---------------------------|--|
| FORM 990, PART XI, LINE 9 | DISTRIBUTION TO ITS SOLE MEMBER WASHINGTON DENTAL SERVICE 41,290,010 |

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VII, SECTION A, LINE 1A | THE FOLLOWING DIRECTORS ALSO RECEIVED CLINICAL REIMBURSEMENTS ADDITIONAL TO THEIR DIRECTOR'S FEES REPORTED IN COLUMN D - REPORTABLE COMPENSATION FROM THE ORGANIZATION BRANCH, DAVID W - \$135,252 ---<br>----- DIRECTOR FEE - \$62,983 CLINICAL REIMBURSEMENT - \$72,269 LABBERTON, WELLS, K - \$275,933 -<br>----- DIRECTOR FEE - \$64,201 CLINICAL REIMBURSEMENT - \$211,732 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**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.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Delta Dental of Washington

Employer identification number

91-0621480

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> WASHINGTON DENTAL SERVICE FUND<br>9706 4TH AVE NE<br><br>SEATTLE, WA 98115<br>91-1281990       | EDUCATION               | WA   | 501(c)(3)                  | 9   | DDWA                             | Yes  |    |
| <b>(2)</b> WASHINGTON DENTAL SERVICE FOUNDATION<br>9706 4TH AVE NE<br><br>SEATTLE, WA 98115<br>91-0621480 | EDUCATION               | WA   | 501(c)(4)                  |   | DDWA                             | Yes  |    |
| <b>(3)</b> WASHINGTON DENTAL SERVICE<br>9706 4TH AVE NE<br><br>SEATTLE, WA 98115<br>27-0937829            | HOLDING CO              |  | 501(c)(4)                  |   | NA                               | Yes  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**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 |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
| <b>1k</b> |     | No |
| <b>1l</b> |     | No |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> | Yes |    |
| <b>1p</b> |     | No |
| <b>1q</b> | Yes |    |
| <b>1r</b> | Yes |    |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> WASHINGTON DENTAL SERVICE | R                             | 41,290,010             | CASH/INVESTMENT                              |
| <b>(2)</b> WASHINGTON DENTAL SERVICE | O                             | 131,613                | CASH   |
| <b>(3)</b> WASHINGTON DENTAL SERVICE | Q                             | 14,400                 | SHARED SERVICES                              |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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**

| Name                                   | Address                   | City             | State | Zip Code   | EIN        | Amount paid from internal funds | Contributions received and delivered |
|--|---------------------------|------------------|-------|------------|------------|---------------------------------|--------------------------------------|
| Judy Clibborn for State Representative | PO BOX 808                | MERCER ISLAND    | WA    | 98040      | 01 0649609 | 1,000                           | 0                                    |
| COMMITTEE TO ELECT DAWN MORRELL        | 2106 MANORWOOD DR SE      | PUYALLUP         | WA    | 98374      | 01 0679962 | 1,000                           | 0                                    |
| FRIENDS OF BOB FERGUSON                | PO BOX 2405               | SEATTLE          | WA    | 98111      | 01 0699595 | 500                             | 0                                    |
| CITIZENS TO ELECT STEVE CONWAY         | PO BOX 112020             | TACOMA           | WA    | 98411      | 01 0735404 | 1,000                           | 0                                    |
| Citizens for Christopher Hurst         | 62504 INDIAN SUMMER WAY E | ENUMCLAW         | WA    | 98022      | 01 0841227 | 1,000                           | 0                                    |
| Friends of Ross Hunter                 | PO Box 4204               | Bellevue         | WA    | 98009      | 04 3645222 | 1,000                           | 0                                    |
| RE ELECT PAT SULLIVAN CAMPAIGN         | 26513 168TH PL SE         | COVINGTON        | WA    | 98042      | 04 3679431 | 1,000                           | 0                                    |
