



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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<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> . . . . .	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	47,566	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	409	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body? . . . . .	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records BRADLEY BERG 9706 4TH AVE NE 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DWYER JAMES D ..... PRESIDENT & CEO	36 0 ..... 4 0	X		X				1,222,192	0	178,513
(2) BECK GEORGE DOUGLAS ..... VICE CHAIR	11 0 ..... 4 0	X		X				87,012	0	0
(3) BRANCH DAVID W ..... DIRECTOR	7 0 ..... 3 5	X						135,252	0	0
(4) LABBERTON WELLS K ..... DIRECTOR	7 0 ..... 3 0	X						275,933	0	0
(5) DINEEN PATRICK JOSEPH ..... TREASURER	7 0 ..... 3 0	X						58,899	0	0
(6) HARWELL JANIS L ..... DIRECTOR	7 0 ..... 3 0	X						58,899	0	0
(7) FARRELL ANNE V ..... DIRECTOR	7 0 ..... 3 0	X						41,594	0	0
(8) SEELY JEFFERY THOMAS ..... DIRECTOR	7 0 ..... 3 0	X						54,833	0	0
(9) PHIPPS GERALD S ..... DIRECTOR	11 0 ..... 4 0	X						62,479	0	0
(10) TUNE JAMES F ..... SECRETARY	5 0 ..... 1 0	X		X				53,833	0	0
(11) LOHKAMP JOANNA L ..... CHAIR	9 0 ..... 3 0	X		X				89,305	0	0
(12) BERG BRADLEY A ..... COO & CFO	36 0 ..... 4 0			X				578,688	0	147,228
(13) MERLO KRISTIN N ..... CHIEF MKTG, INFO & SALES OFF	40 0 ..... 0 0			X				498,521	0	124,166
(14) GATES THOMAS A ..... VP, PLANNING & CORP DEVEL	40 0 ..... 0 0				X			399,705	0	100,618

Part VII

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

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

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	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
3	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	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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) Name and business address	(B) Description of services	(C) Compensation
DECARE SYSTEMS, UNIT 1 CURRAHEEN ROAD CORK, 0 IC	SOFTWARE DEVELOPMENT	3,777,417
EMDEON BUSINESS SERVICES, PO BOX 57249 MURRAY, UT 84157	PRINTING/MAILING	3,762,920
GREENRUBINO INC, 1938 FAIRVIEW AVE E 200 SEATTLE, WA 98102	ADVERTISING AGENCY	2,170,344
PRESIDIO NETWORKED SOLUTIONS, 7601 ORA GLEN DR 100 GREENBELT, MD 20770	NTWK INFRASTRUCTURE	1,959,269
ENCARA INC, 4818 STARKEY ROAD SW 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d	11,875				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	39,445				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	51,320				
Program Service Revenue	2a	PROGRAM REVENUE	Business Code 524114	1,075,417,980	1,075,417,980		
	b	SMILEMOBILE (MOBILE DENTIST OFFICE)	621990	95,490	95,490		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .	1,075,513,470				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	5,936,070			5,936,070
4		Income from investment of tax-exempt bond proceeds . . . . .	213,668			213,668	
5		Royalties . . . . .	0				
6a		Gross rents	(i) Real 531,473	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	531,473	0		
		d	Net rental income or (loss) . . . . .	531,473			531,473
7a		Gross amount from sales of assets other than inventory	(i) Securities 98,445,008	(ii) Other 2,835,428			
		b	Less cost or other basis and sales expenses	85,769,342	3,424,503		
		c	Gain or (loss)	12,675,666	-589,075		
		d	Net gain or (loss) . . . . .	12,086,591			12,086,591
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from fundraising events . . . . .	0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . . b				
		c	Net income or (loss) from gaming activities . . . . .	0			
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . . b				
		c	Net income or (loss) from sales of inventory . . . . .	0			
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME	900099	131,836	131,836			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		131,836				
12	Total revenue. 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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,423,574	4,423,574		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	978,586,624	978,586,624		
5	Compensation of current officers, directors, trustees, and key employees	6,539,279	2,877,887	3,661,392	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	24,094,158	8,865,483	15,228,675	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,429,866	480,282	949,584	
9	Other employee benefits	5,781,985	2,232,310	3,549,675	
10	Payroll taxes	2,287,375	989,612	1,297,763	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	316,193	29,596	286,597	
c	Accounting	260,437		260,437	
d	Lobbying	72,475	72,475		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	560,153		560,153	
g	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	
12	Advertising and promotion	4,854,237	2,828,390	2,025,847	
13	Office expenses	4,804,038	3,101,487	1,702,551	
14	Information technology	4,781,737	485,861	4,295,876	
15	Royalties	0			
16	Occupancy	1,987,008	829,305	1,157,703	
17	Travel	1,614,930	529,716	1,085,214	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	848,766	181,006	667,760	
20	Interest	34		34	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,395,554	41,941	4,353,613	
23	Insurance	233,891		233,891	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	COMMISSIONS	8,381,757	8,381,757		
b	TAXES & SERVICE CHARGES	8,563,806	1,136,158	7,427,648	
c	RESEARCH & DEVELOPMENT	343,350		343,350	
d	DUES & SUBSCRIPTIONS	822,197	81,176	741,021	
e	All other expenses	874,987	91,478	783,509	
25	Total functional expenses. Add lines 1 through 24e	1,074,106,710	1,018,381,501	55,725,209	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			-12,060,969	1	4,100,790
	2	Savings and temporary cash investments			42,521,769	2	3,027,927
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			12,989,640	4	21,069,952
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			100,000	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			2,672,736	9	2,974,435
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	61,107,611			
	b	Less: accumulated depreciation	10b	44,287,593	16,097,749	10c	16,820,018
	11	Investments—publicly traded securities			200,641,797	11	188,980,177
	12	Investments—other securities. See Part IV, line 11			341,970	12	275,732
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			1,018,912	15	723,848
	16	Total assets. Add lines 1 through 15 (must equal line 34)			264,323,604	16	237,972,879
Liabilities	17	Accounts payable and accrued expenses			44,602,557	17	44,126,705
	18	Grants payable			255,482	18	873,466
	19	Deferred revenue			3,734,024	19	6,398,505
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			48,592,063	26	51,398,676
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			215,731,541	27	186,574,203
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			215,731,541	33	186,574,203
	34	Total liabilities and net assets/fund balances			264,323,604	34	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 . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,094,464,428
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,074,106,710
3	Revenue less expenses Subtract line 2 from line 1	3	20,357,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	215,731,541
5	Net unrealized gains (losses) on investments	5	-8,228,052
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,006
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-41,290,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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.***

