

Form 990	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization DELTA DENTAL OF CALIFORNIA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 560 MISSION STREET STE 1300 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105	D Employer identification number 94-1461312 E Telephone number (415) 972-8300 G Gross receipts \$ 6,075,740,574
I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527	F Name and address of principal officer: ALICIA F WEBER 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105	H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
J Website: WWW.DELTADENTALINS.COM	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1954 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY AND PROFESSIONAL SUPPORT.		
	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2,364
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,086,857
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	26,603	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,350,531,255	5,728,676,235
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,604,149	53,932,315
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,764,997	53,359,488
		5,410,900,401	5,835,968,038
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,921,485	27,456,765
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,507,201,237	4,794,058,788
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	368,483,279	404,208,374
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	248,733,408	291,003,273
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,151,339,409	5,516,727,200
	19 Revenue less expenses. Subtract line 18 from line 12	259,560,992	319,240,838
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,350,387,641	3,585,172,780
	21 Total liabilities (Part X, line 26)	1,091,250,193	1,112,823,411
	22 Net assets or fund balances. Subtract line 21 from line 20	2,259,137,448	2,472,349,369

Part II Signature Block

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

Sign Here	Signature of officer	2023-11-01
	ALICIA F WEBER CFO	Date
	Type or print name and title	
	Print/Type preparer's name	Preparer's signature
	Date	PTIN

Part IIIStatement 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:
TO ADVANCE DENTAL HEALTH AND ACCESS THROUGH EXCEPTIONAL DENTAL BENEFITS, SERVICE, TECHNOLOGY AND PROFESSIONAL SUPPORT.

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 \$ 5,403,635,566 including grants of \$) (Revenue \$ 5,834,881,181)
THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 27,778,000 BENEFICIARIES IN 2022, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS. INCLUDED WERE PUBLICLY SPONSORED DENTAL BENEFIT PROGRAMS ADMINISTERED BY THE ORGANIZATION, AS WELL AS 1,183,000 ENROLLED IN THE FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP).THE ORGANIZATION PAID MORE THAN \$4.8 BILLION FOR DENTAL CARE DURING 2022.

4b

(Code:) (Expenses \$ 27,456,765 including grants of \$ 27,456,765) (Revenue \$)
THE ORGANIZATION MADE GRANTS DURING 2022 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION, AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS.

4c

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d

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

4e

Total program service expenses ▶ 5,431,092,331

Form 990 (2021)Page 3

Part IVChecklist of Required Schedules

1

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.

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

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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III

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

Yes

No

1

No

2

No

3

No

4

5

No

6

No

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

Form 990 (2021)

Form 990 (2021)

Page 4

Part IV Checklist of Required Schedules (continued)			Yes	No
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	112,534		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			

Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,364			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file					

Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

Form 990 (2021)

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	

a	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	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: _____

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
ALICIA F WEBER CFO 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 (415) 974-8577

Form 990 (2021)

Form 990 (2021)

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			

(1) CASTRO MICHAEL J CHIEF EXECUTIVE OFFICER	40.00 10.00			X				5,009,544	0	222,178
(2) GILBERT LEROY R JR EXECUTIVE VICE PRESIDENT/CHIEF OPERATIONS OFFICER	40.00 10.00			X				3,118,124	0	13,644
(3) WEBER ALICIA F EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER	40.00 10.00			X				3,009,258	0	48,312
(4) CHAVARRIA SARAH PRESIDENT	40.00 10.00			X				2,805,685	0	62,579
(5) HANKINSON MICHAEL G EXECUTIVE VICE PRESIDENT CHIEF LEGAL OFFICER	40.00 10.00			X				2,509,654	0	52,087
(6) JACKSON KEVIN L EXECUTIVE VICE PRESIDENT/CHIEF GROWTH OFFICER	40.00 10.00			X				2,317,629	0	39,631
(7) TITCOMBE DOMINIC EXECUTIVE VICE PRESIDENT/CHIEF INFORMATION OFFICER	40.00 10.00			X				2,103,812	0	62,579
(8) NAVID MOHAMMADREZA SENIOR VICE PRESIDENT CHIEF RELATIONSHIP AND BUSIN	40.00 10.00				X			1,089,901	0	71,839
(9) LEIBOWITZ THOMAS J SENIOR VICE PRESIDENT CHIEF ACTUARY.	40.00 10.00				X			995,498	0	52,230
(10) RUIZ JOSEPH F GROUP VICE PRESIDENT GROWTH STRATEGY BUSINESS DEVE	40.00 10.00				X			889,746	0	51,869
(11) MANOWSKI MICHAEL SENIOR VICE PRESIDENT CHIEF TECHNOLOGY OFFICER	40.00 10.00				X			870,135	0	48,899
(12) SHERMAN BRIAN SENIOR VICE PRESIDENT CHIEF PEOPLE OFFICER	40.00 10.00				X			830,743	0	56,093
(13) CROLEY DANIEL W VICE PRESIDENT CHIEF DENTAL OFFICER	40.00 10.00				X			764,982	0	74,637
(14) BALTIS THOMAS VICE PRESIDENT CHIEF INFORMATION SECURITY OFFICER	40.00 10.00				X			791,138	0	42,155
(15) FEGLEY ANDREA M SENIOR VICE PRESIDENT DEPUTY GENERAL COUNSEL	40.00 10.00				X			777,866	0	50,763
(16) THOMPSON JENNIFER L SALES ACCOUNT EXECUTIVE	40.00 10.00					X		745,241	0	70,113
(17) NAKAHARA EARL VICE PRESIDENT RISK, ETHICS & COMPLIANCE AND CHIEF	40.00 10.00				X			740,198	0	57,827

Form 990 (2021)

Form 990 (2021)

Page 8

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MANER MICHAEL VICE PRESIDENT SALES	10.00 40.00				X			0	706,296	56,155
(19) SCHROEDER KURT GRAY SENIOR VICE PRESIDENT CHIEF MARKETING & COMMUNICAT	40.00 10.00				X			710,271	0	48,332

