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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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
100 FIRST STREET

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94105

D Employer identification number
94-1461312

E Telephone number
(415) 972-8300

G Gross receipts $ 4,575,522,870

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates 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

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 ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,507
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-65,146

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	4,577,590,809	4,481,901,775
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,603,803	13,859,327
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,554,375	6,575,319
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,595,748,987	4,502,336,421
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,062,012	1,179,341
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,121,994,263	4,004,753,026
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	278,726,101	265,943,167
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–24f)	180,229,056	195,198,644
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,582,011,432	4,467,074,178
19	Revenue less expenses Subtract line 18 from line 12	13,737,555	35,262,243

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,115,561,915	1,223,119,899
21	Total liabilities (Part X, line 26)	738,722,802	804,629,785
22	Net assets or fund balances Subtract line 21 from line 20	376,839,113	418,490,114

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

****** | 2011-11-03
Signature of officer | Date

Michael J Castro Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ CBIZ MHM LLC				Firm's EIN ▶
Firm's address ▶ 3625 Cumberland Blvd SE Suite 800 Atlanta, GA 30339				Phone no ▶ (770) 858-4500

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 4,397,357,300 including grants of $) (Revenue $ 4,481,901,775)

The organization provided dental benefit coverage for 17,583,000 beneficiaries in 2010, primarily through contracts with independent dentists Included were 8,029,000 enrollees in Medicaid, SCHIP and other publicly-sponsored dental benefit programs administered by the organization, as well as 1,258,000 persons voluntary enrolled in the TRDP program for retired military service personnel and their families that the organization underwrites pursuant to a contract with the Department of Defense The organization paid more than $4,004,753,000 for dental care during 2010

4b (Code) (Expenses $ 1,179,341 including grants of $ 1,179,341) (Revenue $)

The organization made grants during 2010 to foster improved access to dental health care treatment, to support professional dental education and to provide oral health instruction for patient

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** ▶ $ 4,398,536,641

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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 Schedule C, Part 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 Schedule C, Part II*	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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	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 Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	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 Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	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 Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	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 Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	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 Schedule G, Part 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 Schedule G, Part II*	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 Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	89,822		
b	Enter the number of Forms W-2G included in 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	
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	2,507		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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," 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		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?		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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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		

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 to any question 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	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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 in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHAEL J CASTRO CFO
100 FIRST STREET
SAN FRANCISCO, CA 94105
(415) 972-8300

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								16,404,569	255,030	6,806,503

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶456

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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

(A) Name and business address	(B) Description of services	(C) Compensation
HP Enterprise Services LLC PO Box 848433 DALLAS, TX 752848433	CONSULTING SERVICES	33,946,470
Catalyst360 LLC 4 Walnut Grove Drive HORSHAM, PA 19044	CONSULTING SERVICES	3,746,287
Expedien 12750 Briar Forest Dr Ste 1401 HOUSTON, TX 77077	Consulting Services	6,003,657
IBM PO Box 676623 DALLAS, TX 752676673	Software Maint Svcs	3,705,736
Oracle Corporation PO Box 1450 MINNEAPOLIS, MN 554858178	Software Maint Svcs	3,027,937