OMB No 1545-0047

2014

Open to Public  
Inspection

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV		

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	► \$	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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

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

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

[illegible]



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 PUYALLUP, WA 98374	010679962	1000	
COMMITTEE TO ELECT KAREN KEISER	PO BOX 13290 DES MOINES, WA 98189	911947669	1000	
FRIENDS OF MELANIE STAMBAUGH	PO BOX 73267 PUYALLUP, WA 98373	710896890	1000	
COMMITTEE TO ELECT SUSAN FAGEN	PO BOX 1471 PULLMAN, WA 99163	264513295	1900	
BRUCE CHANDLER CAMPAIGN	PO BOX 1108 ZILLAH, WA 98953	912066326	1000	
FRIENDS OF BOB FERGUSON	PO BOX 2405 SEATTLE, WA 98111	010699595	1000	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

**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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- |        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,211,191		1,211,191
b Buildings		11,028,250	8,318,852	2,709,398
c Leasehold improvements		1,220,722	731,019	489,703
d Equipment		11,411,234	8,888,348	2,522,886
e Other		36,236,214	26,349,374	9,886,840
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,820,018



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

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.

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

Return Reference	Explanation
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.

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON EARLY LEARNING FUND1218 THIRD AVE 800 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAQUEST FOUNDATION465 MEDFORD ST BOSTON,MA 02129	04-3265080	501(c)(3)	150,000				NATIONAL COMMITTEE FOR QUALITY ASSURANCE

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORCARE HEALTH 1537 WESTERN AVE 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS141 NORTHWEST POINT BLVD 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL TERMS INTERNATIONAL9680 153RD AVE NW 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENTAQUEST FOUNDATION465 MEDFORD ST BOSTON,MA 02129	04-3265080	501(c)(3)	200,000				ENGAGEMENT OF PRIMARY CARE PHYSICIANS IN DELIVERY OF ORAL HEALTH SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUGET SOUND CHRISTIAN CLINIC2150 NORTH 122ND STREET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH COMMUNITY HEALTH CENTER220 UNITY STREET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL COMMUNITY HEALTH SERVICES720 8TH AVE S 2ND FLOOR 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SNOHOMISH COUNTY2722 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.

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE EARLY LEARNING FUND 1218 THIRD AVE 800 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)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Delta Dental of Washington

Employer identification number  
91-0621480

Part I	Questions Regarding Compensation		Yes	No
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. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes	
		4b	Yes	
		4c		No
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a	Yes	
		5b		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		No
		6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or 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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

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

**Part III Supplemental Information**

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

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
Delta Dental of Washington

**Employer identification number**

91-0621480

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

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, PART III, LINE 4A	<p>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.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 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, 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, PART VI, SECTION A, 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	<p>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.</p>

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

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 --- ----- DIRECTOR FEE - \$62,983 CLINICAL REIMBURSEMENT - \$72,269 LABBERTON, WELLS, K - \$275,933 - ----- DIRECTOR FEE - \$64,201 CLINICAL REIMBURSEMENT - \$211,732



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Delta Dental of Washington

Employer identification number  
91-0621480

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WASHINGTON DENTAL SERVICE FUND 9706 4TH AVE NE  SEATTLE, WA 98115 91-1281990	EDUCATION	WA	501(c)(3)	9	DDWA	Yes	
(2) WASHINGTON DENTAL SERVICE FOUNDATION 9706 4TH AVE NE  SEATTLE, WA 98115 91-0621480	EDUCATION	WA	501(c)(4)		DDWA	Yes	
(3) WASHINGTON DENTAL SERVICE 9706 4TH AVE NE  SEATTLE, WA 98115 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

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

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON DENTAL SERVICE	R	41,290,010	CASH/INVESTMENT
(2) WASHINGTON DENTAL SERVICE	O	131,613	CASH
(3) 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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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	POULSBOROUGH	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 HUDGINS	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

## Schedule C, Part IV, Statement 1

Delta Dental of Washington

Form Schedule C

91-0621480

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Line Number Part I C, Line 5

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 Road 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>