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TIN: 94-1461312

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

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 \$ 6,645,772,100

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

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

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 2023 (Part V, line 2a)	5	2,212
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,284,409
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	86,220
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0
	9 Program service revenue (Part VIII, line 2g)	5,728,676,235	6,003,378,013
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,932,315	86,222,865
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,359,488	48,179,348
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,835,968,038	6,137,780,226
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,456,765	22,617,650
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,794,058,788	5,055,597,656
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	404,208,374	414,572,661
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	291,003,273	341,047,358
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,516,727,200	5,833,835,325
	19 Revenue less expenses. Subtract line 18 from line 12	319,240,838	303,944,901
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,585,172,780	4,003,642,847
	21 Total liabilities (Part X, line 26)	1,112,823,411	1,154,499,904
	22 Net assets or fund balances. Subtract line 21 from line 20	2,472,349,369	2,849,142,943

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 ALICIA F WEBER CFO			Date 2024-11-06	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00538614
	Firm's name CBIZ ADVISORS LLC			Firm's EIN 34-1851358	
	Firm's address 530 HOWELL ROAD SUITE 209 GREENVILLE, SC 29615			Phone no. (864) 241-2001	

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)

Part III	Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III ☐			
1	Briefly describe the organization's mission: 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 \$ 5,719,322,688 including grants of \$) (Revenue \$ 6,136,495,817)	THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 27,821,000 BENEFICIARIES IN 2023, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS. INCLUDED WERE PUBLICLY SPONSORED DENTAL BENEFIT PROGRAMS ADMINISTERED BY THE ORGANIZATION, AS WELL AS 1,232,000 ENROLLED IN THE FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP). THE ORGANIZATION PAID MORE THAN \$5.1 BILLION FOR DENTAL CARE DURING 2023.	
4b	(Code:) (Expenses \$ 22,617,650 including grants of \$ 22,617,650) (Revenue \$)	THE ORGANIZATION MADE GRANTS DURING 2023 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 5,741,940,338		

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Part IV	Checklist 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	Yes	No
		1	No

Schedule A			
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i> .	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i> .	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete <i>Schedule C, Part III</i> .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i> .	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i> .	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>Schedule D, Part V</i> .	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> , as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>Schedule D, Part IX</i> .	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>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)? If "Yes," complete <i>Schedule D, Part X</i> .	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> .	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional.	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>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? If "Yes," complete <i>Schedule G, Part I</i> . See instructions.	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>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? If "Yes," complete <i>Schedule G, Part III</i> .	19	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete <i>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? If "Yes," complete <i>Schedule I, Parts I and II</i> .	21	Yes

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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 ComplianceCheck 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	110,798		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		

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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	2,212			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
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, or any disqualified or other person engage in any activities that	17				

would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . .
If "Yes," complete Form 6069.

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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.	1a 12		
b Enter the number of voting members included in line 1a, above, who are independent	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe 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)

20.01.2025, 19:05

Delta Dental Of California - Full Filing - Nonprofit Explorer - ProPublica

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

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Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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	Former			
(1) CASTRO MICHAEL J CHIEF EXECUTIVE OFFICER	40.00 10.00			X				6,909,365	0	262,132
(2) JACKSON KEVIN EXECUTIVE VICE PRESIDENT/CHIEF GROWTH OFFICER	0.00						X	4,160,020	0	16,795
(3) CHAVARRIA SARAH M PRESIDENT	40.00 10.00			X				3,084,552	0	66,709
(4) WEBER ALICIA F EXECUTIVE VICE PRESIDENT CHIEF FINANCIAL OFFICER	40.00 10.00			X				2,737,332	0	74,060
(5) HANKINSON MICHAEL G EXECUTIVE VICE PRESIDENT CHIEF LEGAL OFFICER	40.00 10.00			X				2,237,025	0	55,810
(6) TITCOMBE DOMINIC EXECUTIVE VICE PRESIDENT/CHIEF INFORMATION OFFICER	40.00 10.00			X				1,918,394	0	66,709
(7) RUIZ JOSEPH F VICE PRESIDENT GROWTH STRATEGY BUSINESS DEVELOPMEN	40.00 10.00				X			1,771,366	0	35,227
(8) NAVID MOHAMMADREZA SENIOR VICE PRESIDENT CHIEF NETWORK & BUS DEVLPMT	40.00 10.00				X			1,280,602	0	79,051
(9) SHERMAN BRIAN SENIOR VICE PRESIDENT CHIEF PEOPLE OFFICER	40.00 10.00				X			1,110,784	0	58,082
(10) MANOWSKI MICHAEL SENIOR VICE PRESIDENT CHIEF TECHNOLOGY OFFICER	40.00 10.00				X			1,041,871	0	52,395
(11) LEIBOWITZ THOMAS J	40.00									

<https://projects.propublica.org/nonprofits/organizations/941461312/202423129349300327/full>

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SENIOR VICE PRESIDENT CHIEF ACTUARY	10.00				X			1,001,713	0	54,612
(12) SCHROEDER KURT GRAY	40.00									
SENIOR VICE PRESIDENT CHIEF MARKETING & COMMS OFFI	10.00				X			923,265	0	61,965
(13) FEGLEY ANDREA M	40.00									
SENIOR VICE PRESIDENT LEGAL AFFAIRS	10.00				X			907,639	0	54,582
(14) PARKER EARL JR	10.00									
SENIOR VICE PRESIDENT CUSTOMER OPERATIONS	40.00				X			0	796,756	55,490
(15) BALTIS THOMAS	40.00									
VICE PRESIDENT CHIEF INFORMATION SECURITY OFFICER	10.00				X			764,624	0	45,325
(16) SHEETZ MARTY A	40.00									
VICE PRESIDENT BUSINESS IMPLEMENTATION & CLAIMS OP	10.00				X			746,556	0	50,458
(17) CROLEY DANIEL W	40.00									
VICE PRESIDENT CHIEF DENTAL OFFICER	10.00				X			715,567	0	80,564