(20) PARKER EARL JR	10.00				X			0	691,339	52,652
SENIOR VICE PRESIDENT CUSTOMER OPERATIONS	40.00									
(21) NASR JAMAL L	40.00				X			693,802	0	49,636
VICE PRESIDENT BUSINESS PROCESS MANAGEMENT	10.00									
(22) ALBUM JEFFREY M	40.00				X			694,716	0	46,518
VICE PRESIDENT PUBLIC & GOVERNMENT AFFAIRS	10.00									
(23) MARTEL LORI ANN	40.00				X			703,660	0	19,282
VICE PRESIDENT OF PRODUCT MANAGEMENT	10.00									
(24) THOLIA ASHISH	40.00					X		675,073	0	43,145
SENIOR DIRECTOR STRATEGY BUSINESS DEVELOPMENT	10.00									
(25) SBRAGIA RICHARD J	40.00				X			664,715	0	49,685
VICE PRESIDENT FINANCE - FINANCIAL OPERATIONS	10.00									
(26) SHEETZ MARTY A	40.00				X			656,125	0	47,111
VICE PRESIDENT, CUSTOMER ONBOARDING AND OPERATIONS	10.00									
(27) TODI HEMANT	40.00				X			644,807	0	57,797
VICE PRESIDENT DATA ANALYTICS AND INSIGHTS	10.00									
(28) GOLDMAN EDWARD L JR	40.00				X			645,076	0	53,177
VICE PRESIDENT INFRASTRUCTURE ENGINEERING	10.00									
(29) CEMBROLA MICHAEL	10.00				X			0	638,317	55,974
VICE PRESIDENT SALES	40.00									
(30) SWAMINATHAN SHANMUGA S	40.00					X		625,139	0	61,190
VICE PRESIDENT ENTERPRISE ARCHITECTURE	10.00									
(31) SANCHEZ WALTER	40.00					X		616,289	0	67,507
VICE PRESIDENT INTERNAL AUDIT & CHIEF AUDIT EXECUT	10.00									
(32) PARTHASARATHY SRIPADH	40.00					X		614,349	0	62,162
VICE PRESIDENT IT DEVELOPMENT	10.00									
(33) YODOWITZ HEIDI E	5.00	X		X				234,975	0	0
CHAIR	0.00									
(34) BERGERT GLEN F	5.00	X		X				181,604	35,218	0
SECOND VICE CHAIR	2.00									
(35) O'TOOLE TERRY A	5.00	X						179,000	0	0
DIRECTOR	0.00									
(36) MCCANN STEVEN F	5.00	X						158,574	0	0
DIRECTOR	0.00									
(37) GONELLA ROY A	5.00	X		X				146,274	0	0
FIRST VICE CHAIR	0.00									
(38) REID ANDREW J	5.00	X						140,274	0	0
DIRECTOR	0.00									
(39) FRANZOI LYNN L	5.00	X						125,274	0	0
DIRECTOR	0.00									
(40) LAMB JAY C DMD	5.00	X						117,708	0	0
DIRECTOR	0.00									
(41) LAW IAN	5.00	X						111,000	0	0
DIRECTOR	0.00									
(42) PICKERING STEPHEN R DDS	5.00	X						110,274	0	0
DIRECTOR	0.00									
(43) KAPLAN GREGORY D DDS	5.00	X						108,313	0	0
DIRECTOR	0.00									
(44) ALLFORD ROBERT ALLAN	5.00	X						108,000	0	0
DIRECTOR	0.00									
(45) WIDMANN JANET	5.00	X						107,274	0	0
DIRECTOR	0.00									

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								39,141,720	2,071,170	1,847,758

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 ► 997

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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? If "Yes," complete Schedule J for such person	Yes	No
		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
ELEVATED RESOURCES INC 3990 WESTERLY PL STE 270 NEWPORT BEACH, CA 92660	CONSULTING SERVICES	42,294,632
ENTISYS SOLUTIONS INC PO BOX 889426 LOS ANGELES, CA 90088	CONSULTING SERVICES	9,530,178
ELIXIRR LLC 605 GUADALAJARA CIRCLE IRVING, TX 75062	CONSULTING SERVICES	8,483,653
CATALYST360 LLC 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344	CONSULTING SERVICES	7,237,654
QUALFON DATA SERVICES GROUP LLC 13700 OAKLAND AVE HIGHLAND PARK, MI 48203	CONSULTING SERVICES	6,686,671
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 ▶ 127		

Form 990 (2021)

Form 990 (2021)

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
1a				
1b				
1c				
1d				
1e				
1f				
1g				
h Total. Add lines 1a-1f ▶				

Program Service Revenue	2a PROFESSIONAL SERVICES	Business Code			
		524114	5,055,827,224	5,055,827,224	
	FEES & CONTRACTS FROM GOVERNMENT	524114	672,849,011	672,849,011	
	f All other program service revenue.				
9 Total. Add lines 2a-2f. ▶			5,728,676,235		
3 Investment income (including dividends, interest, and other similar amounts) ▶			56,236,955	56,236,955	

4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
		(i) Real	(ii) Personal		
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	237,467,896			
b Less: cost or other basis and sales expenses	7b	239,772,536			
c Gain or (loss)	7c	-2,304,640			
d Net gain or (loss)				-2,304,640	-2,304,640
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
b Less: direct expenses		8b			
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19		9a			
b Less: direct expenses		9b			
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a INCOME/LOSS FROM SUBSIDIARIES		524298	53,651,685	52,564,828	1,086,857
b OTHER REVENUE		524298	124,451	124,451	
c MISC EXPENSES		524298	-6,260,213	-6,260,213	
d All other revenue			5,843,565	5,843,565	
e Total. Add lines 11a-11d			53,359,488		
12 Total revenue. See instructions			5,835,968,038	5,834,881,181	1,086,857

Form 990 (2021)