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶85

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		0			
		Business Code				
Program Service Revenue	2a PROFESSIONAL SERVICES		3,367,404,030	3,367,404,030		
	b FEES & CONTRACTS FROM GOVERNMENT AGENCY		1,114,497,745	1,114,497,745		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		4,481,901,775			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		15,900,901	15,900,901		
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	71,144,875				
	b Less cost or other basis and sales expenses	73,186,449				
	c Gain or (loss)	-2,041,574				
	d Net gain or (loss) . . . . . ▶		-2,041,574	-2,041,574		
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE		6,575,319	6,575,319		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		6,575,319			
	12 **Total revenue.** See Instructions . . . ▶		4,502,336,421	4,502,336,421		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	776,591	776,591		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	402,750	402,750		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	4,004,753,026	4,004,753,026		
5 Compensation of current officers, directors, trustees, and key employees	23,466,093		23,466,093	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	182,989,752	151,940,768	31,048,984	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,406,992	10,406,992		
9 Other employee benefits	36,712,423	35,186,862	1,525,561	
10 Payroll taxes	12,367,907	11,418,128	949,779	
a Fees for services (non-employees) Management	0			
b Legal	5,540,406		5,540,406	
c Accounting	1,498,386	514,114	984,272	
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	329,067	329,067		
g Other	0			
12 Advertising and promotion	3,554,831	3,526,845	27,986	
13 Office expenses	25,914,852	25,687,081	227,771	
14 Information technology	38,401,997	38,400,105	1,892	
15 Royalties	7,012,438	6,968,409	44,029	
16 Occupancy	25,555,290	23,823,622	1,731,668	
17 Travel	4,741,230	3,641,317	1,099,913	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	425,452	313,744	111,708	
20 Interest	3,551,325	3,551,325		
21 Payments to affiliates	14,223,643	14,179,946	43,697	
22 Depreciation, depletion, and amortization	19,266,904	19,017,146	249,758	
23 Insurance	1,072,299	1,895	1,070,404	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BROKER FEES	31,596,995	31,596,995		
b CONSULTANT FEES	52,613,249	51,227,469	1,385,780	
c OUTSIDE SERVICES	8,510,071	8,294,490	215,581	
d CAPITALIZE SYSTEM PROJECT COST	-62,347,242	-61,879,859	-467,383	
e OTHER EXPENSES	13,737,451	14,457,813	-720,362	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,467,074,178	4,398,536,641	68,537,537	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		61,943,031	1	140,331,176
	2	Savings and temporary cash investments		20,902,617	2	67,289,125
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		263,823,700	4	254,433,372
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		38,750,000	7	35,750,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,195,070	9	16,265,129
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 570,805,518			
	b	Less accumulated depreciation	10b 248,553,137	270,061,942	10c	322,252,381
	11	Investments—publicly traded securities		337,665,883	11	288,081,339
	12	Investments—other securities See Part IV, line 11		49,983,166	12	50,906,757
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		6,295,206	14	6,295,206
	15	Other assets See Part IV, line 11		43,941,300	15	41,515,414
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,115,561,915	16	1,223,119,899
Liabilities	17	Accounts payable and accrued expenses		434,892,535	17	488,264,915
	18	Grants payable			18	
	19	Deferred revenue		19,040,990	19	36,536,308
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		100,000,000	23	53,333,333
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		184,789,277	25	226,495,229
	26	**Total liabilities.** Add lines 17 through 25		738,722,802	26	804,629,785
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		376,839,113	32	418,490,114
	33	Total net assets or fund balances		376,839,113	33	418,490,114
	34	Total liabilities and net assets/fund balances		1,115,561,915	34	1,223,119,899

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,502,336,421
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,467,074,178
3	Revenue less expenses Subtract line 2 from line 1	3	35,262,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	376,839,113
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,388,758
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	418,490,114

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		27,539,904	22,160,036	5,379,868
d Equipment		507,236,536	196,308,086	310,928,450
e Other		36,029,078	30,085,015	5,944,063
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				322,252,381

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ACCRUED RETIREMENT BENEFITS	88,796,178
DEFERRED COMPENSATION PLANS	37,414,388
GROUP PREFUNDING DEPOSITS	7,578,490
REFUNDABLE GROUP BALANCES	92,706,173
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	226,495,229

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,502,336,421
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,467,074,178
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	35,262,243
4	Net unrealized gains (losses) on investments	4	10,351,437
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,962,679
9	Total adjustments (net) Add lines 4 - 8	9	6,388,758
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	41,651,001

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,728,715,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,728,715,421
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 XIV)	4b	1,773,621,000		
c	Add lines **4a** and **4b**			4c	1,773,621,000
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,502,336,421

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,693,453,178
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,693,453,178
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 XIV)	4b	1,773,621,000		
c	Add lines **4a** and **4b**			4c	1,773,621,000
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,467,074,178

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Other Revenue	PART XII, LINE 4B	ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE
Other Expense	PART XIII, LINE 4b	CLAIMS INCURRED FOR ADMINISTRATIVE SERVICE CONTRACTS
FIN 48 Footnote	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 accounting for uncertainties in tax positions recognized in an entity's financial statements The guidance prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return These tax positions include those where the Company is exempt from income taxes or not subject to income taxes or unrelated business income The Company evaluated the impact of implementing the new accounting pronouncement and determined that it had no impact on the Company's financial statements
Other Changes in Net Assets	Part XI, Line 8	Pension liability and post-retirement adjustments