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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			
(18) GOLDMAN EDWARD L JR	40.00				X		708,572	0	56,483
VICE PRESIDENT INFRASTRUCTURE ENGINEERING	10.00								
(19) PARTHASARATHY SRIPADH	40.00				X		696,773	0	64,829
VICE PRESIDENT IT DEVELOPMENT	10.00								
(20) MACGILVRAY JENNIFER	10.00				X		0	692,106	64,823
SENIOR VICE PRESIDENT QUALITY CARE AND CLAIMS	40.00								
(21) ALBUM JEFFREY M	40.00				X		674,756	0	79,907
VICE PRESIDENT PUBLIC & GOVERNMENT AFFAIRS	10.00								
(22) TODI HEMANT	40.00				X		687,083	0	61,913
VICE PRESIDENT DATA ANALYTICS AND INSIGHTS	10.00								
(23) MANER MICHAEL	10.00				X		0	671,844	64,622
VICE PRESIDENT SALES	40.00								
(24) NAKAHARA EARL	40.00				X		650,875	0	61,921
VICE PRESIDENT RISK, ETHICS AND COMPLIANCE	10.00								
(25) SBAGIA RICHARD J	40.00				X		659,505	0	50,464
VICE PRESIDENT FINANCE - FINANCIAL OPERATIONS	10.00								
(26) SANCHEZ WALTER	40.00				X		633,613	0	72,236
VICE PRESIDENT INTERNAL AUDIT	10.00								
(27) SWAMINATHAN SHANMUGA S	40.00					X	628,991	0	57,403
VICE PRESIDENT ENTERPRISE ARCHITECTURE	10.00								
(28) THOLIA ASHISH	40.00					X	648,992	0	32,470
SENIOR DIRECTOR STRATEGY BUSINESS DEVELOPMENT	10.00								
(29) MARTEL LORI ANN	0.00								
VICE PRESIDENT PRODUCT						X	637,494	0	0
(30) O'TOOLE KEVIN M	40.00								

DIRECTOR SALES	10.00				X		557,179	0	71,631
(31) STEELE CHRISTINA	40.00								
SENIOR DIRECTOR LEGAL SERVICES, SR ASSOCIATE GENER	10.00				X		503,084	0	66,322
(32) STIAK MATTHEW	40.00								
DIRECTOR CYBER RISK OPERATIONS AND EVENT MANAGEMEN	10.00				X		475,957	0	34,880
(33) KAPLAN GREGORY D DDS	5.00								
DIRECTOR	0.00	X					308,360	0	0
(34) YODOWITZ HEIDI	5.00			X			241,771	0	0
CHAIR	0.00	X							
(35) BERGERT GLEN F	5.00			X			184,500	35,000	0
SECOND VICE CHAIR	2.00	X							
(36) O'TOOLE TERRY A	5.00								
DIRECTOR	0.00	X					186,775	0	0
(37) GONELLA ROY A	5.00			X			156,774	0	0
FIRST VICE CHAIR	0.00	X							
(38) MCCANN STEVEN F	5.00								
DIRECTOR	0.00	X					156,774	0	0
(39) REID ANDREW J	5.00								
DIRECTOR	0.00	X					140,274	0	0
(40) FRANZOI LYNN L	5.00								
DIRECTOR	0.00	X					138,364	0	0
(41) LAMB JAY C DMD	5.00								
DIRECTOR	0.00	X					138,274	0	0
(42) ALLFORD ROBERT ALLAN	5.00								
DIRECTOR	0.00	X					136,000	0	0
(43) LAW IAN	5.00								
DIRECTOR	0.00	X					114,000	0	0
(44) PICKERING STEPHEN R DDS	5.00								
DIRECTOR	0.00	X					113,274	0	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							41,488,689	2,195,706	2,009,870

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 1,096

		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	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ELEVATED RESOURCES INC 3990 WESTERLY PL STE 270 NEWPORT BEACH, CA 92660	CONSULTING SERVICES	44,602,414
QUALFON DATA SERVICES GROUP LLC 13700 OAKLAND AVE HIGHLAND PARK, MI 48203	CONSULTING SERVICES	9,688,041
DXC TECHNOLOGY SERVICES LLC PO BOX 740868 ATLANTA, GA 30374	CONSULTING SERVICES	8,562,592
ALITHYA FINANCIAL SOLUTIONS INC 2500 NORTHWINDS PKWY STE 600 ALPHARETTA, GA 30009	CONSULTING SERVICES	8,530,366
ORACLE AMERICA INC	CONSULTING SERVICES	8,127,765

PO BOX 44471
SAN FRANCISCO, CA 94144

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 178

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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 Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f				
2a PROFESSIONAL SERVICES	Business Code			
	524114	5,249,973,365	5,249,973,365	
2b FEES & CONTRACTS FROM GOVERNMENT	524114	753,404,648	753,404,648	
2c				
2d				
2e				
2f All other program service revenue.				
9 Total. Add lines 2a-2f.		6,003,378,013		
3 Investment income (including dividends, interest, and other similar amounts)		90,070,959	90,070,959	
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real	(ii) Personal		
6b Less: rental expenses				
6c Rental income or (loss)				
6d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	504,143,780			