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	27,456,765	27,456,765		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	4,794,058,788	4,794,058,788		
5 Compensation of current officers, directors, trustees, and key employees	39,141,720		39,141,720	
6 Compensation not included above, to disqualified persons (as				

defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	282,006,857	258,135,292	23,871,565	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,694,450	19,368,346	2,326,104	
9 Other employee benefits	46,159,416	41,870,372	4,289,044	
10 Payroll taxes	15,205,931	13,687,191	1,518,740	
11 Fees for services (non-employees):				
a Management				
b Legal	20,218,099	20,218,099		
c Accounting	1,860,847	858,421	1,002,426	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,594,426	1,594,426		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	9,056,855	9,056,855		
13 Office expenses	20,728,984	20,535,707	193,277	
14 Information technology	49,712,005	48,351,362	1,360,643	
15 Royalties	16,969,431	16,969,431		
16 Occupancy	18,136,031	16,418,050	1,717,981	
17 Travel	3,198,425	2,252,832	945,593	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,164,086	970,572	193,514	
20 Interest	4,708,630	4,708,630		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,853,968	28,969,929	884,039	
23 Insurance	3,588,756	3,440,740	148,016	
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 BROKER FEES	55,651,953	55,651,953		
b OUTSIDE SERVICES	30,559,383	29,349,421	1,209,962	
c CONSULTANT FEES	21,392,639	18,369,990	3,022,649	
d				
e All other expenses	2,608,755	-1,200,841	3,809,596	
25 Total functional expenses. Add lines 1 through 24e	5,516,727,200	5,431,092,331	85,634,869	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

Form 990 (2021)

Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	-113,513,700	1	-64,632,111
	2 Savings and temporary cash investments	735,581,353	2	267,261,493
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	353,641,351	4	403,715,672
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	185,556,316	7	176,973,163
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,458,926	9	63,267,093
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	309,810,347	10a	

b	Less: accumulated depreciation	10b	161,528,196	130,746,140	10c	148,282,151
11	Investments—publicly traded securities			1,193,629,615	11	1,681,390,167
12	Investments—other securities. See Part IV, line 11			790,956,584	12	864,371,501
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			14,331,056	15	44,543,651
16	Total assets. Add lines 1 through 15 (must equal line 33)			3,350,387,641	16	3,585,172,780
Liabilities	17 Accounts payable and accrued expenses			524,730,427	17	564,836,255
	18 Grants payable				18	
	19 Deferred revenue			52,585,385	19	47,189,751
	20 Tax-exempt bond liabilities				20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23 Secured mortgages and notes payable to unrelated third parties				23	
	24 Unsecured notes and loans payable to unrelated third parties				24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			513,934,381	25	500,797,405
	26 Total liabilities. Add lines 17 through 25			1,091,250,193	26	1,112,823,411
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions				27	
	28 Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds			0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund			0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds			2,259,137,448	31	2,472,349,369
	32 Total net assets or fund balances			2,259,137,448	32	2,472,349,369
33 Total liabilities and net assets/fund balances			3,350,387,641	33	3,585,172,780	

Form 990 (2021)

Form 990 (2021)

Page 12

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,835,968,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,516,727,200
3	Revenue less expenses. Subtract line 2 from line 1	3	319,240,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,259,137,448
5	Net unrealized gains (losses) on investments	5	-85,019,904
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-21,009,013
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,472,349,369

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	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?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2021)

Form 990 (2021)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization DELTA DENTAL OF CALIFORNIA	Employer identification number 94-1461312
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Cat. No. 52283D

Schedule D (Form 990) 2021**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

d ☐ Research in furtherance of public service

☐ Public exhibition☐ Loan or exchange programs**b** ☐ Scholarly research**e** ☐ Other**c** ☐ Preservation for future generations**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.**

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment ▶**b** Permanent endowment ▶**c** Term endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** Unrelated organizations**(ii)** Related organizations**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		53,623,767	24,237,992	29,385,775
d Equipment		61,727,837	41,341,446	20,386,391
e Other		194,458,743	95,948,758	98,509,985
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				148,282,151

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT - OTHER SECURITIES	864,371,501	F
(B)		
(C)		
(D)		

(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		864,371,501

Part VIIIInvestments - Program Related.

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

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

Part IXOther Assets.

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

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

Part XOther Liabilities.

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

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

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

☒

Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,013,110,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-85,019,904
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	

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e	Add lines 2a through 2d	2e	-85,019,904
3	Subtract line 2e from line 1	3	3,098,130,321
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	2,737,837,716
c	Add lines 4a and 4b	4c	2,737,837,716
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,835,968,037

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,778,949,124
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	0
3	Subtract line 2e from line 1	3	2,778,949,124
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	2,737,778,076
c	Add lines 4a and 4b	4c	2,737,778,076
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,516,727,200

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 X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
PART X, LINE 2:	THE COMPANY IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS. CURRENT ACCOUNTING GUIDANCE CLARIFIES HOW UNCERTAINTIES IN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. POSITIONS INCLUDE THOSE WITH RESPECT TO THE COMPANY'S TAX EXEMPT STATUS AND WITH RESPECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE COMPANY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE INVESTMENT EXPENSES UNRELATED BUSINESS INCOME
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CLAIMS INCURRED FOR ADMINISTRATIVE SERVICE CONTRACTS INVESTMENT EXPENSES UNRELATED BUSINESS EXPENSE
PART X, LINE 1, (5) REFUNDABLE BALANCES:	ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED A NOVEL STRAIN OF CORONAVIRUS (COVID-19) AS A GLOBAL PANDEMIC. THE COVID-19 OUTBREAK HAS CAUSED BUSINESS DISRUPTION THROUGH MANDATED AND VOLUNTARY CLOSINGS OF BUSINESSES AND SHELTER IN PLACE ORDERS. THESE DISRUPTIONS IMPACTED THE ORGANIZATION'S CUSTOMERS' ABILITY TO OBTAIN DENTAL SERVICES. THE ORGANIZATION HAS TAKEN A POSITION AND COMMITTED TO ITS CUSTOMERS, PROVIDERS, AND REGULATORS TO NOT EXCESSIVELY PROFIT FROM THE PANDEMIC. TO THIS END, IN 2020, THE ORGANIZATION ESTABLISHED ESTIMATED RESERVES REPRESENTING EXCESS UNDERWRITING GAINS IN THE AMOUNT OF \$231.3 MILLION. DURING 2022, RESERVE AMOUNTS WERE USED TO SUPPORT CUSTOMERS THROUGH ONGOING PAYMENT RELIEF AND OTHER PROGRAMS RESULTING IN A REMAINING BALANCE OF \$50.2 MILLION AT DECEMBER 31, 2022. IN ADDITION, CERTAIN CONTRACTS PROVIDE THAT PREMIUMS RECEIVED IN EXCESS OF CLAIMS INCURRED AND ADMINISTRATIVE FEES ARE EITHER REFUNDABLE TO THE GROUPS AT THE EXPIRATION OF THE AGREEMENTS OR APPLIED AGAINST FUTURE PREMIUM PAYMENTS.