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 83

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) STUDENT LEADERSHIP AWARDS		202,750			
(2) HISPANIC SCHOLARSHIP		200,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grant Approval	PART I, Line 2	The organization awards grants for programs that foster dental health and education Through these grants we help finance health, educational and research projects in dentistry, health and human services and civic and community affairs The two grants are (1)the Dental Health and Education Contribution, which supports dental health and awareness programs, and (2) the Standard Dental Research Grant, which supports professional research related to dental health Grants are awarded to groups who (1) provide dentistry for indigents, (2) provide dentistry for groups that are dentally underserved, (3) provide education to advance the awareness or the science of dentistry, (4) promote public dental health, and (5) are involved with community activities related to dental care Grant Guidelines Priority will go to projects that focus on issues related to the delivery of oral health care, including those with significant potential for improving oral health and reducing treatment costs Priority consideration will go to researchers from the dental schools in the enterprise, but will not be limited to these institutions Priority will go to two types of studies (1) Pilot or feasibility studies likely to enhance the investigator's chance for long-term funding from other sources, and (2) complete projects considered to be of interest to the health, education and research fund, for which other sources of funds are traditionally not available or sufficient Priority will go to studies that evaluate the outcome of preventative and treatment procedures Retrospective studies or those involving analysis of existing data should be considered, rather than long-term follow-up studies, in order to reduce the years required to obtain data Overhead charges within each eligible grant will be limited to eight percent The fund will normally make one to two standard research grants per year Individual grants will generally not exceed $40,000 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 A screening committee reviews all applications, with final grant decisions made by the fund's administrative committee

Additional Data Return to Form

Software ID:
Software Version:
EIN: 94-1461312
Name: DELTA DENTAL OF CALIFORNIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES1275 Mamaroneck Ave White Plains, NY 10605	13-1846366		10,667				MARCH FOR BABIES CORPORATE DONATION
NATIONAL GUARD YOUTH FOUNDATION1001 N Fairfax St Ste 205 Alexandria, VA 22314	54-1940978		10,000				CHALLENGE PROGRAM DONATION
NMFA - NATIONAL MILITARY FAMILY ASSOC 2500 N Van Dorn St Ste 102 Alexandria, VA 22302	52-0899384		25,000				2010 CONGRESSIONAL RECEPTION SPONSORSHIP
SANTA BARBARA NEIGHBORHOOD CLINICS 1900 State Street Ste G Santa Barbara, CA 93101	77-0496382		25,000				ADULT DENTAL CARE PROJECT
UC REGENTS1 Shields Ave Tax Accounting Davis, CA 95616	95-2226406		25,000				CONTINUING EDUCATION GRANT
UNITED WAY CALIFORNIA CAPITAL REGION10389 Old Placerville Rd Sacramento, CA 95826	23-7079003		43,254				MATCHING DONATIONS
UNITED WAY OF GREATER LOS ANGELES523 WEST 6TH STREET LOS ANGELES, CA 90014	95-2274801		6,123				MATCHING DONATIONS
UNITED WAY OF THE BAY AREA221 MAIN STREET SUITE 300 SAN FRANCISCO, CA 94105	94-1312348		31,953				MATCHING DONATIONS
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685		25,000				CONTINUING EDUCATION SPONSORSHIP
CALIFORNIA ACADEMY OF GENERAL DENTISTRY73 Castlewood Drive Pleasanton, CA 94566	94-2557207		25,000				CONTINUING EDUCATION GRANT
NOVA SOUTHEASTERN UNIVERSITY3301 College Ave Davie, FL 33314	59-1083502		25,000				CONTINUING EDUCATION SPONSORSHIP
ORAL HEALTH AMERICA 410 N MICHIGAN AVE STE 352 CHICAGO, IL 60611	36-2382334		10,000				HEALTH & EDUCATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO COUNTY OFFICE OF EDUCATION 6401 Linda Vista Rd San Diego, CA 92111	95-6000935		17,000				SAN DIEGO SMILES PROGRAM
UCSF - SCHOOL OF DENTISTRYPO BOX 0884 SAN FRANCISCO, CA 94143	94-6036493		25,000				CONTINUING EDUCATION GRANT
AMERICAN RED CROSSPO Box 37243 Washington, DC 200137243	53-0196605		30,000				HAITIAN RELIEF FUND
CARECEN1460 Columbia Rd NW Suite C-1 Washington, DC 20009	94-3036508		10,000				HEALTH & EDUCATION GRANT
CDA FOUNDATION222 South Riverside Plaza Suite 2100 Chicago, IL 60606	68-0411536		25,000				2010 CAMBRA SYMPOSIUM
COLUMBIA UNIVERSITY 622 West 113th Street Mail Code 4524 New York, NY 10025	13-5598093		27,500				CONTINUING EDUCATION GRANT
INTERAGENCY INSTITUTE FOR FEDERAL HEALTH CARE EXEC	07-7421512		14,600				ALUMNI DINNER SPONSORSHIP
LA CLINICA DE LA RAZAPO Box 22210 Oakland, CA 94623	94-1744108		12,500				COMMUNITY HEALTH EDUCATION PROGRAM
NAT'L FOUND OF DENTISTRY FOR THE HANDICAPPED1800 15th Street Suite 100 Denver, CO 80202	84-6129064		50,000				ANNUAL GRANT
SAN FRANCISCO CHAMBER OF COMMERCE235 Montgomery Street San Francisco, CA 94104	94-0834950		8,200				CITYBEAT SUPPORTER SPONSORSHIP
SAN MATEO MEDICAL CENTER222 W 39th Ave San Mateo, CA 94403	94-6000532		10,000				ELECTRONIC DENTAL RECORD PROJECT
SANTA CLARA FAMILY HEALTH FOUNDATION210 E Hacienda Ave Campbell, CA 95008	27-2580630		10,300				MEASURE A DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY OF AMERICAN INDIAN DENTISTSPO Box 9230 Surprize, AZ 85374	20-5966903		30,000				GRANT FOR EXPANSION PROJECT
UCLA SCHOOL OF DENTISTRY10833 Le Conte Ave Los Angeles, CA 90095	94-3191637		39,146				REDUCING MICROBIAL LEVELS IN HIGH RISK ADULTS
UNIVERSITY OF ALABAMA PO Box 870142 Tuscaloosa, AL 35487	63-6001138		25,000				CONTINUING EDUCATION SPONSORSHIP
UNIV OF TX HEALTH SCIENCE CTR OF SAN ANTONIO7703 Floyd Curl Dr San Antonio, TX 78284	74-1586031		25,000				CONTINUING EDUCATION SPONSORSHIP
UNIV OF TX DENTAL BRANCH Alumni AssocPO Box 56667 Houston, TX 77256	74-1761309		10,000				PEDIATRIC DENTISTRY CLINIC SPONSORSHIP
UNLV SCHOOL OF DENTAL MEDICINEMail Stop 122 Reno, NV 89557	88-6000024		25,000				CONTINUING EDUCATION SPONSORSHIP
WATTS HEALTHCARE CORP 10300 Compton Ave Los Angeles, CA 900023628	75-3046480		20,000				HEALTH & RESEARCH GRANT
MISCELLANEOUS ITEMS LESS THAN 5000			100,348				