Other Revenue

b Less: cost or other basis and sales expenses	7b	507,991,874				
c Gain or (loss)	7c	-3,848,094				
d Net gain or (loss)			-3,848,094	-3,848,094		
a 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						
11a INCOME/LOSS FROM SUBSIDIARIES	Business Code	524298	45,331,124	44,046,715	1,284,409	
b OTHER REVENUE		524298	63,685	63,685		
c MISC EXPENSES		524298	-6,714,141	-6,714,141		
d All other revenue			9,498,680	9,498,680		
e Total. Add lines 11a-11d			48,179,348			
12 Total revenue. See instructions			6,137,780,226	6,136,495,817	1,284,409	0

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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	22,617,650	22,617,650		
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	5,055,597,656	5,055,597,656		
5 Compensation of current officers, directors, trustees, and key employees	37,752,986		37,752,986	
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	287,066,646	258,442,192	28,624,454	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,852,616	25,188,983	2,663,633	
9 Other employee benefits	46,024,538	41,479,695	4,544,843	
10 Payroll taxes	15,875,875	14,207,694	1,668,181	
11 Fees for services (non-employees):				

a Management				
b Legal	7,375,513	7,360,414	15,099	
c Accounting	1,354,975	769,070	585,905	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,421,298	2,421,298		
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	9,548,122	9,548,122		
13 Office expenses	21,727,002	21,502,957	224,045	
14 Information technology	60,938,902	58,624,310	2,314,592	
15 Royalties	17,306,324	17,273,821	32,503	
16 Occupancy	19,142,144	17,133,566	2,008,578	
17 Travel	6,223,751	3,634,754	2,588,997	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,889,624	1,003,346	886,278	
20 Interest	8,540,313	8,540,313		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,983,583	32,002,492	981,091	
23 Insurance	3,752,940	3,599,007	153,933	
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	55,385,012	55,385,012		
b OUTSIDE SERVICES	41,439,166	40,619,270	819,896	
c CONSULTANT FEES	26,195,554	23,495,667	2,699,887	
d				
e All other expenses	24,823,135	21,493,049	3,330,086	
25 Total functional expenses. Add lines 1 through 24e	5,833,835,325	5,741,940,338	91,894,987	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).				

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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	-64,632,111	1	33,177,119
	2 Savings and temporary cash investments	267,261,493	2	299,932,692
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	403,715,672	4	432,521,584
	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	176,973,163	7	168,390,011
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	63,267,093	9	61,073,372
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	353,091,160		
		10a		
	b Less: accumulated depreciation	188,898,966		
		10b		
		148,282,151	10c	164,192,194

Assets	11	Investments—publicly traded securities	1,681,390,167	11	1,786,698,145
	12	Investments—other securities. See Part IV, line 11	864,371,501	12	996,177,106
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	44,543,651	15	61,480,624
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,585,172,780	16	4,003,642,847
Liabilities	17	Accounts payable and accrued expenses	564,836,255	17	641,749,163
	18	Grants payable		18	
	19	Deferred revenue	47,189,751	19	46,506,429
	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	500,797,405	25	466,244,312
	26	Total liabilities. Add lines 17 through 25	1,112,823,411	26	1,154,499,904
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	2,472,349,369	31	2,849,142,943
	32	Total net assets or fund balances	2,472,349,369	32	2,849,142,943
	33	Total liabilities and net assets/fund balances	3,585,172,780	33	4,003,642,847

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Part XI

Reconcillation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,137,780,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,833,835,325
3	Revenue less expenses. Subtract line 2 from line 1	3	303,944,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,472,349,369
5	Net unrealized gains (losses) on investments	5	74,834,529
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,985,856
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,849,142,943

Part XII

Financial Statements and Reporting

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

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.		Yes	No
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	2a		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	2b	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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		

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render		ObjectId: 202423129349300327 - Submission: 2024-11-07		TIN: 94-1461312	
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 2022 Open to Public Inspection
Name of the organization				Employer identification number	
DELTA DENTAL OF CALIFORNIA				94-1461312	
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 July 25, 2006, 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) 2022					

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Page 2

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

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		54,637,477	31,213,211	23,424,266
d Equipment		64,072,570	46,565,027	17,507,543
e Other		234,381,113	111,120,728	123,260,385
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				164,192,194

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Page **3****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	996,177,106	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	996,177,106	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED RETIREMENT BENEFITS	31,554,216
DEFERRED COMPENSATION PLANS	7,507,519

GROUP PREFUNDING DEPOSITS	14,151,147
REFUNDABLE BALANCES	313,043,623
DUE TO AFFILIATES	37,386,367
LONG-TERM LEASE LIABILITY	62,601,440
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	466,244,312

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 ☒

Schedule D (Form 990) 2022

Page 4

Schedule D (Form 990) 2022

Page **4**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,333,535,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	74,834,529
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	74,834,529
3	Subtract line 2e from line 1	3	3,258,701,240
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	2,879,078,986
c	Add lines 4a and 4b	4c	2,879,078,986
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,137,780,226

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	2,955,022,721
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	2,955,022,721
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	2,878,812,604
c	Add lines 4a and 4b	4c	2,878,812,604
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,833,835,325