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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGWARE DR OAKLAND, CA 94621	94-2960297	501 (C) (3)	10,000	0			2022 CORPORATE GIVING
(2) AMERICAN ONLINE GIVING FOUNDATION INC PO BOX 645725 PITTSBURGH, PA 152645255	81-0739440	501 (C) (3)	293,124	0			DDC MATCHING GIFTS
(3) AMERICAN RED CROSS INC 1663 MARKET ST SAN FRANCISCO, CA 94103	53-0196605	501 (C) (3)	25,000	0			2022 RED CROSS GALA- HEROES UNMASQUED
(4) ASIAN ART MUSEUM FOUNDATION 200 LARKIN ST SAN FRANCISCO, CA 94102	94-1704765	501 (C) (3)	6,000	0			2022 CORPORATE MEMBERSHIP
(5) BAY AREA COUNCIL 353 SACRAMENTO ST 10TH FL SAN FRANCISCO, CA 94111	23-7325853	501 (C) (4)	10,000	0			77TH ANNUAL DINNER - SILVER SPONSORSHIP
(6) BLUE STAR FAMILIES INC 515 VERBENA CT ENCINITAS, CA 92024	80-0369895	501 (C) (3)	12,000	0			2022 CONTRIBUTION IN SUPPORT OF BLUE STAR FAMILIES CAREER PROGRAM
(7) CALIFORNIA ACADEMY OF GENERAL DENTISTRY PO BOX 22417 SACRAMENTO, CA 95822	23-7178502	501 (C) (6)	20,000	0			2022 ANNUAL MTG W/ DR. SCOTT CLYNCH
(8) CARROLL COLLEGE ATHLETICS 1601 NORTH BENTON HELENA, MT 59625	81-0231774	501 (C) (3)	5,000	0			2022 CORPORATE SPONSORSHIP
(9) CHOC FOUNDATION C/O GLASS SLIPPER GUILD 1201 WEST LA VETA AVE ORANGE, CA 92868	95-6097416	501 (C) (3)	5,000	0			GLASS SLIPPER GUILD'S 28TH ANNUAL GALA
(10) COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE 630 WEST 168 ST PH 7 WEST 318 NEW YORK, NY 10032	13-5598093	501 (C) (3)	10,000	0			2022 CONTRIBUTION
(11) CONSERVATION SOCIETY OF CALIFORNIA DBA OAKLAND ZOO PO BOX 5238 OAKLAND, CA 94605	94-1687847	501 (C) (3)	15,000	0			WALK IN THE WILD
(12) CORPORATION OF THE FINE ARTS MUSEUMS 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	94-3045948	501 (C) (3)	5,000	0			2022 CONTRIBUTION
(13) CURE TAY-SACHS FOUNDATION INC 2409 E LUKE AVE PHOENIX MARICOPA, AZ 85016	26-0256621	501 (C) (3)	5,000	0			2022 TAKE A HIKE TAY-SACHS VIRTUAL 5K
(14) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION ST STE 1300 SAN FRANCISCO, CA 94105	37-1570764	501 (C) (3)	26,750,000	0			ENTERPRISE CONTRIBUTION TO DCCF
(15) DISABLED AMERICAN VETERANS DBA DAV 860 DOLWICK DR ERLANGER ERLANGER, KY 41018	31-0263158	501 (C) (4)	7,500	0			2022 NATIONAL DAV WINTER SPORTS CLINIC
(16) EQUAL RIGHTS ADVOCATES INC 611 MISSION ST 4TH FL SAN FRANCISCO, CA 94105	23-7217027	501 (C) (3)	5,000	0			2022 CONTRIBUTION
(17) GOLD STAR WIVES OF AMERICA INC PO BOX 361986 BIRMINGHAM, AL 35236	43-6050359	501 (C) (4)	5,000	0			2022 ANNUAL CONFERENCE CONTRIBUTION
(18) HEALTH CAREER CONNECTION INC 300 FRANK H OGAWA PLAZA STE 243 OAKLAND, CA 94612	25-1904312	501 (C) (3)	5,000	0			ANNUAL CELEBRATION CONNECTING GENERATIONS OF HEALTH LEADERS
(19) HENRY M JACKSON FOUNDATION ADVANCEMENT OF MILITARY MEDICINE INC 6720 A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501 (C) (3)	5,000	0			2022 HEROES OF MILITARY MEDICINE CONTRIBUTION
(20) LA CLINICA DE LA RAZA INC 1450 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501 (C) (3)	5,000	0			2022 CONTRIBUTION
(21) LAPS FOR LEXI INC 12926 OLIVINE WAY SILVER SPRING, MD 20904	46-2160960	501 (C) (3)	12,000	0			2022 CONTRIBUTION
(22) LOVEALL FOUNDATION FOR CHILDREN	68-0435070	501 (C) (3)	6,000	0			2022 CONTRIBUTION