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Expense Reimbursement	PART I, LINE 1a	First-Class travel--First class business travel is reimbursed to the Executive Vice Presidents First class business travel for Senior Vice Presidents and Group Vice Presidents is reimbursed only when approval is received from their Executive Vice President First class business travel is not treated as taxable compensation Health or social club dues--The President and Executive Vice Presidents may be reimbursed for one health or social club upon approval by the President Two senior executives received this benefit in 2010 The cost of this benefit is included in taxable compensation Personal Services--Financial and tax planning expenses are reimbursed to employees who are at the Director or above level of management There is a company policy outlining the maximum reimbursement allowed for each management level These reimbursements are included in taxable compensation of the reimbursed employees
Non-Fixed Compensation Payments	PART I, LINE 7	The President of the organization, with Board of Directors approval, may grant an annual bonus to all management employees Any bonus amounts granted are included in the taxable compensation reported herein
Supplemental Non-Qualified Retirement Plan	PART I, LINE 4b	The organization provides a supplemental non-qualified retirement plan to certain of its senior executives as selected by the Board of Directors The supplemental retirement benefit is based on each executive's compensation and years of service to the enterprise The benefit is subject to risk of forfeiture if required years of service are not met Annual deferred compensation related to this plan is reported in Schedule J, Part II, Column C for each participant and reflects the current year increase or decrease in the organization's pension benefit obligation (PBO), calculated pursuant to generally accepted accounting principles The PBO increase or decrease includes changes in actuarial assumptions (e g , applicable discount rate), as well as changes in compensation and years of service In 2010, eight executives participated in the plan - Anthony Barth, Michael Castro, Kathy Jonzzon, Douglas Konovaloff, Charles Lamont, Belinda Martinez, Gary Radine, and Patrick Steele

Additional Data

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Software ID:
Software Version:
EIN: 94-1461312
Name: DELTA DENTAL OF CALIFORNIA