Part XIII Supplemental Information

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

Return Reference	Explanation
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

BUSINESS DISRUPTION THROUGH MANDATED AND VOLUNTARY CLOSINGS OF BUSINESSES AND SHELTER IN PLACE ORDERS. THESE DISRUPTIONS IMPACTED OUR CUSTOMERS' ABILITY TO OBTAIN DENTAL SERVICES. THE COMPANY 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 COMPANY ESTABLISHED ESTIMATED RESERVES REPRESENTING EXCESS UNDERWRITING GAINS IN THE AMOUNT OF \$231.3 MILLION. DURING 2021 THROUGH 2023, RESERVE AMOUNTS WERE USED TO SUPPORT CUSTOMERS THROUGH ONGOING PAYMENT RELIEF AND OTHER PROGRAMS. ALL RESERVES HAVE BEEN EXHAUSTED AS OF DECEMBER 31, 2023. 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.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

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ObjectId: 202423129349300327 - Submission: 2024-11-07

TIN: 94-1461312

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF CALIFORNIA

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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?							
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 EDGEWATER DR OAKLAND, CA 94621	94-2960297	501 (C) (3)	10,000	0			CORPORATE GIVING
(2) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501 (C) (3)	30,000	0			2023 SACRAMENTO HEART & STROKE WALK
(3) AMERICAN ONLINE GIVING FOUNDATION INC PO BOX 645725 PITTSBURGH, PA 152645255	81-0739440	501 (C) (3)	325,398	0			DDC EMPLOYEE SEEDING
(4) AMERICAN RED CROSS INC 1663 MARKET ST SAN FRANCISCO, CA 94103	53-0196605	501 (C) (3)	100,000	0			2023 GALA SPONSORSHIP
(5) ASIAN ART MUSEUM FOUNDATION 200 LARKIN ST SAN FRANCISCO, CA 94102	94-1704765	501 (C) (3)	6,000	0			CORPORATE MEMBERSHIP 2023-24
(6) BLUE STAR FAMILIES INC 515 VERBENA CT ENCINITAS, CA 92024	80-0369895	501 (C) (3)	45,000	0			CONTRIBUTION BLUE STAR FAMILIES CELEBRATION 2023 & CAREER PROGRAM
(7) CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY STE 200 OAKLAND, CA 94612	94-3306223	501 (C) (3)	15,000	0			VOICES FOR CHANGE HEALTH EQUITY CONFERENCE
(8) CONSERVATION SOCIETY OF CALIFORNIA PO BOX 5238 OAKLAND, CA 94605	94-1687847	501 (C) (3)	7,500	0			WALK IN THE WILD
(9) CURE TAY-SACHS FOUNDATION INC 2409 E LUKE AVE PHOENIX, AZ 85016	26-0256621	501 (C) (3)	8,000	0			TAKE A HIKE TAY SACHS 2024
(10) CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO, CA 94102	23-7362588	501 (C) (3)	15,000	0			CORPORATE SPONSORSHIP
(11) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION ST STE 1300 SAN FRANCISCO, CA 94105	37-1570764	501 (C) (3)	21,478,707	0			ENTERPRISE CONTRIBUTION TO DDCCF
(12) DISABLED AMERICAN VETERANS 860 DOLWICK DR ERLANGER, KY 41018	31-0263158	501 (C) (4)	50,000	0			2023 WINTER SPORTS CLINIC SPONSORSHIP
(13) FEEDING AMERICA 161 NORTH CLARK ST SUITE 700 CHICAGO, IL 60601	36-3673599	501 (C) (3)	6,000	0			CONTRIBUTION
(14) GOLD STAR SPOUSES OF THE UNITED STATES INC 5000 MORNING SPLASH AVE LAS VEGAS, NV 89131	87-1792320	501 (C) (3)	20,000	0			CONTRIBUTION
(15) HENRY M JACKSON FOUNDATION 6720 A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501 (C) (3)	10,000	0			CONTRIBUTION
(16) JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501 (C) (3)	35,000	0			HOLIDAY FOOD DRIVE SPONSORSHIP
(17) LABOR FOUNDATION FOR UNION WORKERS 240 SOUTH MARKET ST SAN JOSE, CA 951132382	47-5183726	501 (C) (3)	5,100	0			GOLD SPONSORSHIP
(18) LOVEALL FOUNDATION FOR CHILDREN 4120 DOUGLAS BLVD 306-304 GRANITE BAY, CA 95746	68-0435070	501 (C) (3)	6,000	0			DIAMOND SPONSORSHIP CHALLENGE CHARITY GOLF EVENT
(19) MEALS ON WHEELS SAN FRANCISCO 2142 JERROLD AVE SAN FRANCISCO, CA 94124	94-1741155	501 (C) (3)	40,000	0			STAR CHEFS & VINTNERS GALA
(20) MILITARY OFFICERS ASSOCIATION OF AMERICA 201 N WASHINGTON ST ALEXANDRIA, VA 223142539	46-4219250	501 (C) (3)	28,600	0			CONTRIBUTION FOR CAREER FAIR & GOLFER SPONSORSHIP