| Committee to Elect Kevin Van De Wege   | 10 SABLE COURT            | SEQUIM           | WA    | 98382      | 20 0522366 | 1,000                           | 0                                    |
| FRIENDS FOR JAY RODNE                  | PO BOX 5848               | ISSAQUAH         | WA    | 98027      | 20 1125805 | 1,000                           | 0                                    |
| Committee to Elect Larry Haler         | 1860 MCMURRAY AVE         | RICHLAND         | WA    | 99354      | 20 1624033 | 1,000                           | 0                                    |
| Friends for Cindy Ryu                  | 15021 AURORA AVE N        | SHORELINE        | WA    | 98133      | 20 2771557 | 500                             | 0                                    |
| People for Pedersen                    | 815 FIRST AVE, #111       | SEATTLE          | WA    | 98104      | 20 3979617 | 1,900                           | 0                                    |
| People for Pedersen                    | 815 FIRST AVE, #111       | SEATTLE          | WA    | 98104      | 20 3979617 | (900)                           | 0                                    |
| Citizens to Elect Larry Seaquist       | PO BOX 821                | GIG HARBOR       | WA    | 98335      | 20 4220154 | 1,000                           | 0                                    |
| Citizens to Elect Larry Seaquist       | PO BOX 821                | GIG HARBOR       | WA    | 98335      | 20 4220154 | (800)                           | 0                                    |
| COMMITTEE TO ELECT STEVE HOBBS         | 3309 114th Drive NE       | Lake Stevens     | WA    | 98258      | 20 4733784 | 100                             | 0                                    |
| Committee to Elect Kevin Parker        | PO BOX 198                | SPOKANE          | WA    | 99203      | 26 0348064 | 1,000                           | 0                                    |
| FRIENDS OF REUVEN CARLYLE              | PO BOX 9100               | SEATTLE          | WA    | 98109      | 26 1852908 | 1,000                           | 0                                    |
| HARGROVE FOR HOUSE                     | PO BOX 7341               | COVINGTON        | WA    | 98042      | 26 1973735 | 1,400                           | 0                                    |
| Committee to Elect Dave Taylor         | 1661 Beane Road           | MOXEE            | WA    | 98936      | 26 4761911 | 1,000                           | 0                                    |
| FRIENDS OF HANS ZEIGER                 | PO BOX 73303              | PUYALLUP         | WA    | 98373      | 27 0422184 | 500                             | 0                                    |
| Committee to Elect JT Wilcox           | PO BOX 747                | MCKENNA          | WA    | 98558      | 27 0758934 | 1,000                           | 0                                    |
| CITIZENS FOR VINCENT BUYS              | PO BOX 25                 | LYNDEN           | WA    | 98264      | 27 1476576 | 1,000                           | 0                                    |
| FRIENDS OF JOE FAIN                    | P O BOX 7809              | COVINGTON        | WA    | 98042      | 27 1654871 | 100                             | 0                                    |
| CITIZENS FOR MICHAEL BAUMGARTNER       | PO BOX 48237              | SPOKANE          | WA    | 99228      | 27 1747900 | 1,000                           | 0                                    |
| COMMITTEE TO ELECT BRANDON VICK        | PO BOX 1434               | BATTLE GROUND    | WA    | 98604      | 27 1915545 | 1,000                           | 0                                    |
| FRIENDS OF STEVE OBAN                  | PO BOX 65335              | UNIVERSITY PLACE | WA    | 98464      | 27 1992105 | 1,000                           | 0                                    |
| KRISTINE LYTTON CAMPAIGN               | 1004 COMMERCIAL AVE PMB 3 | ANACORTES        | WA    | 98221      | 27 2056758 | 1,000                           | 0                                    |
| CITIZENS FOR ANDY HILL                 | 23515 NE NOVELTY HILL RD  | REDMOND          | WA    | 98053      | 27 2057163 | 100                             | 0                                    |