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY D RADINE	(I) (II)	1,200,000	960,000	391,699	1,207,332	17,088	3,776,119	
ANTHONY S BARTH	(I) (II)	750,192	350,000	35,212	802,636	23,647	1,961,687	
MICHAEL J CASTRO	(I) (II)	500,096	250,000	53,204	509,591	23,647	1,336,538	
PATRICK S STEELE	(I) (II)	500,096	275,000	43,113	1,565,497	17,088	2,400,794	
CHARLES LAMONT	(I) (II)	389,404	220,000	44,552	1,496,441	17,088	2,167,485	
BELINDA MARTINEZ	(I) (II)	375,069	100,000	58,494	8,799	16,788	559,150	
KEVIN JACKSON	(I) (II)	270,039	67,500	24,925	9,710	23,197	395,371	
NILESH PATEL	(I) (II)	360,218	90,000	16,802	13,317	8,477	488,814	
ALICIA WEBER	(I) (II)	357,903	100,000	23,054	40,781	20,592	542,330	
TERRI ANDERSON	(I) (II)	246,031	54,000	14,224	41,854	17,771	373,880	
KENNETH F BERNARDI	(I) (II)	225,334	50,000	414,127	680	14,554	704,695	
DANIEL CROLEY	(I) (II)	222,516	35,000	8,767	3,734	23,197	293,214	
RICK R DOERING	(I) (II)	317,276	79,965	12,217	39,628	23,197	472,283	
PATRICK HENRY	(I) (II)	232,644	50,000	18,749	17,627	16,765	335,785	
EVA HOFFMAN	(I) (II)	221,206	45,000	7,304	9,848	23,651	307,009	
KATHY JONZZON	(I) (II)	233,519	25,865	8,158	28,217	23,197	318,956	
J DOUGLAS KONOVALOFF	(I) (II)	188,447	25,000	32,967	7,185	23,651	277,250	
GARRET LEAF	(I) (II)	265,658	70,000	8,771	10,845	24,062	379,336	
JAMAL NASR	(I) (II)	242,927	59,700	14,158	16,411	23,197	356,393	
MOHAMMADREZA NAVID	(I) (II)	228,992	103,100	21,502	13,202	8,431	375,227	
DUANE PROFEIT	(I) (II)	228,500	45,600	14,868	50,420	20,465	359,853	
KATHERINE WATTS	(I) (II)	214,575	50,627	7,721	20,183	16,638	309,744	
TOM WONG	(I) (II)	270,046	60,000	9,336	13,844	23,197	376,423	
KEVIN O'TOOLE	(I) (II)	169,969	114,283	8,701	14,325	23,107	330,385	
THOMAS W BURDEN	(I) (II)	154,649	10,000	11,245	15,618	16,081	207,593	
JEFFREY M ALBUM	(I) (II)	220,064	53,223	9,588	17,134	23,197	323,206	
HARI MAKKALA	(I) (II)	279,035	51,000	9,154	9,680	8,431	357,300	
CARLA ANGULO	(I) (II)	86,280	174,664	9,259	31,254	8,515	309,972	
VALERIE LAYNE	(I) (II)	206,384	23,301	22,084	39,969	23,107	314,845	
ESTHER MARCIAL	(I) (II)	77,852	225,072	8,558	20,402	23,596	355,480	
Jeffrey Seybold	(I) (II)	185,000	22,500	16,401	35,704	23,644	283,249	
John Yamamoto	(I) (II)	200,115	25,000	4,970	15,945	23,190	269,220	
Stephen Adamson	(I) (II)	175,385		79,645	11,009	9,378	275,417	
Sciona Williamson	(I) (II)	82,875	273,435	13,001	29,210	6,640	405,161	

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Schedule L (Form 990 or 990-EZ)

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 lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 grant or type 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) Allied Administrators	David Walker	3,809,939	Broker Administration		No
(2) R Kent Farnsworth DDS	Participating Provider	439,208	Dental Claim Payments		No
(3) Gregory D Kaplan DDS	Participating Provider	283,977	Dental Claim Payments		No
(4) Coragene I Savio DDS	Participating Provider	226,416	Dental Claim Payments		No
(5) Douglas D Cassat DDS	Participating Provider	228,332	Dental Claim Payments		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Identifier	Return Reference	Explanation
Governing Body and Management	Part VI, SECTION A	Lines 6-7 The organization has two classes of members, Corporate Members and Dentist Members The Corporate Members vote on persons nominated as directors and Corporate Members for endorsement to the organization's parent holding company, Dentegra Group, Inc , which elects the directors and Corporate Members The Corporate Members also must approve any proposed merger or dissolution of the organization and any changes to specified Bylaws provisions 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