(21) NATIONAL MILITARY FAMILY ASSOCIATION 2800 EISENHOWER AVE STE 250 ALEXANDRIA, VA 22314	52-0899384	501 (C) (3)	25,000	0		OPERATION PURPLE CAMPS
(22) OUTWARD BOUND INC 1133 ROUTE 55 STE 10 LAGRANGEVILLE, NY 125405052	04-2375956	501 (C) (3)	30,000	0		CONTRIBUTION FOR VETERAN OUTDOOR TRN'G SYMPOSIUM
(23) PETS FOR VETS INC 560 IRIS WAY HAMPSTEAD, NC 284432966	27-1250302	501 (C) (3)	6,000	0		CONTRIBUTION
(24) RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER ST SAN FRANCISCO, CA 94109	94-3141608	501 (C) (3)	10,000	0		2023 GALA
(25) RICHMONDERMET AID FOUNDATION 447 SUTTER ST STE 714 SAN FRANCISCO, CA 94108	94-3232222	501 (C) (3)	20,000	0		YEAR-LONG SPONSORSHIP FOR 2023
(26) SACRAMENTO FOOD BANK & FAMILY SERVICES 1951 BELL AVE SACRAMENTO, CA 95838	94-3315566	501 (C) (3)	17,500	0		RUN TO FEED THE HUNGRY SPONSORSHIP 2023
(27) SF MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501 (C) (3)	12,500	0		ONE BIG TABLE SPONSORSHIP
(28) SPECIAL OLYMPICS NORTHERN CALIFORNIA INC 3480 BUSKIRK AVE 340 PLEASANT HILL, CA 94523	68-0363121	501 (C) (3)	25,000	0		NOR/CAL FALL GAMES
(29) ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 WEST 58TH ST LOS ANGELES, CA 90037	95-4067758	501 (C) (3)	15,000	0		MOVABLE FEAST-SPONSORSHIP
(30) ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM INC 2303 MIRMAR ST LOS ANGELES, CA 90057	95-3696693	501 (C) (3)	15,000	0		HOLLYWOOD UNDER THE STARS
(31) ST VINCENT DE PAUL SOCIETY PO BOX 150527 SAN RAFAEL, CA 94915	94-1207701	501 (C) (3)	10,000	0		PENNIES FROM HEAVEN GALA
(32) TRIUMPH CANCER FOUNDATION 2443 FAIR OAKS BLVD 345 SACRAMENTO, CA 95825	45-3968833	501 (C) (3)	15,000	0		TRIUMPH UNCORKED SPONSORSHIP
(33) UNIVERSITY OF FLORIDA 1250 EAST CAMPUS OFFICE BLDG GAINESVILLE, FL 326113200	59-6002052	501 (C) (3)	10,000	0		UNIVERSITY OF FLORIDA CE COURSE
(34) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7500 CAMBRIDGE ST SUITE 6152 HOUSTON, TX 77054	74-1761309	501 (C) (3)	10,000	0		PACE CENTER: CDE EDUCATIONAL GRANT SUPPORT
(35) WARRIOR EXPEDITIONS 6621 FAIRWAY VIEW ROANOKE, VA 24018	46-5201997	501 (C) (3)	20,000	0		CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34

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

Schedule I (Form 990) 2023

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.

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ObjectID: 202423129349300327 - Submission: 2024-11-07

TIN: 94-1461312

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No. 1545-0047

2023

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

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

Cat. No. 50053T

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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				
1 CASTRO MICHAEL J CHIEF EXECUTIVE OFFICER	(i)	1,423,077	5,037,406	448,882	230,073	32,059	7,171,497	0
	(ii)	-	-	-	-	-	-	-
2 JACKSON KEVIN EXECUTIVE VICE PRESIDENT/CHIEF GROWT	(i)	0	2,161,459	1,998,561	16,795	0	4,176,815	0
	(ii)	-	-	-	-	-	-	-
3 CHAVARRIA SARAH M PRESIDENT	(i)	875,000	2,191,210	18,342	34,650	32,059	3,151,261	0
	(ii)	-	-	-	-	-	-	-
4 WEBER ALICIA F EXECUTIVE VICE PRESIDENT CHIEF FINAN	(i)	848,558	1,821,731	67,043	57,050	17,010	2,811,392	0
	(ii)	-	-	-	-	-	-	-
5 HANKINSON MICHAEL G EXECUTIVE VICE PRESIDENT CHIEF LEGAL	(i)	674,039	1,494,755	68,231	34,650	21,160	2,292,835	0
	(ii)	-	-	-	-	-	-	-
6 TITCOMBE DOMINIC EXECUTIVE VICE PRESIDENT/CHIEF	(i)	589,231	1,296,017	33,146	34,650	32,059	1,985,103	0
	(ii)	-	-	-	-	-	-	-