| FRIENDS OF LAURIE JINKINS              | PO BOX 2032               | TACOMA           | WA    | 98401      | 27 2214467 | 1,000                           | 0                                    |
| FRIENDS OF JOE FITZGIBBON              | PO BOX 66110              | BURien           | WA    | 98166      | 27 2265718 | 1,000                           | 0                                    |
| Friends of Derek Stanford              | PO BOX 2041               | BOTHELL          | WA    | 98041      | 27 2317624 | 1,000                           | 0                                    |
| Campaign to Elect Paul Harris          | 1916 SE 130TH AVE         | VANCOUVER        | WA    | 98683      | 27 2531536 | 1,000                           | 0                                    |
| THARINGER FOR STATE REPRESENTATIVE     | PO BOX 834                | SEQUIM           | WA    | 98382      | 27 2555702 | 1,000                           | 0                                    |
| Committee to Elect Joel Kretz          | 1014 TORODA CREEK RD      | WAUCONDA         | WA    | 98859      | 27 2630585 | 1,000                           | 0                                    |
| GRIFFEN 4 STATE HOUSE                  | PO BOX 83                 | ALLYN            | WA    | 98524      | 27 2697662 | 950                             | 0                                    |
| The Committee to ReElect Kathy Haigh   | 81 SE WALKER PARK RD      | SHELTON          | WA    | 98584      | 29 9527931 | 1,000                           | 0                                    |
| CITIZENS FOR FRANK CHOPP               | 1000 AURORA AVE N         | SEATTLE          | WA    | 98109      | 32 0020852 | 1,000                           | 0                                    |
| Samuel Hunt for State Representative   | PO BOX 2573               | OLYMPIA          | WA    | 98507      | 33 1007436 | 1,000                           | 0                                    |
| COMMITTEE TO ELECT DREW C MACEWEN      | PO BOX 651                | UNION            | WA    | 98592      | 36 4732450 | 1,000                           | 0                                    |
| FRIENDS OF GAEL TARLETON               | PO BOX 9100               | SEATTLE          | WA    | 98109      | 37 1666948 | 500                             | 0                                    |
| Committee to Elect Jim Moeller         | 1701 BROADWAY #328        | VANCOUVER        | WA    | 98663      | 45 0476516 | 1,000                           | 0                                    |
| PEOPLE FOR JOE SCHMICK                 | PO BOX 620                | COLFAX           | WA    | 99111      | 45 0582705 | 1,000                           | 0                                    |
| JAY INSLEE FOR WASHINGTON              | PO BOX 21067              | SEATTLE          | WA    | 98111      | 45 2533952 | 1,000                           | 0                                    |
| COMMITTEE TO ELECT DREW HANSEN         | PO BOX 2140               | POULSB0          | WA    | 98370      | 45 3489418 | 1,000                           | 0                                    |
| Friends of Tina Orwall                 | 17837 FIRST AVE S         | NORMANDY PARK    | WA    | 98148      | 45 3602805 | 950                             | 0                                    |
| FRIENDS OF DAVID SAWYER                | 1002 SOUTH 94TH ST        | TACOMA           | WA    | 98444      | 45 3660584 | 950                             | 0                                    |
| FRIENDS TO ELECT LIZ PIKE              | PO BOX 662                | CAMAS            | WA    | 98607      | 45 4280048 | 1,000                           | 0                                    |
| PEOPLE FOR JESSYN                      | PO BOX 20792              | SEATTLE          | WA    | 98102      | 45 4799110 | 500                             | 0                                    |
| COMMITTEE TO ELECT MATT MANWELLER      | 110 W 6TH AVE PMB 392     | ELLENSBURG       | WA    | 98926      | 45 4883829 | 1,000                           | 0                                    |
| FRIENDS OF MARCUS RICELLI              | PO BOX 1325               | SPOKANE          | WA    | 99210      | 45 5222828 | 1,000                           | 0                                    |
| JAN ANGEL FOR STATE SENATE             | 5184 GRANADA PLACE SE     | PORT ORCHARD     | WA    | 98367      | 46 1415980 | 1,900                           | 0                                    |
| ED MURRAY FOR MAYOR                    | 3518 FREMOUNT AVE NORTH   | SEATTLE          | WA    | 98103      | 46 1489838 | (700)                           | 0                                    |
| FRIENDS OF COURTNEY GREGOIRE           | 603 STEWART ST            | SEATTLE          | WA    | 98101      | 46 2279223 | (500)                           | 0                                    |
| Washington Senate Democratic Campaign  | 603 Stewart ST, STE 819   | Seattle          | WA    | 98101      | 46 2614068 | 950                             | 0                                    |
| FRIENDS OF SHARON BROWN                | 4309 W 27TH PLACE         | KENNEWICK        | WA    | 99338      | 46 2639382 | 1,900                           | 0                                    |
| KENNEDY FUND                           | 3518 FREMONT AVE NW       | SEATTLE          | WA    | 98103      | 46 2745811 | 2,500                           | 0                                    |
| Friends of Lynda Wilson                | PO BOX 820568             | Vancouver        | WA    | 98682      | 46 4097009 | 950                             | 0                                    |
| Jesse Young for State House            | 5708 41st Avenue CT NW    | GIG HARBOR       | WA    | 98335 8103 | 46 4369782 | 950                             | 0                                    |
| Friends of Melanie Stambaugh           | PO BOX 73267              | PUYALLUP         | WA    | 98373      | 46 4944006 | 950                             | 0                                    |
| Friends to Elect Eric Pettigrew        | PO BOX 28660              | SEATTLE          | WA    | 98118      | 53 4801080 | 1,000                           | 0                                    |
| Committee to Elect Timm Ormsby         | PO BOX 2177               | SPOKANE          | WA    | 99210 2177 | 55 0876251 | 1,000                           | 0                                    |
| CITIZENS FOR CHAD MAGENDANZ            | 25524 SE 159TH ST         | ISSAQUAH         | WA    | 98027      | 61 1679658 | 500                             | 0                                    |
| SHELLY FOR STATE                       | PO BOX 371887             | ADDY             | WA    | 99101      | 68 0674661 | 1,000                           | 0                                    |
| Committee to Elect Cary Condotta       | PO BOX 3001               | WENATCHEE        | WA    | 98807      | 71 0896890 | 1,000                           | 0                                    |
| Committee to Elect Cary Condotta       | PO BOX 3001               | WENATCHEE        | WA    | 98807      | 71 0896890 | (50)                            | 0                                    |
| STEVE KIRBY CAMPAIGN                   | 9415 TACOMA AVE S         | TACOMA           | WA    | 98444      | 71 1000906 | 1,000                           | 0                                    |
| GERRY POLLET FOR STATE REPRESENTATIVE  | 7750 17TH AVE NE          | SEATTLE          | WA    | 98115      | 80 0147715 | 1,000                           | 0                                    |
| NORM JOHNSON FOR STATE REPRESENTATIVE  | 55 W WASHINGTON AVE       | YAKIMA           | WA    | 98903 2621 | 80 0190629 | 1,000                           | 0                                    |
| NORM JOHNSON FOR STATE REPRESENTATIVE  | 55 W WASHINGTON AVE       | YAKIMA           | WA    | 98903 2621 | 80 0190629 | (50)                            | 0                                    |
| PEOPLE FOR ZACK HUDDINS                | 4512 S 136TH ST           | TUKWILA          | WA    | 98168      | 81 0555017 | 1,000                           | 0                                    |
| Committee to Elect Larry Springer      | 700 20th Ave W            | Kirkland         | WA    | 98033      | 83 0382872 | 1,000                           | 0                                    |

|  |                           |                  |    |            |            |                |          |
|--|---------------------------|------------------|----|------------|------------|----------------|----------|
| Committee to Elect Brian Blake           | PO BOX 1541               | LONGVIEW         | WA | 98632      | 87 0699800 | 1,000          | 0        |
| Committee to ReElect Ed Orcutt           | PO BOX 1280               | KALAMA           | WA | 98625      | 90 0038949 | 1,000          | 0        |
| FRIENDS OF CYRUS                         | 929 109TH AVE NE          | BELLEVUE         | WA | 98004      | 90 0791775 | 1,000          | 0        |
| Washington State Republican Party        | 11811 NE 1ST SE           | BELLEVUE         | WA | 98005      | 91 0486656 | 2,500          | 0        |
| Senate Republican Campaign Committee     | PO BOX 11025              | OLYMPIA          | WA | 98508      | 91 0987396 | 950            | 0        |
| Washington State Democrats Party         | PO BOX 4027               | SEATTLE          | WA | 98194      | 91 1135732 | 5,000          | 0        |
| COMMITTEE TO ELECT JIM HONEYFORD         | P O BOX 844               | SUNNYSIDE        | WA | 98944 0844 | 91 1561953 | 1,000          | 0        |
| Committee to Elect Eileen Cody           | 6714 38th Ave SW          | SEATTLE          | WA | 98126      | 91 1646573 | 1,000          | 0        |
| THE LEADERSHIP COUNCIL                   | PO BOX 11025              | OLYMPIA          | WA | 98508      | 91 1714860 | 5,000          | 0        |
| REAGAN FUND                              | PO BOX 904                | OLYMPIA          | WA | 98507      | 91 1716818 | 5,000          | 0        |
| HARRY TRUMAN FUND                        | PO BOX 9100               | SEATTLE          | WA | 98109      | 91 1769570 | 2,500          | 0        |
| COMMITTEE TO ELECT LINDA KOCHMAR         | 30333 1ST AVE S           | FEDERAL WAY      | WA | 98003      | 91 1826508 | 1,000          | 0        |
| Citizens for Ruth Kagi                   | 19553 35TH AVE            | LAKE FOREST PARK | WA | 98155      | 91 1914967 | 1,000          | 0        |
| CITIZENS FOR PAM ROACH                   | PO BOX 682                | Auburn           | WA | 98071      | 91 1940414 | 1,000          | 0        |
| VOTERS FOR DICK MURI                     | PO BOX 1581               | TACOMA           | WA | 98401      | 91 1975610 | 1,000          | 0        |
| BRUCE CHANDLER CAMPAIGN                  | PO BOX 1108               | ZILLAHA          | WA | 98953      | 91 2066326 | 1,000          | 0        |
| House Republican Organizational          | PO BOX 7222               | OLYMPIA          | WA | 98507      | 91 6177625 | 950            | 0        |
| House Democratic Campaign Committee      | 1000 AURORA AVE N         | SEATTLE          | WA | 98109      | 91 6178946 | 950            | 0        |
| Committee to Re Elect Maureen Walsh      | PO Box 461                | WALLA WALLA      | WA | 99362      | 11 3717635 | 500            | 0        |
| Committee to Re Elect Richard DeBolt     | 1673 South Market Blvd P  | CHEHALIS         | WA | 98532      | 20 3271760 | (100)          | 0        |
| Committee to Re Elect Richard DeBolt     | 1673 South Market Blvd P  | CHEHALIS         | WA | 98532      | 20 3271760 | 950            | 0        |
| Timothy Sheldon                          | PO Box G                  | Hoodsport        | WA | 98548      | 20 3465831 | 1,000          | 0        |
| Judy Warnick for Senate                  | 601 S Pioneer Way Suite F | Moses Lake       | WA | 98837      | 20 5221582 | 1,900          | 0        |
| Marco for Senate                         | PO Box 821                | Mukilteo         | WA | 98275      | 26 0696977 | 1,900          | 0        |
| FRIENDS OF SHARON NELSON                 | 7318 SW 258th Pl          | Vashon           | WA | 98070      | 26 1377785 | 1,000          | 0        |
| COMMITTEE TO ELECT TERRY NEALEY          | PO BOX 7                  | DAYTON           | WA | 99328      | 26 2195116 | 1,000          | 0        |
| FRIENDS OF JIM JACKS                     | PO Box 65849              | Vancouver        | WA | 98665      | 26 2365416 | (500)          | 0        |
| COMMITTEE TO ELECT SUSAN FAGEN           | PO BOX 1471               | PULLMAN          | WA | 99163      | 26 4513295 | 1,000          | 0        |
| Friends of David Frockt                  | PO Box 2114               | SEATTLE          | WA | 27 1548039 | 27 1548039 | 1,900          | 0        |
| Committee to Elect Jeff Holy             | PO Box 40285              | Spokane          | WA | 99220      | 27 1702790 | 500            | 0        |
| Friends of Chris Reykdal                 | 855 Trosper Roaid Suite 1 | Tumwater         | WA | 98512      | 27 1751460 | 1,000          | 0        |
| Committee to Elect Brian Dansel          | 15333 Highway 21 S        | REPUBLIC         | WA | 99166      | 27 2437890 | 1,900          | 0        |
| Monique Trudnowski                       | 3800 Bridgeport Way SW    | UNIVERSITY PLACE | WA | 98466      | 35 2492025 | 950            | 0        |
| Friends of Graham Hunt                   | PO Box 2185               | Orting           | WA | 98360      | 45 3773063 | 1,900          | 0        |
| Mark Harmsworth for State Representative | PO Box 13581              | MILL CREEK       | WA | 98012      | 45 4856263 | 950            | 0        |
| Mark Harmsworth for State Representative | PO Box 13581              | MILL CREEK       | WA | 98012      | 45 4856263 | 950            | 0        |
| Friends of Tara Senn                     | PO Box 910                | MERCER ISLAND    | WA | 98040      | 46 3757260 | 950            | 0        |
| Friends of Brady Walkinshaw              | 3518 Fremont Ave NW, #545 | SEATTLE          | WA | 98103      | 46 4272797 | 950            | 0        |
| Friends of Joan McBride                  | PO Box 2707               | REDMOND          | WA | 98073      | 46 4600895 | 950            | 0        |
| Committee to Elect Scott WHELPLEY        | 10924 Mukilteo Speedway P | MUKILTEO         | WA | 98275      | 46 4695543 | 950            | 0        |
| Committee to Elect Tom Dent              | 601 S Pioneer Way Suite F | MOSES LAKE       | WA | 98837      | 46 4970913 | 950            | 0        |
| Miloscia Committee                       | 30720 19th Ave South      | FEDERAL WAY      | WA | 98003      | 46 4975457 | 1,900          | 0        |
| Friends of Pramila                       | PO Box 28505              | SEATTLE          | WA | 98118      | 46 5109458 | 950            | 0        |
| Friends of Drew Stokesbary               | 2337 54th Street SE       | AUBURN           | WA | 98092      | 46 5287065 | 950            | 0        |
| Friends of Luanne                        | PO Box 29964              | BELLINGHAM       | WA | 98228      | 46 5627578 | 950            | 0        |
| Committee to Elect Gina McCabe           | PO Box 1105               | GOLDENDALE       | WA | 98620      | 47 1241800 | 950            | 0        |
| Committee to Elect Doug Ericksen         | PO Box 748                | Ferndale         | WA | 98248      | 82 0553277 | 1,000          | 0        |
| WA ST Democrats                          | 615 2nd Ave, Suite 580    | Seattle          | WA | 98104      | 91 1135732 | 2,500          | 0        |
| JEANNE KOHL WELLES                       | 2212 Queen Anne Avenue S, | Seattle          | WA | 98109      | 91 1559456 | 1,000          | 0        |
| FRIENDS OF SANTOS                        | PO Box 78606              | Seattle          | WA | 98178      | 91 1913482 | 1,000          | 0        |
| Committee to Elect Karen Keiser          | PO Box 13290              | Des Moines       | WA | 98198      | 91 1947669 | 1,000          | 0        |
| Committee to Elect Dan Kristiansen       | PO Box 2007               | Snohomish        | WA | 98291      | 91 2064816 | 1,000          | 0        |
| Committee to Elect John McCoy            | PO Box 1821               | Marysville       | WA | 98270      | 91 2068458 | 950            | 0        |
| <b>TOTAL</b>                             |                           |                  |    |            |            | <b>132,000</b> | <b>0</b> |