Identifier	Return Reference	Explanation
Policies	Part VI, SECTION B	Line 11 The organization's CFO and legal counsel oversee the completion of the Form 990, and review it with the President/CEO and with the Board of Directors' Audit and Finance Committees prior to filing 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 Line 14 A draft document retention and destruction policy is under consideration pending the testing of associated software being installed for management of electronic records Lines 15a and b Compensation paid to the CEO, executive vice presidents and senior vice presidents is approved by the Executive Committee of the organization's Board of Directors The 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 year This process was followed for 2010 compensation Line 19 The organization annually includes major portions of its financial statement in a published annual report that is made available to persons or entities known to have an interest in the organization, and is available to the larger public upon request The organization does not make its governing documents or conflict of interest policy available to the public

Identifier	Return Reference	Explanation
Transactions with Interested Persons	Schedule L, Part IV	During the report year, organization director David Walker was President of Allied Administrators

Identifier	Return Reference	Explanation
Delta Dental Enterprise	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 operating in 15 states, the District of Columbia, Puerto Rico and the U S Virgin Islands The enterprise companies comprise one of the nation's largest dental benefits delivery systems covering 24 2 million enrollees and handling 36 million claims Total revenue for the enterprise exceeded $6 3 billion in 2010 The organization represents approximately 75% of total enterprise revenues

Identifier	Return Reference	Explanation
Other Changes in Net Assets	Part XI, Line 5	Pension liability and post-retirement adjustments $(3,962,679) Net unrealized gains (losses) on investments 10,351,437 ---------- Total other changes in Net Assets $ 6,388,758

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY D RADINE TITLE PRESIDENT/CEO HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANTHONY S BARTH TITLE EVP/COO HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL J CASTRO TITLE EVP/CFO HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PATRICK S STEELE TITLE EVP/CIO HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES LAMONT TITLE EVP/CLO HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALICIA WEBER TITLE SVP/Controller HOURS 7

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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 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 100 First Street San Francisco, CA 94105 59-3410497	DENTAL SVCS	FL			Delta Dental
(2) DENTEGRA INSURANCE HOLDINGS LLC 100 First Street San Francisco, CA 94105 94-3386049	HLDNG CMPNY	DE			DENTEGRA INS

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 organization	
						Yes	No
(1) F Gene Dixon Foundation 100 First Street San Francisco, CA 94105 37-1570764	Charitable	CA	501(c)(3)	PF	Dentegra Gro		
(2) Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055 23-1667011	Dental Ins	PA	501(c)(4)		Dentegra Gro		
(3) Delta Dental of Delaware One Delta Drive Mechanicsburg, PA 17055 51-0228088	Dental Ins	DE	501(c)(4)		Dentegra Gro		
(4) Delta Dental of West Virginia One Delta Drive Mechanicsburg, PA 17055 55-0523124	Dental Ins	WV	501(c)(4)		Dentegra Gro		
(5) Delta Dental of the District of Columbia One Delta Drive Mechanicsburg, PA 17055 52-1479587	Dental Ins	DC	501(c)(4)		Dentegra Gro		

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PACA Management LLC One Delta Drive Mechanicsburg, PA17055 94-3277375	Ins Mgmt	DE	NA					No				50 000 %

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
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**		**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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-1461312
Name: DELTA DENTAL OF CALIFORNIA