INFOR	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0
7 RUIZ JOSEPH F VICE PRESIDENT GROWTH STRATEGY BUSIN	(i)	59,878 ----- -	0 ----- -	1,711,488 ----- -	31,759 ----- -	3,468 ----- -	1,806,593 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
8 NAVID MOHAMMADREZA SENIOR VICE PRESIDENT CHIEF NETWORK	(i)	519,615 ----- -	699,678 ----- -	61,309 ----- -	53,221 ----- -	25,830 ----- -	1,359,653 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
9 SHERMAN BRIAN SENIOR VICE PRESIDENT CHIEF PEOPLE O	(i)	521,587 ----- -	543,311 ----- -	45,886 ----- -	34,650 ----- -	23,432 ----- -	1,168,866 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
10 MANOWSKI MICHAEL SENIOR VICE PRESIDENT CHIEF TECHNOLO	(i)	463,739 ----- -	566,818 ----- -	11,314 ----- -	34,650 ----- -	17,745 ----- -	1,094,266 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
11 LEIBOWITZ THOMAS J SENIOR VICE PRESIDENT CHIEF ACTUARY	(i)	414,712 ----- -	512,874 ----- -	74,127 ----- -	37,801 ----- -	16,811 ----- -	1,056,325 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
12 SCHROEDER KURT GRAY SENIOR VICE PRESIDENT CHIEF MARKETIN	(i)	429,423 ----- -	485,886 ----- -	7,956 ----- -	34,650 ----- -	27,315 ----- -	985,230 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
13 FEGLEY ANDREA M SENIOR VICE PRESIDENT LEGAL AFFAIRS	(i)	409,615 ----- -	490,135 ----- -	7,889 ----- -	36,759 ----- -	17,823 ----- -	962,221 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
14 PARKER EARL JR SENIOR VICE PRESIDENT CUSTOMER OPERA	(i)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
	(ii)	360,298 ----- -	428,420 ----- -	8,038 ----- -	34,650 ----- -	20,840 ----- -	852,246 ----- -	0 ----- -
15 BALTIS THOMAS VICE PRESIDENT CHIEF INFORMATION SEC	(i)	352,345 ----- -	410,384 ----- -	1,895 ----- -	34,650 ----- -	10,675 ----- -	809,949 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
16 SHEETZ MARTY A VICE PRESIDENT BUSINESS IMPLEMENTATI	(i)	327,114 ----- -	411,539 ----- -	7,903 ----- -	34,650 ----- -	15,808 ----- -	797,014 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
17 CROLEY DANIEL W VICE PRESIDENT CHIEF DENTAL OFFICER	(i)	353,468 ----- -	352,106 ----- -	9,993 ----- -	49,159 ----- -	31,405 ----- -	796,131 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
18 GOLDMAN EDWARD L JR VICE PRESIDENT INFRASTRUCTURE ENGINE	(i)	344,442 ----- -	348,967 ----- -	15,163 ----- -	34,650 ----- -	21,833 ----- -	765,055 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
19 PARTHASARATHY SRIPADH VICE PRESIDENT IT DEVELOPMENT	(i)	311,769 ----- -	379,193 ----- -	5,811 ----- -	41,531 ----- -	23,298 ----- -	761,602 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
20 MACGILVRAY JENNIFER SENIOR VICE PRESIDENT QUALITY CARE A	(i)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
	(ii)	369,615 ----- -	308,742 ----- -	13,749 ----- -	34,650 ----- -	30,173 ----- -	756,929 ----- -	0 ----- -
21 ALBUM JEFFREY M VICE PRESIDENT PUBLIC & GOVERNMENT A	(i)	325,298 ----- -	312,779 ----- -	36,679 ----- -	62,135 ----- -	17,772 ----- -	754,663 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
22 TODI HEMANT VICE PRESIDENT DATA ANALYTICS AND IN	(i)	337,963 ----- -	341,474 ----- -	7,646 ----- -	34,650 ----- -	27,263 ----- -	748,996 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
23 MANER MICHAEL VICE PRESIDENT SALES	(i)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
	(ii)	323,564 ----- -	346,872 ----- -	1,408 ----- -	38,286 ----- -	26,336 ----- -	736,466 ----- -	0 ----- -
24 NAKAHARA EARL VICE PRESIDENT RISK, ETHICS AND COMP	(i)	336,904 ----- -	304,268 ----- -	9,703 ----- -	34,650 ----- -	27,271 ----- -	712,796 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
25 SBAGIA RICHARD J VICE PRESIDENT FINANCE - FINANCIAL O	(i)	328,075 ----- -	314,600 ----- -	16,830 ----- -	34,650 ----- -	15,814 ----- -	709,969 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
26 SANCHEZ WALTER VICE PRESIDENT INTERNAL AUDIT	(i)	297,897 ----- -	282,952 ----- -	52,764 ----- -	40,355 ----- -	31,881 ----- -	705,849 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
27 SWAMINATHAN SHANMUGA S VICE PRESIDENT ENTERPRISE ARCHITECTU	(i)	316,080 ----- -	303,237 ----- -	9,674 ----- -	38,339 ----- -	19,064 ----- -	686,394 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
28 THOLIA ASHISH SENIOR DIRECTOR STRATEGY BUSINESS DE	(i)	298,487 ----- -	296,127 ----- -	54,378 ----- -	9,900 ----- -	22,570 ----- -	681,462 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
29 MARTEL LORI ANN VICE PRESIDENT PRODUCT	(i)	0 ----- -	0 ----- -	637,494 ----- -	0 ----- -	0 ----- -	637,494 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
30 O'TOOLE KEVIN M DIRECTOR SALES	(i)	198,011 ----- -	348,282 ----- -	10,886 ----- -	40,009 ----- -	31,622 ----- -	628,810 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
31 STEELE CHRISTINA SENIOR DIRECTOR LEGAL SERVICES, SR A	(i)	306,149 ----- -	195,576 ----- -	1,359 ----- -	34,650 ----- -	31,672 ----- -	569,406 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
32 STIAK MATTHEW DIRECTOR CYBER RISK OPERATIONS AND E	(i)	288,487 ----- -	181,083 ----- -	6,387 ----- -	34,650 ----- -	230 ----- -	510,837 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -
33 KAPLAN GREGORY D DDS DIRECTOR	(i)	308,360 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	308,360 ----- -	0 ----- -
	(ii)	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -	0 ----- -