4120 DOUGLAS BLVD 306-304 GRANITE BAY, CA 95746							
(23) MILITARY OFFICERS ASSOCIATION OF AMERICA DBA MOAA FOUNDATION 201 N WASHINGTON ST ALEXANDRIA, VA 223142539	46-4219250	501 (C) (3)	10,000	0			2022 CONTRIBUTION
(24) NATIONAL MILITARY FAMILY ASSOCIATION 2800 EISENHOWER AVE STE 250 ALEXANDRIA, VA 22314	52-0899384	501 (C) (3)	15,000	0			CONTRIBUTION - OPERATION PURPLE CAMP
(25) RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER ST SAN FRANCISCO, CA 94109	94-3141608	501 (C) (3)	15,000	0			50TH ANNIVERSARY CELEBRATION EVENT
(26) RICHMONDERMET AID FOUNDATION 942 DIVISADERO ST STE 201 SAN FRANCISCO, CA 94115	94-3232222	501 (C) (3)	25,000	0			2022 CONTRIBUTION
(27) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501 (C) (3)	22,500	0			2022 RUN TO FEED THE HUNGRY SPONSORSHIP
(28) SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD ST SAN FRANCISCO, CA 941033159	94-1156300	501 (C) (3)	5,000	0			2022 CONTRIBUTION
(29) SAN FRANCISCO SYMPHONY 201 VAN NESS AVE SAN FRANCISCO, CA 941024585	94-1156284	501 (C) (3)	5,000	0			DECK THE HALL CONCERT
(30) SF MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501 (C) (3)	12,500	0			2022 CONTRIBUTION
(31) SHRINERS HOSPITALS FOR CHILDREN - PHILADELPHIA 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140	36-2193608	501 (C) (3)	6,000	0			2022 CONTRIBUTION
(32) ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM INC DBA ST VINCENT MEALS ON WHE 2303 MIRMAR ST LOS ANGELES, CA 90057	95-3696693	501 (C) (3)	15,000	0			2022 CONTRIBUTION
(33) STUDENT HEALTH SERVICES SUPPORT FUND 333 S BEAUDRY AVE LOS ANGELES, CA 90017	95-4262448	501 (C) (3)	5,000	0			SALUTE TO STUDENT HEALTH
(34) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD ARLINGTON, VA 22201	92-0152268	501 (C) (3)	5,000	0			2022 SPONSORSHIP OF TABS HONOR GALA
(35) TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR LOFT B SACRAMENTO, CA 95825	45-3968833	501 (C) (3)	20,000	0			TRIUMPH UNCORKED ANNUAL FUNDRAISER
(36) WARRIOR EXPEDITIONS 6621 FAIRWAY VIEW TR ROANOKE, VA 24018	46-5201997	501 (C) (3)	5,000	0			2022 CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 32

3 Enter total number of other organizations listed in the line 1 table 4

Schedule I (Form 990) 2022

Page 2

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

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

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

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION AWARDS GRANTS AND PROVIDES OTHER ASSISTANCE THROUGH CONTRIBUTIONS AND/OR SPONSORSHIPS FOR PROGRAMS THAT FOSTER DENTAL HEALTH AND EDUCATION, AS WELL AS COMMUNITY SUPPORT. THROUGH THESE GRANTS, CONTRIBUTIONS AND SPONSORSHIPS, THE ORGANIZATION HELPS FINANCE HEALTH, EDUCATION, AND RESEARCH PROJECTS IN DENTISTRY, HEALTH AND HUMAN SERVICES, AND CIVIC AND/OR COMMUNITY ACTIVITIES. INDIVIDUAL GRANTS, CONTRIBUTIONS AND/OR SPONSORSHIPS WILL GENERALLY NOT EXCEED \$100,000 WITH EXCEPTION OF THE CONTRIBUTION MADE TO THE DELTA DENTAL COMMUNITY CARE FOUNDATION. GRANTS WILL BE LIMITED TO ONE-YEAR PROJECTS, SUBJECT TO RENEWAL. EXCEPT IN SPECIAL CASES, AN ORGANIZATION/ENTITY WILL NOT BE ELIGIBLE FOR MORE THAN ONE GRANT DURING ANY YEAR.

efile Public Visual Render		ObjectID: 202323069349302177 - Submission: 2023-11-02	TIN: 94-1461312
Schedule J (Form 990)		Compensation Information OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		2022 Open to Public Inspection	
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			
Name of the organization DELTA DENTAL OF CALIFORNIA		Employer identification number 94-1461312	

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☒ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☒ Personal services (e.g., maid, chauffeur, chef)		
1b	If any of the boxes on 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	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 on Line 1a?	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Yes	No
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	No	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	No	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.								
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CASTRO MICHAEL J CHIEF EXECUTIVE OFFICER	(i)	1,198,364	3,612,501	198,679	191,624	30,554	5,231,722	0
	(ii)	0	0	0	0	0	0	0
2GILBERT LEROY R JR EXECUTIVE VICE PRESIDENT/CHIEF OPERA	(i)	106,043	1,194,486	1,817,595	9,150	4,494	3,131,768	0
	(ii)	0	0	0	0	0	0	0
3WEBER ALICIA F EXECUTIVE VICE PRESIDENT CHIEF FINAN	(i)	774,996	2,112,618	121,644	29,618	18,694	3,057,570	0
	(ii)	0	0	0	0	0	0	0
4CHAVARRIA SARAH PRESIDENT	(i)	772,692	1,963,784	69,209	32,025	30,554	2,868,264	0
	(ii)	0	0	0	0	0	0	0
5HANKINSON MICHAEL G EXECUTIVE VICE PRESIDENT CHIEF LEGAL	(i)	624,038	1,782,943	102,673	32,025	20,062	2,561,741	0
	(ii)	0	0	0	0	0	0	0
6JACKSON KEVIN L EXECUTIVE VICE PRESIDENT/CHIEF GROWT	(i)	638,460	1,493,182	185,987	9,077	30,554	2,357,260	0
	(ii)	0	0	0	0	0	0	0
7TITCOMBE DOMINIC EXECUTIVE VICE PRESIDENT/CHIEF INFOR	(i)	549,045	1,487,229	67,538	32,025	30,554	2,166,391	0
	(ii)	0	0	0	0	0	0	0
8NAVID MOHAMMADREZA SENIOR VICE PRESIDENT CHIEF RELATION	(i)	444,548	582,538	62,815	47,237	24,602	1,161,740	0
	(ii)	0	0	0	0	0	0	0

9 LEIBOWITZ THOMAS J SENIOR VICE PRESIDENT CHIEF ACTUARY.	(i)	384,305	550,046	61,087	34,881	17,349	1,047,728	0
	(ii)	-	-	-	-	-	-	-
10 RUIZ JOSEPH F GROUP VICE PRESIDENT GROWTH STRATEGY	(i)	388,976	449,380	51,390	32,025	19,844	941,615	0
	(ii)	-	-	-	-	-	-	-
11 MANOWSKI MICHAEL SENIOR VICE PRESIDENT CHIEF TECHNOLO	(i)	407,622	422,607	39,906	32,025	16,874	919,034	0
	(ii)	-	-	-	-	-	-	-
12 SHERMAN BRIAN SENIOR VICE PRESIDENT CHIEF PEOPLE O	(i)	400,669	385,202	44,872	32,025	24,068	886,836	0
	(ii)	-	-	-	-	-	-	-
13 CROLEY DANIEL W VICE PRESIDENT CHIEF DENTAL OFFICER	(i)	347,014	384,249	33,719	44,407	30,230	839,619	0
	(ii)	-	-	-	-	-	-	-
14 BALTIS THOMAS VICE PRESIDENT CHIEF INFORMATION SEC	(i)	337,143	418,141	35,854	32,025	10,130	833,293	0
	(ii)	-	-	-	-	-	-	-
15 FEGLEY ANDREA M SENIOR VICE PRESIDENT DEPUTY GENERAL	(i)	357,654	371,326	48,886	33,923	16,840	828,629	0
	(ii)	-	-	-	-	-	-	-
16 THOMPSON JENNIFER L SALES ACCOUNT EXECUTIVE	(i)	89,515	637,891	17,835	44,412	25,701	815,354	0
	(ii)	-	-	-	-	-	-	-
17 NAKAHARA EARL VICE PRESIDENT RISK, ETHICS & COMPLI	(i)	332,932	360,970	46,296	32,025	25,802	798,025	0
	(ii)	-	-	-	-	-	-	-
18 MANER MICHAEL VICE PRESIDENT SALES	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
19 SCHROEDER KURT GRAY SENIOR VICE PRESIDENT CHIEF MARKETIN	(i)	354,180	333,891	22,200	32,025	16,307	758,603	0
	(ii)	-	-	-	-	-	-	-
20 PARKER EARL JR SENIOR VICE PRESIDENT CUSTOMER OPERA	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
21 NASR JAMAL L VICE PRESIDENT BUSINESS PROCESS MANA	(i)	318,639	349,793	25,370	29,891	19,745	743,438	0
	(ii)	-	-	-	-	-	-	-
22 ALBUM JEFFREY M VICE PRESIDENT PUBLIC & GOVERNMENT A	(i)	315,949	347,808	30,959	29,698	16,820	741,234	0
	(ii)	-	-	-	-	-	-	-
23 MARTEL LORI ANN VICE PRESIDENT OF PRODUCT MANAGEMENT	(i)	317,041	330,229	56,390	9,150	10,132	722,942	0
	(ii)	-	-	-	-	-	-	-
24 THOLIA ASHISH SENIOR DIRECTOR STRATEGY BUSINESS DE	(i)	357,044	289,472	28,557	32,025	11,120	718,218	0
	(ii)	-	-	-	-	-	-	-
25 BRAGIA RICHARD J VICE PRESIDENT FINANCE - FINANCIAL O	(i)	315,442	329,595	19,678	32,025	17,660	714,400	0
	(ii)	-	-	-	-	-	-	-
26 SHEETZ MARTY A VICE PRESIDENT, CUSTOMER ONBOARDING	(i)	313,793	323,083	19,249	32,025	15,086	703,236	0
	(ii)	-	-	-	-	-	-	-
27 TODI HEMANT VICE PRESIDENT DATA ANALYTICS AND IN	(i)	324,615	305,892	14,300	32,025	25,772	702,604	0
	(ii)	-	-	-	-	-	-	-
28 GOLDMAN EDWARD L JR VICE PRESIDENT INFRASTRUCTURE ENGINE	(i)	326,513	304,119	14,444	32,025	21,152	698,253	0
	(ii)	-	-	-	-	-	-	-
29 CEMBROLA MICHAEL VICE PRESIDENT SALES	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
30 SWAMINATHAN SHANMUGA S VICE PRESIDENT ENTERPRISE ARCHITECTU	(i)	303,923	278,516	42,700	35,433	25,757	686,329	0
	(ii)	-	-	-	-	-	-	-
31 SANCHEZ WALTER VICE PRESIDENT INTERNAL AUDIT & CHIE	(i)	290,200	297,098	28,991	37,329	30,178	683,796	0
	(ii)	-	-	-	-	-	-	-
32 PARTHASARATHY SRIPADH VICE PRESIDENT IT DEVELOPMENT	(i)	291,814	293,227	29,308	38,176	23,986	676,511	0
	(ii)	-	-	-	-	-	-	-
33 YODOWITZ HEIDI E CHAIR	(i)	234,975	0	0	0	0	234,975	0
	(ii)	-	-	-	-	-	-	-
34 BERGERT GLEN F SECOND VICE CHAIR	(i)	181,604	0	0	0	0	181,604	0
	(ii)	-	-	-	-	-	-	-
35 O'TOOLE TERRY A DIRECTOR	(i)	179,000	0	0	0	0	179,000	0
	(ii)	-	-	-	-	-	-	-
36 MCCANN STEVEN F DIRECTOR	(i)	158,574	0	0	0	0	158,574	0
	(ii)	-	-	-	-	-	-	-

Schedule J (Form 990) 2022

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
PART I, LINE 1A	FIRST CLASS BUSINESS TRAVEL IS REIMBURSED TO THE CEO, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND GROUP VICE PRESIDENTS. FIRST CLASS BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. TRAVEL FOR COMPANIONS WAS PROVIDED TO THREE BOARD MEMBERS, ONE OFFICER, AND ONE HIGHEST COMPENSATED EMPLOYEE. THE COST OF THIS BENEFIT WAS INCLUDED IN TAXABLE COMPENSATION. FINANCIAL AND TAX PLANNING EXPENSES ARE REIMBURSED TO EMPLOYEES AT THE DIRECTOR OR ABOVE LEVELS OF MANAGEMENT. A COMPANY POLICY OUTLINES THE MAXIMUM REIMBURSEMENT ALLOWED FOR EACH MANAGEMENT LEVEL. THIRTEEN OFFICERS RECEIVED REIMBURSEMENT IN 2022. THESE REIMBURSEMENTS ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED EMPLOYEES.
PART I, LINE 4A	DURING 2022, ONE EXECUTIVE, LEROY R. GILBERT, JR. RECEIVED A SEVERANCE PAYMENT UPON SEPARATION FROM THE ORGANIZATION. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J AND REPORTED IN PART II, COLUMN(B)(III).
PART I, LINE 7:	THE CEO OF THE ORGANIZATION, WITH BOARD OF DIRECTORS APPROVAL, MAY GRANT AN ANNUAL BONUS TO ALL MANAGEMENT EMPLOYEES. THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION.
PART II, ROW (II):	SOME OF THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION. ACCORDINGLY, THEIR COMPENSATION IS REPORTED ON ROW (II).

Schedule J (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

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ObjectID: 202323069349302177 - Submission: 2023-11-02

TIN: 94-1461312

Schedule L
(Form 990)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

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

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization
DELTA DENTAL OF CALIFORNIA**Employer identification number**

94-1461312

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Cat. No. 50056A

Schedule L (Form 990) 2021

Page 2

Schedule L (Form 990) 2021

Page 2

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGORY D KAPLAN DDS	PARTICIPATING PROVIDER	690,109	DENTAL CLAIM PAYMENTS		No
(2) BRENT KAPLAN	FAMILY MEMBER OF A CURRENT DIRECTOR	306,914	ADMINISTRATIVE MANAGEMENT AND ADVISORY SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990) 2021

Additional Data

[Return to Form](#)

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ObjectID: 202323069349302177 - Submission: 2023-11-02

TIN: 94-1461312

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021Open to Public
InspectionName of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number

94-1461312

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S BYLAWS NAME TWO CLASSES OF "MEMBERS," "CORPORATE MEMBERS AND "DENTIST MEMBERS." ALL CORPORATE MEMBERS ARE ALSO DIRECTORS OF THE ORGANIZATION AND SO ARE NOT "MEMBERS" AS DEFINED IN THE INSTRUCTIONS TO FORM 990, PART VI, QUESTION 6. HOWEVER, THE ORGANIZATION'S DIRECTORS ARE ELECTED BY ITS PARENT HOLDING COMPANY BOARD OF DIRECTORS, TWO OF WHOM ARE NOT ALSO DIRECTORS OF THE ORGANIZATION AND THUS MAY BE CONSIDERED "MEMBERS" PURSUANT TO THE INSTRUCTIONS. THE DENTIST MEMBERS HAVE A RIGHT TO VOTE UPON PROPOSED CHANGES TO THE PROPORTION OF THE DENTISTS SERVING AS DIRECTORS AND CORPORATE MEMBERS, AND SO MAY BE CONSIDERED "MEMBERS" UNDER THE INSTRUCTIONS.
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S DIRECTORS ARE ELECTED BY THE PARENT HOLDING COMPANY BOARD OF DIRECTORS, WHICH INCLUDES TWO PERSONS WHO ARE NOT ALSO DIRECTORS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 7B	THE DENTIST MEMBERS HAVE A RIGHT TO VOTE ONLY UPON PROPOSED CHANGES TO THE BYLAWS PROVISIONS THAT SPECIFY THE PROPORTION OF DENTISTS AND LAY PERSONS SERVING AS DIRECTORS AND CORPORATE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S CFO AND LEGAL COUNSEL OVERSEE THE COMPLETION OF THE FORM 990, AND, PRIOR TO FILING, REVIEW IT WITH THE PRESIDENT/CEO AND WITH THE ORGANIZATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND BETWEEN ANNUAL STATEMENTS IS REQUIRED TO DISCLOSE ANY NEW POSITION OR RELATIONSHIP FORMED THAT POTENTIALLY RAISES A CONFLICT OF INTEREST. LEGAL COUNSEL REVIEWS THESE DISCLOSURES AND REPORTS THE INFORMATION TO THE FULL BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE ORGANIZATION. THE COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THE ENSUING YEAR AFTER REVIEWING COMPARABILITY DATA PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT, AN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVER THE PRECEDING YEAR, AND THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS FOR THE PRIOR YEAR. COMPENSATION PAID TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE AFTER REVIEWING COMPARABILITY DATA IN A BENCHMARKING STUDY PREPARED AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT RETAINED BY THE BOARD OF DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR 2022 COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION ANNUALLY INCLUDES MAJOR PORTIONS OF ITS FINANCIAL STATEMENT IN A PUBLISHED ANNUAL REPORT THAT IS MADE AVAILABLE TO PERSONS OR ENTITIES KNOWN TO HAVE AN INTEREST IN THE ORGANIZATION, AND IS AVAILABLE TO THE LARGER PUBLIC UPON REQUEST. STATUTORY FINANCIAL STATEMENTS FOR SUBSIDIARY COMPANIES ARE INCLUDED IN QUARTERLY AND ANNUAL RETURNS TO STATE DEPARTMENTS OF INSURANCE REGULATING THE ORGANIZATION WHICH RETURNS ARE AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.
FORM 990, PART VII; SCHEDULE J; SCHEDULE R	THE ORGANIZATION, REGULATED BY THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE, IS A MEMBER OF THE DELTA DENTAL OF CALIFORNIA ENTERPRISE COMPANIES, WHICH INCLUDE DELTA DENTAL OF CALIFORNIA, DELTA DENTAL OF PENNSYLVANIA AND AFFILIATED COMPANIES. THE ENTERPRISE OFFERS DENTAL COVERAGE IN ALL 50 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS, WITH A LOCAL PRESENCE IN COMMUNITIES ACROSS THE COUNTRY, PROVIDING GROUPS AND INDIVIDUALS WITH QUALITY, COST-EFFECTIVE DENTAL INSURANCE, AND SUPERIOR CUSTOMER SERVICE. THE ENTERPRISE COMPANIES COMPRISE ONE OF THE NATION'S LARGEST DENTAL BENEFITS DELIVERY SYSTEMS COVERING 45 MILLION ENROLLEES AND HANDLING 57 MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRISE EXCEEDED \$9.8 BILLION IN 2022. THE ORGANIZATION REPRESENTS APPROXIMATELY 59% OF TOTAL ENTERPRISE REVENUES.
FORM 990, PART XI, LINE 9:	PENSION LIABILITY AND POST-RETIREMENT ADJUSTMENTS -20,949,384. NET INCOME FROM DISREGARDED ENTITY -59,629.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data**Return to Form****Software ID:****Software Version:**

efile Public Visual Render	ObjectID: 202323069349302177 - Submission: 2023-11-02	TIN: 94-1461312
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2022 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization DELTA DENTAL OF CALIFORNIA		Employer identification number 94-1461312

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CELEBRATION DENTAL SERVICES LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 59-3410497	DENTAL SERVICES	FL			DELTA DENTAL OF CALIFORNIA
(2) DENTEGRA INSURANCE HOLDINGS LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE			DENTEGRA INSURANCE COMPANY

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) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC			No
(2) DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 23-1667011	DENTAL INSURANCE	PA	501(C)(4)		DENTEGRA GROUP INC			No
(3) DELTA DENTAL OF DELAWARE ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC			No
(4) DELTA DENTAL OF WEST VIRGINIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC			No
(5) DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC			No
(6) DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC			No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) DENTEGRA GROUP INC	HOLDING COMPANY	DE	N/A	C					No

560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049									
(2)DENTEGRA INSURANCE COMPANY	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841									
(3)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743									
(4)DELTA DENTAL INSURANCE COMPANY	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			91.700 %	Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537									
(5)ALPHA DENTAL OF NEVADA INC	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893									
(6)ALPHA DENTAL OF UTAH INC	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505									
(7)ALPHA DENTAL PROGRAMS INC	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512									
(8)ALPHA DENTAL OF ALABAMA INC	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079									
(9)ALPHA DENTAL OF NEW MEXICO INC	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230									
(10)ALPHA DENTAL OF ARIZONA INC	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835									
(11)DENTEGRA SEGUROS DENTALES SA	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C				Yes	
INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX									
(12)DELTA DENTAL OF PUERTO RICO INC	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C			64.070 %	Yes	
14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769									
(13)SERVICIOS DENTALES DENTEGRA SA DE CV	INACTIVE	MX	DENTEGRA INSURANCE COMPANY	C				Yes	
INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX									
(14)DDC INSURANCE HOLDINGS INC	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C			100.000 %	Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930									
(15)ALLIED ADMINISTRATORS INC	THIRD PARTY ADMIN SERVICES	CA	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371									
(16)DELTA DENTAL IPA OF NEW YORK INC	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658									
(17)CONVECTION HUB INC	INACTIVE	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 82-5288274									
(18)ORAL HEALTH INNOVATION CENTER INC	INACTIVE	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 92-0778836									

Schedule R (Form 990) 2021

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

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	

r Other transfer of cash or property to related organization(s)		1r		No
s Other transfer of cash or property from related organization(s)		1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)ALLIED ADMINISTRATORS INC	M	3,438,304		
(2)ALLIED ADMINISTRATORS INC	Q	41,249		
(3)ALPHA DENTAL OF ALABAMA INC	L	25,199		
(4)ALPHA DENTAL OF ALABAMA INC	Q	6,127		
(5)ALPHA DENTAL OF ARIZONA INC	L	683,381		
(6)ALPHA DENTAL OF ARIZONA INC	Q	11,315		
(7)ALPHA DENTAL OF NEVADA INC	L	379,318		
(8)ALPHA DENTAL OF NEVADA INC	Q	6,299		
(9)ALPHA DENTAL OF NEW MEXICO INC	L	29,886		
(10)ALPHA DENTAL OF NEW MEXICO INC	Q	3,535		
(11)ALPHA DENTAL OF UTAH INC	L	67,527		
(12)ALPHA DENTAL OF UTAH INC	Q	9,148		
(13)ALPHA DENTAL PROGRAMS INC	L	6,719,358		
(14)ALPHA DENTAL PROGRAMS INC	Q	124,075		
(15)CELEBRATION DENTAL SERVICES	Q	43,841		
(16)DELTA DENTAL COMMUNITY CARE FOUNDATION	B	26,750,000		
(17)DELTA DENTAL INSURANCE COMPANY	A	1,500,000		
(18)DELTA DENTAL INSURANCE COMPANY	L	43,829,580		
(19)DELTA DENTAL INSURANCE COMPANY	M	49,805,756		
(20)DELTA DENTAL INSURANCE COMPANY	P	6,318,506		
(21)DELTA DENTAL INSURANCE COMPANY	Q	75,220,407		
(22)DELTA DENTAL OF DELAWARE	Q	152,316		
(23)DELTA DENTAL OF DISTRICT OF COLUMBIA	Q	120,988		
(24)DELTA DENTAL OF NEW YORK	L	683,846		
(25)DELTA DENTAL OF NEW YORK	P	355		
(26)DELTA DENTAL OF NEW YORK	Q	1,216,463		
(27)DELTA DENTAL OF PENNSYLVANIA	L	27,580,059		
(28)DELTA DENTAL OF PENNSYLVANIA	M	7,926,372		
(29)DELTA DENTAL OF PENNSYLVANIA	P	845,540		
(30)DELTA DENTAL OF PENNSYLVANIA	Q	24,639,924		
(31)DELTA DENTAL OF PUERTO RICO	L	769,346		
(32)DELTA DENTAL OF PUERTO RICO	M	565,150		
(33)DELTA DENTAL OF PUERTO RICO	P	109,966		
(34)DELTA DENTAL OF PUERTO RICO	Q	458,501		
(35)DELTA DENTAL OF WEST VIRGINIA	Q	110,570		
(36)DELTA DENTAL IPA OF NEW YORK INC	Q	3,735		
(37)DENTEGRA INSURANCE COMPANY	A	1,166,712		
(38)DENTEGRA INSURANCE COMPANY	L	5,491,086		
(39)DENTEGRA INSURANCE COMPANY	M	13,023,599		
(40)DENTEGRA INSURANCE COMPANY	P	1,835,418		
(41)DENTEGRA INSURANCE COMPANY	Q	365,914		
(42)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	M	277,975		
(43)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	Q	17,766		
(44)DENTEGRA SEGUROS DENTALES SA	L	50,000		
(45)DENTEGRA SEGUROS DENTALES SA	Q	990,000		

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	