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
DENTEGRA GROUP INC 100 First Street San Francisco, CA94105 94-3386049	HLDG COMP	DE	NA	C CORP			
DENTEGRA INSURANCE COMPANY 100 First Street San Francisco, CA94105 75-1233841	INSURANCE COM	DE	Delta Dental of	C CORP			80 000 %
DENTEGRA INS CO-NE 100 First Street San Francisco, CA94105 04-2890218	INSURANCE COM	MA	Delta Dental of	C CORP			100 000 %
DELTA DENTAL INSURANCE CO 100 First Street San Francisco, CA94105 94-2761537	INSURANCE COM	DE	Delta Dental of	C CORP			88 140 %
ALPHA DENTAL OF NEVADA INC 12898 Towne Center Drive Cerritos, CA90703 88-0244893	INSURANCE COM	NV	Delta Dental of	C CORP			100 000 %
ALPHA DENTAL OF UTAH INC 12898 Towne Center Drive Cerritos, CA90703 86-0672505	INSURANCE COM	UT	Delta Dental of	C CORP			100 000 %
ALPHA DENTAL PROGRAMS INC 12898 Towne Center Drive Cerritos, CA90703 74-2447512	INSURANCE COM	TX	Delta Dental of	C CORP			100 000 %
ALPHA DENTAL OF ALABAMA INC 12898 Towne Center Drive Cerritos, CA90703 63-0796079	INSURANCE COM	AL	Delta Dental of	C CORP			100 000 %
ALPHA DENTAL OF NEW MEXICO INC 12898 Towne Center Drive Cerritos, CA90703 33-0279230	INSURANCE COM	NM	Delta Dental of	C CORP			100 000 %
ALPHA DENTAL OF ARIZONA INC 12898 Towne Center Drive Cerritos, CA90703 93-0939835	INSURANCE COM	AZ	Delta Dental of	C CORP			100 000 %
DENTEGRA SEGUROS DENTALES SA Insurgentes Sur 826 Piso 15 Col Del Valle FCDF03 MX	INSURANCE COM	MX	DENTEGRA INSURA	C CORP			
Delta Dental of Puerto Rico Inc 14 Calle 2 Suite 200 Guaynabo 00968 RQ 66-0436769	Insurance Com	RQ	Delta Dental of	C Corp			54 596 %
Delta Reinsurance Corporation CGI Tower 2nd Floor Warrens, St Michael BB 98-0096711	Insurance Com	BB	DELTA DENTAL OF	C Corp			0 421 %
SERVICIOS DENTALES DENTEGRA SA DE CV INSURGENTES SUR 826 PISC 15 FC, COL DEL VALLE MX	INS ADMIN	MX	DENTEGRA INSURA	C CORP			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	Dentegra Insurance Company	o	1,173	
(2)	Dentegra Insurance Company	p	22,624,909	
(3)	Dentegra Insurance Company of New England	p	793,610	
(4)	Delta Dental Insurance Company	a	2,100,000	
(5)	Delta Dental Insurance Company	k	25,399,538	
(6)	Delta Dental Insurance Company	l	17,159,767	
(7)	Delta Dental Insurance Company	o	758,729	
(8)	Delta Dental Insurance Company	p	21,674,442	
(9)	Alpha Dental of Nevada Inc	p	181,485	
(10)	Alpha Dental of Utah Inc	p	25,362	
(11)	Alpha Dental Programs Inc	p	1,469,460	
(12)	Alpha Dental of Alabama Inc	p	70,459	
(13)	Alpha Dental of New Mexico Inc	p	6,299	
(14)	Alpha Dental of Arizona Inc	p	62,811	
(15)	Delta Dental of Pennsylvania	a	142,500	
(16)	Delta Dental of Pennsylvania	k	8,698,398	
(17)	Delta Dental of Pennsylvania	l	13,837,367	
(18)	Delta Dental of Pennsylvania	o	43,785	
(19)	Delta Dental of Pennsylvania	p	6,109,923	
(20)	Delta Dental of the District of Columbia	p	1,887,425	

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
DELTA DENTAL OF CALIFORNIA	GENERAL DEPRECIATION	94-1461312

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	19,266,904

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	19,266,904
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2010 Itemized Other Current Liabilities Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Unpaid claims	540,000	925,000
		Deposits from ASC	500,885	536,108
		Unearned premiums	27,688	16,639
		Reinsurance payables	295,203	201,944

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TY 2010 Itemized Other Assets Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Deferred tax asset	65,763	177,013
		Other Assets	69,496	53,357

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TY 2010 Itemized Other Current Assets Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Investment securities available	8,888,183	9,363,514
		Claims reimbursemnt from ASC	505,804	518,078
		Other receivables	36,468	31,587

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TY 2010 Other Deductions Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Claims incurred		4,659,961
Other operating expenses		5,077,500

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TY 2010 Itemized Other Liabilities Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Payables to affiliates	935,140	40,600

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TY 2010 Other Income Statement

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Description	Foreign Amount	Amount
Administrative Fee		465,125
Investment income and realized gain		363,757
Other income		39,781

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TY 2010 Paid-In or Capital Surplus Reconciliation Statement

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Description	Beginning Amount	Ending Amount
Additional paid in capital	4,536,780	5,453,590
Unnamed additional paid in capital	898,480	
Accumulated OCI	153,066	400,249

Additional Data

Software ID:
Software Version:
EIN: 94-1461312
Name: DELTA DENTAL OF CALIFORNIA

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY A O'TOOLE CHAIRMAN OF THE BOARD	1 0	X						104,667	0	
GEORGE J STRATIGOPOULOS DDS Chairman of the Board	1 0	X						113,277		
DAVID WALKER TREASURER	1 0	X						121,667		
R KENT FARNSWORTH DDS First Vice President	1 0	X						107,167		
GLEN F BERGERT DIRECTOR	1 0	X						97,333		
WAYNE DOUGLAS DEL CARLO DDS DIRECTOR	1 0	X						31,833		
PATRICIA A FUKAMI DIRECTOR	1 0	X						15,333		
GREGORY D KAPLAN DDS DIRECTOR	1 0	X						54,333		
BECKY A PATEL Secretary	1 0	X						109,333		
JO BONITA RAINS DIRECTOR	1 0	X						55,833		
CORAGENE I SAVIO DDS DIRECTOR	1 0	X						67,333		
STEVEN W VOSS DIRECTOR	1 0	X						63,443		
JOHN DOUGLASS WILLIAMS DIRECTOR	1 0	X						28,833		
STEVEN F MCCANN DIRECTOR	1 0	X						61,833		
Andrew J Reid Director	1 0	X						48,110		
Douglas D Cassat DDS Director	1 0	X						27,000		
Devang M Gandhi DDS Director	1 0	X						29,610		
Thomas A Zimmerman Director	1 0	X						29,000		
GARY D RADINE PRESIDENT/CEO	51 0			X				2,551,699		1,224,420
ANTHONY S BARTH EVP/COO	42 0			X				1,135,404		826,283
MICHAEL J CASTRO EVP/CFO	42 0			X				803,300		533,238
PATRICK S STEELE EVP/CIO	44 0			X				818,209		1,582,585
CHARLES LAMONT EVP/CLO	42 0			X				653,956		1,513,529
BELINDA MARTINEZ SENIOR VICE PRESIDENT	50 0			X				533,563		25,587
KEVIN JACKSON GROUP VICE PRESIDENT	50 0			X				362,464		32,907

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NILESH PATEL Senior Vice President	50 0			X				467,020		21,794
ALICIA WEBER SVP/Controller	43 0			X				480,957		61,373
TERRI ANDERSON VICE PRESIDENT	50 0			X				314,255		59,625
KENNETH F BERNARDI VICE PRESIDENT	50 0			X				689,461		15,234
DANIEL CROLEY VICE PRESIDENT	50 0			X				266,283		26,931
RICK R DOERING VICE PRESIDENT	50 0			X				409,458		62,825
PATRICK HENRY Senior Vice President	50 0			X				301,393		34,392
EVA HOFFMAN VICE PRESIDENT	50 0			X				273,510		33,499
KATHY JONZZON VICE PRESIDENT	50 0			X				267,542		51,414
J DOUGLAS KONOVALOFF VICE PRESIDENT	50 0			X				246,414		30,836
GARRET LEAF VICE PRESIDENT	50 0			X				344,429		34,907
JAMAL NASR VICE PRESIDENT	50 0			X				316,785		39,608
MOHAMMADREZA NAVID VICE PRESIDENT	50 0			X				353,594		21,633
DUANE PROFEIT VICE PRESIDENT	50 0			X				288,968		70,885
KATHERINE WATTS VICE PRESIDENT	50 0			X				272,923		36,821
TOM WONG VICE PRESIDENT	50 0			X				339,382		37,041
JEFFREY M ALBUM VICE PRESIDENT	50 0			X				282,875		40,331
HARI MAKKALA VICE PRESIDENT	50 0			X				339,189		18,111
Jeffrey Seybold Vice President	50 0			X				223,901		59,348
John Yamamoto Vice President	50 0			X				230,085		39,135
Stephen Adamson Vice President	50 0			X					255,030	20,387
KEVIN O'TOOLE DIRECTOR SALES	40 0					X		292,953		37,432
CARLA ANGULO SALES ACCOUNT EXECUTIVE	40 0					X		270,203		39,769
VALERIE LAYNE DIRECTOR NAT'L & SPC'L ACCTS	40 0					X		251,769		63,076
ESTHER MARCIAL SALES ACCOUNT EXECUTIVE	40 0					X		311,482		43,998

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sciona Williamson Sales Account Executive	40 0					X		369,311		35,850
THOMAS W BURDEN VICE PRESIDENT	50 0						X	175,894		31,699