	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0
34 YODOWITZ HEIDI CHAIR	(i)	241,771 -----	0 -----	0 -----	0 -----	0 -----	241,771 -----	0 -----
	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0
35 BERGERT GLEN F SECOND VICE CHAIR	(i)	184,500 -----	0 -----	0 -----	0 -----	0 -----	184,500 -----	0 -----
	(ii)	- 35,000	- 0	- 0	- 0	- 0	-- 35,000	- 0
36 O'TOOLE TERRY A DIRECTOR	(i)	186,775 -----	0 -----	0 -----	0 -----	0 -----	186,775 -----	0 -----
	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0
37 GONELLA ROY A FIRST VICE CHAIR	(i)	156,774 -----	0 -----	0 -----	0 -----	0 -----	156,774 -----	0 -----
	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0
38 MCCANN STEVEN F DIRECTOR	(i)	156,774 -----	0 -----	0 -----	0 -----	0 -----	156,774 -----	0 -----
	(ii)	- 0	- 0	- 0	- 0	- 0	-- 0	- 0

Schedule J (Form 990) 2023

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, AND SENIOR VICE PRESIDENTS. FIRST CLASS BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. TRAVEL FOR COMPANIONS WAS PROVIDED TO 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. ONE OFFICER, EIGHT KEY EMPLOYEES, AND TWO HIGHEST COMPENSATED EMPLOYEES RECEIVED REIMBURSEMENT IN 2023. THESE REIMBURSEMENTS ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED EMPLOYEES.
PART I, LINE 4A	DURING 2023, THREE EXECUTIVES, KEVIN L. JACKSON, LORI ANN MARTEL, AND JOSEPH F. RUIZ RECEIVED A SEVERANCE PAYMENT UPON SEPARATION FROM THE ORGANIZATION. THIS PAYMENT IS 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. DELTA DENTAL OF CALIFORNIA MAINTAINS A LONG-TERM INCENTIVE PLAN (LTIP) FOR ELIGIBLE EMPLOYEES OF THE ORGANIZATION, LINKING COMPENSATION TO THE COMPANY'S PERFORMANCE. USING SUCCESS METRICS SUCH AS REVENUES, NET GAIN AS A PERCENTAGE OF REVENUES, AND OTHERS, ALLOWS THE COMPANY TO ACCURATELY MEASURE ITS GROWTH, INFORM ON PROGRESS OF ITS BUSINESS TRANSFORMATION, AND EMPOWER CONTINUED SUCCESS. THE LTIP IS UNFUNDED AND ALL PAYMENTS FROM THE LTIP ARE DERIVED FROM THE GAINS OF THE COMPANY. AS SUCH, THERE IS NO GUARANTEE OF INCENTIVE PAYMENTS UNDER THE LTIP. THE CEO MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR ITS REVIEW AND APPROVAL REGARDING THE PERFORMANCE OBJECTIVES, BOTH FINANCIAL AND NON-FINANCIAL, UPON WHICH PAYMENT OF AWARDS ARE BASED AND THE TIME PERIOD DURING WHICH PERFORMANCE SHALL BE MEASURED. EACH LTIP PLAN SPANS THREE YEARS, OVERLAPPING WITH CURRENT PLANS. 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) 2023

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202423129349300327 - Submission: 2024-11-07		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
					2023
Name 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

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	668,747	DENTAL CLAIM PAYMENTS		No
(2) BRENT KAPLAN	FAMILY MEMBER OF A CURRENT DIRECTOR	411,690	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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Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202423129349300327 - Submission: 2024-11-07

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

2023Open 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 4	THE ORGANIZATION AMENDED ITS BYLAWS TO REQUIRE EITHER THE CHAIR OR VICE CHAIR OF THE BOARD TO BE INDEPENDENT PER THE INTERNAL REVENUE SERVICE DEFINITION CONTAINED IN THE INSTRUCTIONS TO FORM 990.
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 2023 COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENT AVAILABLE TO PERSONS OR ENTITIES KNOWN TO HAVE AN INTEREST IN THE ORGANIZATION. 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 40.6 MILLION ENROLLEES AND PROCESSING 60 MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRISE EXCEEDED \$10.5 BILLION IN 2023. THE ORGANIZATION REPRESENTS APPROXIMATELY 59% OF TOTAL ENTERPRISE REVENUES.
FORM 990, PART XI, LINE 9:	PENSION LIABILITY AND POST-RETIREMENT ADJUSTMENTS 4,351,675. NET INCOME FROM DISREGARDED ENTITY -266,382. ADOPTION OF NEW ACCOUNTING STANDARD -6,071,149.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Software ID:

Software Version:

efile Public Visual Render		ObjectID: 202423129349300327 - Submission: 2024-11-07		TIN: 94-1461312		
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships			OMB No. 1545-0047	
					2023	
					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	MANAGEMENT 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 300 CORPORATE CENTER DR STE 600 CAMP HILL, PA 17011 23-1667011	DENTAL INSURANCE	PA	501(C)(4)		DENTEGRA GROUP INC	No
(3)DELTA DENTAL OF DELAWARE 300 CORPORATE CENTER DR STE 600 CAMP HILL, PA 17011 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC	No
(4)DELTA DENTAL OF WEST VIRGINIA 300 CORPORATE CENTER DR STE 600 CAMP HILL, PA 17011 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC	No
(5)DELTA DENTAL OF THE DISTRICT OF COLUMBIA 300 CORPORATE CENTER DR STE 600 CAMP HILL, PA 17011 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC	No
(6)DELTA DENTAL OF NEW YORK 300 CORPORATE CENTER DR STE 600 CAMP HILL, PA 17011 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC	No

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)DENTEGRA GROUP INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C					No
(2)DENTEGRA INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
(3)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C				Yes	
(4)DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			91.700 %	Yes	
(5)ALPHA DENTAL OF NEVADA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C				Yes	
(6)ALPHA DENTAL OF UTAH INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C				Yes	
(7)ALPHA DENTAL PROGRAMS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C				Yes	
(8)ALPHA DENTAL OF ALABAMA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C				Yes	
(9)ALPHA DENTAL OF NEW MEXICO INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C				Yes	
(10)ALPHA DENTAL OF ARIZONA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C				Yes	
(11)DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C				Yes	
(12)DELTA DENTAL OF PUERTO RICO INC 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C			64.130 %	Yes	
(13)DDC INSURANCE HOLDINGS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C			100.000 %	Yes	
(14)ALLIED ADMINISTRATORS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371	THIRD PARTY ADMIN SERVICES	CA	DDC INSURANCE HOLDINGS INC	C				Yes	
(15)DELTA DENTAL IPA OF NEW YORK INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC INSURANCE HOLDINGS INC	C				Yes	
(16)ORAL HEALTH INNOVATION CENTER INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 92-0778836	INACTIVE	DE	DDC INSURANCE HOLDINGS INC	C				Yes	

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023									
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?								Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								1a	Yes
b Gift, grant, or capital contribution to related organization(s)								1b	Yes
c Gift, grant, or capital contribution from related organization(s)								1c	No
d Loans or loan guarantees to or for related organization(s)								1d	No
e Loans or loan guarantees by related organization(s)								1e	No
f Dividends from related organization(s)								1f	No
g Sale of assets to related organization(s)								1g	No
h Purchase of assets from related organization(s)								1h	No
i Exchange of assets with related organization(s)								1i	No
j Lease of facilities, equipment, or other assets to related organization(s)								1j	No

k	Lease or facilities, equipment, or other assets from related organization(s)	1k		no
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	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	3,458,173	
(2)ALLIED ADMINISTRATORS INC	Q	29,153	
(3)ALPHA DENTAL OF ALABAMA INC	L	28,004	
(4)ALPHA DENTAL OF ALABAMA INC	Q	2,437	
(5)ALPHA DENTAL OF ARIZONA INC	L	570,904	
(6)ALPHA DENTAL OF ARIZONA INC	Q	6,550	
(7)ALPHA DENTAL OF NEVADA INC	L	371,551	
(8)ALPHA DENTAL OF NEVADA INC	Q	5,874	
(9)ALPHA DENTAL OF NEW MEXICO INC	L	30,285	
(10)ALPHA DENTAL OF NEW MEXICO INC	Q	5,219	
(11)ALPHA DENTAL OF UTAH INC	L	77,351	
(12)ALPHA DENTAL OF UTAH INC	Q	7,053	
(13)ALPHA DENTAL PROGRAMS INC	L	6,546,273	
(14)ALPHA DENTAL PROGRAMS INC	Q	92,792	
(15)CELEBRATION DENTAL SERVICES	Q	19,489	
(16)DELTA DENTAL COMMUNITY CARE FOUNDATION	B	21,478,707	
(17)DELTA DENTAL INSURANCE COMPANY	A	1,500,000	
(18)DELTA DENTAL INSURANCE COMPANY	L	42,479,781	
(19)DELTA DENTAL INSURANCE COMPANY	M	77,585,506	
(20)DELTA DENTAL INSURANCE COMPANY	P	9,229,678	
(21)DELTA DENTAL INSURANCE COMPANY	Q	90,348,035	
(22)DELTA DENTAL OF DELAWARE	Q	100,794	
(23)DELTA DENTAL OF DISTRICT OF COLUMBIA	Q	44,048	
(24)DELTA DENTAL OF NEW YORK	L	649,300	
(25)DELTA DENTAL OF NEW YORK	Q	1,014,610	
(26)DELTA DENTAL OF PENNSYLVANIA	L	32,783,411	
(27)DELTA DENTAL OF PENNSYLVANIA	M	8,010,861	
(28)DELTA DENTAL OF PENNSYLVANIA	P	1,223,445	
(29)DELTA DENTAL OF PENNSYLVANIA	Q	23,987,922	
(30)DELTA DENTAL OF PUERTO RICO	L	760,379	
(31)DELTA DENTAL OF PUERTO RICO	M	539,236	
(32)DELTA DENTAL OF PUERTO RICO	P	102,177	
(33)DELTA DENTAL OF PUERTO RICO	Q	1,058,222	
(34)DELTA DENTAL OF WEST VIRGINIA	Q	61,178	
(35)DENTEGRA INSURANCE COMPANY	A	1,000,000	
(36)DENTEGRA INSURANCE COMPANY	L	6,081,780	
(37)DENTEGRA INSURANCE COMPANY	M	12,666,554	
(38)DENTEGRA INSURANCE COMPANY	P	2,021,308	
(39)DENTEGRA INSURANCE COMPANY	Q	295,019	
(40)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	M	284,708	
(41)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	Q	6,225	
(42)DENTEGRA SEGUROS DENTALES SA	L	194,208	

Partnerships. **Partnerships taxable as a partnership.** Complete if the organization answered "yes" on Form 990, Part IV, line 37.

[illegible]

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:
Software Version: