See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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 $ 4,710,418,158

F Name and address of principal officer
MICHAEL J CASTRO
100 FIRST STREET
SAN FRANCISCO, CA 94105

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**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,259
6	Total number of volunteers (estimate if necessary)	**6**	0
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**	141,719

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	4,481,901,775	4,702,919,119
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,859,327	11,832,029
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,575,319	-16,890,494
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,502,336,421	4,697,860,654
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,179,341	1,314,736
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,004,753,026	4,170,335,413
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	265,843,167	267,733,543
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	195,198,644	198,944,785
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,466,974,178	4,638,328,477
19	Revenue less expenses Subtract line 18 from line 12	35,362,243	59,532,177

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,223,119,899	1,314,658,307
21	Total liabilities (Part X, line 26)	804,629,785	846,364,394
22	Net assets or fund balances Subtract line 21 from line 20	418,490,114	468,293,913

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

****** | 2012-11-08
Signature of officer | Date

MICHAEL J CASTRO CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CBIZ MHM LLC	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01064143
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ MHM LLC, 3625 CUMBERLAND BLVD STE 800, ATLANTA, GA 30082			EIN ▶ 34-1851358; 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,549,022,196 including grants of $) (Revenue $ 4,702,919,119)

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 17,979,000BENEFICIARIES IN 2011, PRIMARILY THROUGH CONTRACTS WITHINDEPENDENT DENTISTS INCLUDED WERE 8,114,000 ENROLLEES INMEDICAID, SCHIP AND OTHER PUBLICLY-SPONSORED DENTAL BENEFITPROGRAMS ADMINISTERED BY THE ORGANIZATION, AS WELL AS 1,312,000PERSONS VOLUNTARY ENROLLED IN THE TRDP PROGRAM FOR RETIREDMILITARY SERVICE PERSONNEL AND THEIR FAMILIES THAT THEORGANIZATION UNDERWRITES PURSUANT TO A CONTRACT WITH THEDEPARTMENT OF DEFENSE THE ORGANIZATION PAID MORE THAN$4,170,335,000 FOR DENTAL CARE DURING 2011

4b (Code) (Expenses $ 1,314,736 including grants of $ 1,314,736) (Revenue $)

THE ORGANIZATION MADE GRANTS DURING 2011 TO FOSTER IMPROVED ACCESSTO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTALEDUCATION AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 4,550,336,932

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 instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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*	**35b**		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**	180,330		
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**	2,259		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								33,765,579	0	10,171,986

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 488

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HP ENTERPRISE SERVICES LLC PO BOX 848433 DALLAS, TX 75284	CONSULTING SERVICES	24,536,963
CATALYST360 LLC 4 WALNUT GROVE DR HORSHAM, PA 19044	CONSULTING SERVICES	4,531,306
ORACLE CORPORATION 12320 ORACLE BLVD COLORADO SPRINGS, CO 80921	SOFTWARE MAINTENANCE SERVICES	4,453,011
EXPEDIEN 12750 BRIAR FOREST DR HOUSTON, TX 77077	CONSULTING SERVICES	3,998,793
IBM PO BOX 676623 DALLAS, TX 75267	SOFTWARE MAINTENANCE SERVICES	3,695,351

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 64

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 . . . . . ▶				
Program Service Revenue		Business Code				
	2a	PROFESSIONAL SERVICES	3,564,005,770	3,564,005,770		
	b	FEES & CONTRACTS FROM	1,138,913,349	1,138,913,349		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	4,702,919,119			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	13,318,293	13,318,293		
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(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: 11,071,240				
	b	Less cost or other basis and sales expenses: 12,557,504				
	c	Gain or (loss): -1,486,264				
	d	Net gain or (loss) . . . . . ▶	-1,486,264	-1,486,264		
	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 . . ▶				
	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 . . . ▶				
	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 . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue	-16,890,494	-16,890,494		
	e	**Total.** Add lines 11a–11d . . . . . ▶	-16,890,494			
	12	**Total revenue.** See Instructions . . . ▶	4,697,860,654	4,697,860,654	0	0

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	972,236	972,236		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	342,500	342,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	4,170,335,413	4,170,335,413		
5	Compensation of current officers, directors, trustees, and key employees	43,393,080		43,393,080	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	165,538,346	130,153,686	35,384,660	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,716,765	12,716,765		
9	Other employee benefits	34,206,712	32,742,487	1,464,225	
10	Payroll taxes	11,878,640	10,708,513	1,170,127	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,842,482		1,842,482	
c	Accounting	1,459,381	405,836	1,053,545	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	249,000	249,000		
g	Other				
12	Advertising and promotion	3,478,156	3,366,622	111,534	
13	Office expenses	27,000,777	26,784,234	216,543	
14	Information technology	38,275,845	38,260,815	15,030	
15	Royalties . .	8,030,014	7,817,093	212,921	
16	Occupancy	21,691,028	20,174,197	1,516,831	
17	Travel	4,843,958	3,591,771	1,252,187	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	664,943	412,992	251,951	
20	Interest	1,052,649	1,052,649		
21	Payments to affiliates	9,571,172	9,527,475	43,697	
22	Depreciation, depletion, and amortization	20,380,018	20,113,181	266,837	
23	Insurance	988,118		988,118	
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	35,256,190	35,256,190		
b	CONSULTANT FEES	31,215,920	29,774,488	1,441,432	
c	OUTSIDE SERVICES	9,752,713	9,553,035	199,678	
d	UBI TAX	48,184		48,184	
e					
f	All other expenses	-16,855,763	-13,974,246	-2,881,517	
25	**Total functional expenses.** Add lines 1 through 24f	4,638,328,477	4,550,336,932	87,991,545	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	140,331,176	1	191,884,540
	2	Savings and temporary cash investments	67,289,125	2	112,817,440
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	254,433,372	4	286,887,945
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	35,750,000	7	45,750,000
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,265,129	9	16,318,657
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 572,938,220			
	b	Less accumulated depreciation — 10b: 242,552,594	322,252,381	10c	330,385,626
	11	Investments—publicly traded securities	288,081,339	11	230,557,931
	12	Investments—other securities See Part IV, line 11	50,906,757	12	55,871,557
	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	41,515,414	15	37,889,405
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,223,119,899	16	1,314,658,307
Liabilities	17	Accounts payable and accrued expenses	488,264,915	17	516,927,508
	18	Grants payable		18	
	19	Deferred revenue	36,536,308	19	36,344,253
	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	53,333,333	23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	226,495,229	25	293,092,633
	26	**Total liabilities.** Add lines 17 through 25	804,629,785	26	846,364,394
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	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	418,490,114	32	468,293,913
	33	Total net assets or fund balances	418,490,114	33	468,293,913
	34	Total liabilities and net assets/fund balances	1,223,119,899	34	1,314,658,307

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	4,697,860,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,638,328,477
3	Revenue less expenses Subtract line 2 from line 1	3	59,532,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	418,490,114
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,728,378
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	468,293,913

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		

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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 DIRECTOR	1 00	X						74,500	0	0
GEORGE J STRATIGOPOULOS DDS CHAIRMAN	3 00	X						73,000	0	0
DAVID WALKER TREASURER	2 00	X						71,500	0	0
R KENT FARNSWORTH DIRECTOR	2 00	X						111,000	0	0
GLEN F BERGERT CPA DIRECTOR	2 00	X						122,500	0	0
GREGORY D KAPLAN DDS SECOND VICE CHAIRMAN	2 00	X						79,500	0	0
STEVEN F MCCANN TREASURER	2 00	X						88,716	0	0
RENUKA P PATEL FIRST VICE CHAIRMAN	2 00	X						106,500	0	0
JO BONITA RAINS DIRECTOR	1 00	X						58,500	0	0
CORAGENE I SAVIO DDS DIRECTOR	1 00	X						67,000	0	0
STEVEN W VOSS DIRECTOR	1 00	X						64,716	0	0
RICHARD GARCIA POLANCO SECOND VICE CHAIRMAN	2 00	X						55,500	0	0
ANDREW J REID SECRETARY	2 00	X						87,216	0	0
DOUGLAS D CASSAT DDS DIRECTOR	1 00	X						57,000	0	0
DEVANG M GHANDI DDS DIRECTOR	1 00	X						60,216	0	0
THOMAS A ZIMMERMAN DIRECTOR	1 00	X						64,500	0	0
BARBARA J BURGEL DIRECTOR	1 00	X						30,500	0	0
LYNN L FRANZOI DIRECTOR	1 00	X						27,500	0	0
GARY D RADINE PRESIDENT/CEO	51 00			X				18,161,370	0	41,534
ANTHONY S BARTH EXEC VICE PRESIDENT/COO	42 00			X				1,354,247	0	2,681,145
MICHAEL J CASTRO EXEC VICE PRESIDENT/CFO	42 00			X				927,320	0	1,183,511
PATRICK S STEELE EXEC VICE PRESIDENT/CIO	44 00			X				940,911	0	1,929,395
CHARLES LAMONT EXEC VICE PRESIDENT/CLO	42 00			X				815,197	0	1,427,517
BELINDA MARTINEZ SR VICE PRESIDENT	50 00			X				658,085	0	1,583,063
KEVIN JACKSON GROUP VICE PRESIDENT	50 00			X				426,165	0	33,102

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 SR VICE PRESIDENT	50 00			X				542,061	0	26,512
ALICIA WEBER SR VICE PRES /CONTROLLER	43 00			X				565,786	0	55,447
TERRI ANDERSON VICE PRESIDENT	50 00			X				329,104	0	52,164
DANIEL CROLEY VICE PRESIDENT	50 00			X				278,203	0	31,160
RICK R DOERING VICE PRESIDENT	50 00			X				462,609	0	61,159
PATRICK HENRY SR VICE PRESIDENT	50 00			X				359,531	0	34,931
EVA HOFFMAN VICE PRESIDENT	50 00			X				276,974	0	40,828
KATHY JONZZON VICE PRESIDENT	50 00			X				293,522	0	154,130
J DOUGLAS KONOVALOFF VICE PRESIDENT	50 00			X				248,021	0	191,671
GARRETT LEAF VICE PRESIDENT	50 00			X				353,580	0	35,771
JAMAL NASR VICE PRESIDENT	50 00			X				343,713	0	40,169
MOHAMMADREZA NAVID VICE PRESIDENT	50 00			X				391,976	0	17,820
DUANE PROFEIT VICE PRESIDENT	50 00			X				288,160	0	49,996
KATHERINE WATTS VICE PRESIDENT	50 00			X				297,432	0	32,974
TOM WONG VICE PRESIDENT	50 00			X				360,953	0	41,185
JEFFREY M ALBUM VICE PRESIDENT	50 00			X				338,753	0	39,484
HARI MAKKALA VICE PRESIDENT	50 00			X				391,007	0	23,334
JEFFREY SEYBOLD VICE PRESIDENT	50 00			X				238,656	0	49,985
JOHN YAMAMOTO VICE PRESIDENT	50 00			X				276,297	0	40,859
STEPHEN ADAMSON VICE PRESIDENT	50 00			X				290,415	0	40,433
THOMAS LEIBOWITZ VICE PRESIDENT	50 00			X				169,439	0	31,320
STEPHEN LOWRY DIRECTOR OF SALES	40 00					X		318,450	0	34,420
MARLAND TAYLOR DIR OF APPLICATION DEV	40 00					X		309,982	0	39,942
SCIONA WILLIAMSON SALES ACCOUNT EXECUTIVE	40 00					X		309,308	0	37,438
SARA ENGELMAN SALES ACCOUNT EXECUTIVE	40 00					X		267,457	0	34,771

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			
VALERIE LAYNE DIR OF NAT AND SPEC ACCOUNTS	40 00					X		257,921	0	54,816
ROBERT BECKER CONSULTANT/FORMER OFFICER	40 00						X	308,667	0	0
MICHAEL KAUFMANN CONSULTANT/FORMER OFFICER	40 00						X	314,443	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		28,124,899	23,062,664	5,062,235
d Equipment		516,781,316	196,951,921	319,829,395
e Other		28,032,005	22,538,009	5,493,996
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				330,385,626

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	
ACCRUED RETIREMENT BENEFITS	94,190,268
DEFERRED COMPENSATION PLANS	37,410,049
GROUP PREFUNDING DEPOSITS	8,122,532
REFUNDABLE GROUP BALANCES	153,369,784
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	293,092,633

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	4,697,860,654
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,638,328,477
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	59,532,177
4	Net unrealized gains (losses) on investments	4	-2,436,378
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,292,000
9	Total adjustments (net) Add lines 4 - 8	9	-9,728,378
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	49,803,799

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	2,792,297,654
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	0
3	Subtract line **2e** from line **1**			3	2,792,297,654
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	1,905,563,000		
c	Add lines **4a** and **4b**			4c	1,905,563,000
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,697,860,654

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

1	Total expenses and losses per audited financial statements			1	2,732,765,477
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	0
3	Subtract line **2e** from line **1**			3	2,732,765,477
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	1,905,563,000		
c	Add lines **4a** and **4b**			4c	1,905,563,000
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,638,328,477

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
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION LIABILITY AND POST-RETIREMENT ADJUSTMENTS -7,292,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CLAIMS INCURRED FOR ADMINISTRATIVE SERVICE CONTRACTS
		PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE THE COMPANY IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS CURRENT ACCOUNTING GUIDANCE CLARIFIES HOW UNCERTAINTIES IN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THE GUIDANCE PRESCRIBES A FINANCIAL STATEMENT RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN POSITIONS INCLUDE THOSE WITH RESPECT TO THE COMPANY'S TAX EXEMPT STATUS AND WITH RESPECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME THE COMPANY EVALUATED THE IMPACT OF THE ACCOUNTING PRONOUNCEMENT AND DETERMINED THAT IT HAD NO IMPACT ON THE COMPANY'S FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(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 listed in the line 1 table . . . ▶ 77

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

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	53	182,500			
(2) HISPANIC SCHOLARSHIP	16	160,000			

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION AWARDS GRANTS FOR PROGRAMS THAT FOSTER DENTAL HEALTH AND EDUCATION THROUGH THESE GRANTS THE ORGANIZATION HELPS FINANCE HEALTH, EDUCATION, 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 THAT (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 IN 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 STATES, 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 UNAVAILABLE OR INSUFFICIENT 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
NATIONAL GUARD YOUTH FOUNDATION1001 N FAIRFAX ST STE 205 ALEXANDRIA,VA 22314	54-1940978		6,000				7TH ANNUAL CHALLENGE CHAMPIONS GALA
NATIONAL MILITARY FAMILY ASSOCIATION2500 N VAN DORN ST STE 102 ALEXANDRIA,VA 22302	52-0899384		20,000				2010 LEADERSHIP LUNCHEON

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
UC REGENTS1 SHIELDS AVE TAX ACCOUNTING DAVIS,CA 95616	95-2226406		9,500				SPONSOR SUMMER DENTAL STUDENT FELLOWSHIP PROGRAM AND ANNUAL RECOGNITION BANQUET
UNITED WAY CALIFORNIA CAPITAL REGION 10389 OLD PLACERVILLE RD SACRAMENTO,CA 95827	23-7079003		42,945				2011 MATCHING CONTRIBUTIONS

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
UNITED WAY OF THE BAY AREA221 MAIN STREET SUITE 300 SAN FRANCISCO, CA 94105	94-1312348		31,217				2011 MATCHING CONTRIBUTIONS
CALIFORNIA ACADEMY OF GENERAL DENTISTRY73 CASTLEWOOD DRIVE PLEASANTON,CA 94566	94-2557207		25,000				SPONSOR COURSE - ATRAUMATIC EFFICIENT EXODONTIA

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
ORAL HEALTH AMERICA410 N MICHIGAN AVE STE 352 CHICAGO,IL 60611	36-2382334		10,000				SPONSORSHIP OF NSTEP AT LITTLE LEAGUE
UCSF - SCHOOL OF DENTISTRYPO BOX 0884 SAN FRANCISCO, CA 94131	94-6036493		20,000				SPONSORSHIP OF RESEARCH AND CLINICAL EXCELLENCE DAY

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
AMERICAN RED CROSSPO BOX 37243 WASHINGTON,DC 20013	53-0196605		25,000				JAPAN EARTHQUAKE AND TSUNAMI RELIEF AND TORNADOES IN THE SOUTH
INTERAGENCY INSTITUTE FOR FEDERAL HEALTH CARE EXECUTIVES 1500 WILSON BLVD ROSSLYN,VA 22209	07-7421512		14,600				2011 TWO-WEEK INSTITUTE

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 SURPRISE,AZ 85374	20-5966903		15,000				GRANT - 2ND OF 3 INSTALLMENTS
UCLA SCHOOL OF DENTISTRY10833 LE CONTE AVE LOS ANGELES,CA 90024	94-3191637		37,800				SPONSOR UCLA POST-BACCALAUREATE PROGRAM

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
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DR SAN ANTONIO,TX 78229	74-1586031		8,000				SPONSORSHIP OF CE COURSE
AMERICAN DENTAL ASSOCIATION211 EAST CHICAGO AVE CHICAGO,IL 60611	36-0724690		10,000				SPONSOR HEALTH SCREENING PROGRAM

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
AMERICAN CANCER SOCIETY 1700 WEBSTER STREET OAKLAND,CA 94612	94-1170350		23,000				CHARITABLE CONTRIBUTION
DELTA DENTAL COMMUNITY CARE FOUNDATION100 FIRST STREET SAN FRANCISCO, CA 94105	37-1570764		9,000				CONTRIBUTION TO AMERICA'S MISSION OF MERCY PROGRAM

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
DESERT FRIENDS OF THE DEVELOPMENTALLY DISABLED6 QUEENS COURT RANCHO MIRAGE,CA 92270	26-4763443		10,000				HEALTH, RESEARCH, AND EDUCATION GRANT
GEORGIA DENTAL ASSOCIATION FOR ORAL HEALTH INC 7000 PEACHTREE DUNWOODY RD BLDG 17 ATLANTA,GA 30328	27-3194544		10,000				SPONSORSHIP FOR MISSION OF MERCY PROJECT

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
GEORGIA HEALTH SCIENCES UNIVERSITY FOUNDATION INC 1120 15TH STREET FL-1000 AUGUSTA,GA 30912	35-2310573		8,000				GRANT FOR CONTINUING EDUCATION COURSE
HISPANIC DENTAL ASSOCIATION3085 STEVENSON DRIVE SPRINGFIELD,IL 62703	36-3719494		10,000				GRANT FOR CORPORATE SPONSORSHIP

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
LOMA LINDA UNIVERSITY11145 ANDERSON STREET STE 205 LOMA LINDA,CA 92350	95-1816009		25,000				SCHOLARSHIP FOR DENTAL HYGIENE PROGRAM
MISSISSIPPI DENTAL ASSOCIATION439 B KATHERINE DRIVE FLOWOOD,MS 39232	27-3309766		10,000				SONSORSHIP OF MISSION OF MERCY PROJECT

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
NATIONAL ASSOCIATION OF DENTAL PLANS 12700 PARK CENTRAL DRIVE STE 400 DALLAS,TX 75251	75-2801959		6,000				ANNUAL MEETING SPONSORSHIP AND SPONSORSHIP OF 2011 SHARED RESEARCH PROJECT
UNIVERSITY OF THE PACIFIC3601 PACIFIC AVENUE STOCKTON,CA 95211	94-1156266		25,000				SPONSORSHIP OF CONTINUING EDUCATION COURSE

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
SACRAMENTO DISTRICT DENTAL FOUNDATION915 TWENTY EIGHT STREET SACRAMENTO,CA 95816	23-7067087		20,000				HEALTH, RESEARCH, AND EDUCATION GRANT
SMILE KEEPERS DENTAL PROJECT 175 S FAIRVIEW LN SONORA,CA 95370	94-6050189		15,000				HEALTH, RESEARCH, AND 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
SOUTH BAY FAMILY HEALTH CARE2114 ARTESIA BLVD REDONDO BEACH, CA 90278	23-7049937		10,000				HEALTH, RESEARCH, AND EDUCATION GRANT
UNIVERSITY OF FLORIDA FOUNDATIONPO BOX 14425 GAINESVILLE, FL 32604	59-0974739		14,000				SPONSORSHIP OF CONTINUING EDUCATION COURSE

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
UNIVERSITY OF TEXAS SCHOOL OF DENTISTRY 7500 CAMBRIDGE ST HOUSTON,TX 77054	74-1761309		350,000				ASSESSMENT AND RESEARCH CLINIC GRANT
USC SCHOOL OF DENTISTRY925 WEST 34TH STREET - ROOM 202 LOS ANGELES,CA 90089	95-1642394		25,000				CONTINUING 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
WOMEN'S INITIATIVE FOR SELF EMPLOYMENT 1398 VALENCIA STREET SAN FRANCISCO,CA 94110	94-3081525		10,000				GRANT FOR THE ALAS PROGRAM
MISCELLANEOUS GRANTS LESS THAN 5000			117,174				TO PROVIDE DENTAL EDUCATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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

2011

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?	**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 Schedule J-1 if additional space needed.

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

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

(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								

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
	PART I, LINE 1A	FIRST CLASS BUSINESS TRAVEL IS REIMBURSED TO THE EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND GROUP VICE PRESIDENTS FIRST CLASS BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION 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 2011 THE COST OF THIS BENEFIT IS INCLUDED IN TAXABLE COMPENSATION FINANCIAL AND TAX PLANNING EXPENSES ARE REIMBURSED TO EMPLOYEES AT THE DIRECTOR OR ABOVE LEVELS OF MANAGEMENT A COMPANY POLICY OUTLINES THE MAXIMUM REIMBURSEMENT ALLOWED FOR EACH MANAGEMENT LEVEL THESE REIMBURSEMENTS ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED EMPLOYEES
	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 THE 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 2011, EIGHT EXECUTIVES PARTICIPATED IN THE PLAN - ANTHONY BARTH, MICHAEL CASTRO, KATHY JONZZON, DOUGLAS KONOVALOFF, CHARLES LAMONT, BELINDA MARTINEZ, GARY RADINE, AND PATRICK STEELE SEE ADDITIONAL NOTE IN SCHEDULE O REGARDING PAYMENTS RECEIVED BY PLAN PARTICIPANTS IN 2011
	PART I, LINE 7	THE PRESIDENT OF THE ORGANIZATION, WITH BOARD OF DIRECTORS APPROVAL, MAY GRANT AN ANNUAL BONUS TO ALL MANAGEMENT EMPLOYEES THESE AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION

Additional Data

Return to Form

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)	1,250,004 0	1,250,000 0	15,661,366 0	24,194 0	17,340 0	18,202,904 0	4,453,200 0
ANTHONY S BARTH	(I) (II)	800,004 0	450,000 0	104,243 0	2,657,145 0	24,000 0	4,035,392 0	0 0
MICHAEL J CASTRO	(I) (II)	549,996 0	350,000 0	27,324 0	1,159,511 0	24,000 0	2,110,831 0	0 0
PATRICK S STEELE	(I) (II)	525,000 0	375,000 0	40,911 0	1,912,055 0	17,340 0	2,870,306 0	0 0
CHARLES LAMONT	(I) (II)	450,000 0	325,000 0	40,197 0	1,410,177 0	17,340 0	2,242,714 0	0 0
BELINDA MARTINEZ	(I) (II)	410,004 0	200,000 0	48,081 0	1,566,023 0	17,040 0	2,241,148 0	0 0
KEVIN JACKSON	(I) (II)	285,000 0	110,000 0	31,165 0	9,552 0	23,550 0	459,267 0	0 0
NILESH PATEL	(I) (II)	384,996 0	140,000 0	17,065 0	17,805 0	8,707 0	568,573 0	0 0
ALICIA WEBER	(I) (II)	370,328 0	172,000 0	23,458 0	33,843 0	21,604 0	621,233 0	0 0
TERRI ANDERSON	(I) (II)	254,004 0	60,000 0	15,100 0	31,727 0	20,437 0	381,268 0	0 0
DANIEL CROLEY	(I) (II)	230,004 0	40,000 0	8,199 0	7,610 0	23,550 0	309,363 0	0 0
RICK R DOERING	(I) (II)	340,080 0	111,000 0	11,529 0	37,609 0	23,550 0	523,768 0	0 0
PATRICK HENRY	(I) (II)	245,004 0	75,000 0	39,527 0	17,891 0	17,040 0	394,462 0	0 0
EVA HOFFMAN	(I) (II)	227,820 0	45,000 0	4,154 0	17,073 0	23,755 0	317,802 0	0 0
KATHY JONZZON	(I) (II)	251,666 0	23,352 0	18,504 0	130,580 0	23,550 0	447,652 0	0 0
J DOUGLAS KONOVALOFF	(I) (II)	194,519 0	27,000 0	26,502 0	167,916 0	23,755 0	439,692 0	0 0
GARRETT LEAF	(I) (II)	274,956 0	70,000 0	8,624 0	12,016 0	23,755 0	389,351 0	0 0
JAMAL NASR	(I) (II)	250,008 0	70,000 0	23,705 0	16,619 0	23,550 0	383,882 0	0 0

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				
MOHAMMADREZA NAVID	(I) (II)	235,752 0	140,775 0	15,449 0	9,263 0	8,557 0	409,796 0	0 0
DUANE PROFEIT	(I) (II)	232,812 0	46,000 0	9,348 0	28,542 0	21,454 0	338,156 0	0 0
KATHERINE WATTS	(I) (II)	225,012 0	60,000 0	12,420 0	16,084 0	16,890 0	330,406 0	0 0
TOM WONG	(I) (II)	279,000 0	67,000 0	14,953 0	17,635 0	23,550 0	402,138 0	0 0
JEFFREY M ALBUM	(I) (II)	240,024 0	75,000 0	23,729 0	15,934 0	23,550 0	378,237 0	0 0
HARI MAKKALA	(I) (II)	288,000 0	65,000 0	38,007 0	14,777 0	8,557 0	414,341 0	0 0
JEFFREY SEYBOLD	(I) (II)	188,533 0	35,000 0	15,123 0	26,230 0	23,755 0	288,641 0	0 0
JOHN YAMAMOTO	(I) (II)	219,996 0	50,000 0	6,301 0	17,309 0	23,550 0	317,156 0	0 0
STEPHEN ADAMSON	(I) (II)	246,720 0	35,000 0	8,695 0	17,478 0	22,955 0	330,848 0	0 0
THOMAS LEIBOWITZ	(I) (II)	164,904 0	0 0	4,535 0	28,179 0	3,141 0	200,759 0	0 0
STEPHEN LOWRY	(I) (II)	165,648 0	141,205 0	11,597 0	31,858 0	2,562 0	352,870 0	0 0
MARLAND TAYLOR	(I) (II)	215,385 0	8,960 0	85,637 0	16,485 0	23,457 0	349,924 0	0 0
SCIONA WILLIAMSON	(I) (II)	84,113 0	211,416 0	13,779 0	28,795 0	8,643 0	346,746 0	0 0
SARA ENGELMAN	(I) (II)	75,563 0	182,086 0	9,808 0	10,606 0	24,165 0	302,228 0	0 0
VALERIE LAYNE	(I) (II)	210,075 0	32,765 0	15,081 0	31,356 0	23,460 0	312,737 0	0 0
ROBERT BECKER	(I) (II)	306,750 0	0 0	1,917 0	0 0	0 0	308,667 0	0 0
MICHAEL KAUFMANN	(I) (II)	87,159 0	0 0	227,284 0	0 0	0 0	314,443 0	0 0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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

2011

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) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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	ORGANIZATION DIRECTOR, DAVID WALKER, WAS PRESIDENT OF ALLIED ADMINISTRATORS	3,968,455	BROKER ADMINISTRATION		No
(2) D DOUGLAS CASSAT DDS	PARTICIPATING PROVIDER	220,289	DENTAL CLAIM PAYMENTS		No
(3) R KENT FARNSWORTH DDS SIERRA OAK	PARTICIPATING PROVIDER	602,189	DENTAL CLAIM PAYMENTS		No
(4) GREGORY D KAPLAN DDS	PARTICIPATING PROVIDER	759,297	DENTAL CLAIM PAYMENTS		No
(5) CORAGENE I SAVIO DDS	PARTICIPATING PROVIDER	237,216	DENTAL CLAIM PAYMENTS		No
(6) COPOWER MANAGEMENT	ORGANIZATION DIRECTOR, BECKY PATEL, WAS CEO/PRESIDENT OF COPOWER MANAGEMENT	1,123,562	BROKER ADMINISTRATION		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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

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

2011

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO DECREASE THE NUMBER OF CORPORATE MEMBERS THE BYLAWS FORMERLY AUTHORIZED BETWEEN 35 AND 50 CORPORATE MEMBERS, 15 OF WHOM WERE AUTOMATICALLY CORPORATE MEMBERS BY VIRTUE OF BEING MEMBERS OF THE ORGANZIATION'S BOARD OF DIRECTORS THE AMENDMENT LIMITS THE CORPORATE MEMBERSHIP TO THE 15 MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S BYLAWS NAME TWO CLASSES OF "MEMBERS," "CORPORATE MEMBERS" AND "DENTIST MEMBERS " ALL CORPORATE MEMBERS ARE ALSO DIRECTORS OF THE ORGANZIATION AND SO ARE NOT "MEMBERS" AS DEFINED IN THE INSTRUCTIONS TO FORM 990, PART VI, QUESTION 6 HOWEVER, THE ORGANIZATION'S DIRECTORS ARE ELECTED BY ITS PARENT HOLDING COMPANY BOARD OF DIRECTORS, TWO OF WHOM ARE NOT ALSO DIRECTORS OF THE ORGANIZATION AND THUS MAY BE CONSIDERED "MEMBERS" PURSUANT TO THE INSTRUCTION THE DENTIST MEMBERS HAVE A RIGHT TO VOTE UPON PROPOSED CHANGES TO THE PROPORTION OF THE DENTISTS SERVING AS DIRECTORS AND CORPORATE MEMBERS, AND SO MAY BE CONSIDERED "MEMBERS" UNDER THE INSTRUCTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S DIRECTORS ARE ELECTED BY THE PARENT HOLDING COMPANY BOARD OF DIRECTORS, WHICH INCLUDES TWO PERSONS WHO ARE NOT ALSO DIRECTORS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE DENTIST MEMBERS HAVE A RIGHT TO VOTE ONLY UPON PROPOSED CHANGES TO THE BYLAWS PROVISIONS THAT SPECIFY THE PROPORTION OF DENTISTS AND LAY PERSONS SERVING AS DIRECTORS AND CORPORATE MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S CFO AND LEGAL COUNSEL OVERSEE THE COMPLETION OF THE FORM 990, AND, PRIOR TO FILING, REVIEW IT WITH THE PRESIDENT/CEO AND WITH THE ORGANIZATION'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND BETWEEN ANNUAL STATEMENTS IS REQUIRED TO DISCLOSE ANY NEW POSITION OR RELATIONSHIP FORMED THAT POTENTIALLY RAISES A CONFLICT OF INTEREST LEGAL COUNSEL REVIEWS THESE DISCLOSURES AND REPORTS THE INFORMATION TO THE FULL BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	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 2011 COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION ANNUALLY INCLUDES MAJOR PORTIONS OF ITS FINANCIAL STATEMENT IN A PUBLISHED ANNUAL REPORT THAT IS MADE AVAILABLE TO PERSONS OR ENTITIES KNOWN TO HAVE AN INTEREST IN THE ORGANIZATION, AND IS AVAILABLE TO THE LARGER PUBLIC UPON REQUEST STATUTORY FINANCIAL STATEMENTS ARE INCLUDED IN QUARTERLY AND ANNUAL RETURNS TO STATE DEPARTMENTS OF INSURANCE REGULATING THE ORGANIZATION WHICH RETURNS ARE AVAILABLE TO THE PUBLIC THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
	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 26 MILLION ENROLLEES AND HANDLING 37 MILLION CLAIMS TOTAL REVENUE FOR THE ENTERPRISE EXCEEDED $6 7 BILLION IN 2011 THE ORGANIZATION AND ITS SUBSIDIARIES REPRESENT APPROXIMATELY 75% OF TOTAL ENTERPRISE REVENUES

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN (B)	HOURS DEVOTED NAME AND TITLE TO RELATED ORGANIZATION GARY D RADINE 9 00 PRESIDENT/CEO ANTHONY S BARTH 8 00 EXEC VICE PRESIDENT/COO MICHAEL J CASTRO 8 00 EXEC VICE PRESIDENT/CFO PATRICK S STEELE 6 00 EXEC VICE PRESIDENT/CIO CHARLES LAMONT 8 00 EXEC VICE PRESIDENT/CLO ALICIA WEBER 7 00 SENIOR VICE PRES /CONTROLLER

Identifier	Return Reference	Explanation
	FORM 990, PT VII, SEC A, COL (D), SCH J, PT II, LINE 1, COL (B)(III)	A ONE-TIME, LUMP SUM PENSION BENEFIT PAYMENT WAS RECEIVED BY THE ORGANIZATION'S PRESIDENT/CEO IN 2011, PURSUANT TO THE TERMS OF THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THIS PLAN IS DESIGNED FOR THE LONG-TERM RETENTION OF SENIOR EXECUTIVES (E.G., THE PRESIDENT/CEO HAS BEEN WITH THE ORGANIZATION FOR MORE THAN 34 YEARS) AND IS BASED ON A PERCENTAGE OF HIS AVERAGE ANNUAL COMPENSATION RECEIVED FOR THE THREE YEARS PRIOR TO AGE 65 OR RETIREMENT, WHICHEVER COMES FIRST, AND ON HIS LIFE EXPECTANCY AS DETERMINED PURSUANT TO THE INTERNAL REVENUE CODE THE PRESIDENT/CEO'S ANNUAL COMPENSATION, UPON WHICH THE PENSION BENEFIT PAYMENT IS BASED, HAS BEEN ESTABLISHED IN ACCORDANCE WITH THE PROCESS OUTLINED IN TREASURY REGULATION SECTION 53 4958-6 FOR ESTABLISHING THE REBUTTABLE PRESUMPTION OF REASONABLENESS THIS PROCESS INVOLVES REVIEW AND APPROVAL OF COMPENSATION BY THE ORGANIZATION'S BOARD OF DIRECTORS, RELIANCE ON COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT, AND CONTEMPORANEOUS DOCUMENTATION OF DELIBERATIONS AND DECISIONS REGARDING COMPENSATION FEDERAL TAX LAW APPLICABLE TO THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DOES NOT PERMIT A PARTICIPANT TO RECEIVE AND PAY TAX ON ANNUAL PAYMENTS RECEIVED FROM THE PLAN OVER THE COURSE OF A PARTICIPANT'S RETIREMENT INSTEAD, THE ENTIRE VALUE OF THE BENEFIT BECOMES TAXABLE WHEN THE PARTICIPANT RETIRES OR REACHES AGE 65, WHICHEVER COMES FIRST THE LUMP SUM PAYMENT SHOWN IN SCHEDULE J, PART II, LINE 1, COLUMN (B)(III) (AND CARRIED TO FORM 990, PART VII, SECTION A, COLUMN (D)) WAS THEREFORE TRIGGERED IN 2011 WHEN THE ORGANIZATION'S PRESIDENT/CEO TURNED 65, AND THE ENTIRE VALUE OF THE RETIREMENT BENEFIT WAS TAXABLE IN THAT YEAR SEE RELATED NOTE IN SCHEDULE J, PART III, WHICH DESCRIBES THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,436,378 PENSION LIABILITY AND POST-RETIREMENT ADJUSTMENTS -7,292,000 TOTAL TO FORM 990, PART XI, LINE 5 - 9,728,378

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320012332

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

2011

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 SERVICES	FL			DELTA DENTAL OF CALIFORNIA
(2) DENTEGRA INSURANCE HOLDINGS LLC 100 FIRST STREET SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE			DENTEGRA INSURANCE COMPANY

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DELTA DENTAL COMMUNITY CARE FOUNDATION 100 FIRST STREET SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC		No
(2) DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 23-1667011	DENTAL INSURANCE	PA	501(C)(4)		DENTEGRA GROUP INC		No
(3) DELTA DENTAL OF DELAWARE ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC		No
(4) DELTA DENTAL OF WEST VIRGINIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC		No
(5) DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC		No

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, PA 17055 94-3277375	INSURANCE MANAGEMENT	DE	DELTA DENTAL OF CALIFORNIA	RELATED				No		Yes		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.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C			
DENTEGRA INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			
DENTEGRA INSURANCE COMPANY OF NEW ENGLAND 100 FIRST STREET SAN FRANCISCO, CA 94105 04-2890218	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C			
DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL OF NEVADA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL OF UTAH INC 100 FIRST STREET SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL PROGRAMS INC 100 FIRST STREET SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL OF ALABAMA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL OF NEW MEXICO INC 100 FIRST STREET SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C			
ALPHA DENTAL OF ARIZONA INC 100 FIRST STREET SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C			
DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE,FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C			
DELTA DENTAL OF PUERTO RICO INC 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C			46 900 %
DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS,ST MICHAEL BB 98-0096711	INSURANCE COMPANY	BB	DELTA DENTAL OF PENNSYLVANIA	C			0 420 %
SERVICIOS DENTALES DENTEGRA SA DE CV INSURGENTES SUR 826 PISO 15 COL DEL VALLE,FC DF 01300 MX	INSURANCE ADMINISTRATION	MX	DENTEGRA INSURANCE COMPANY	C			
DDC INSURANCE HOLDINGS INC 100 FIRST STREET SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C			100 000 %

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	B	3,100,000	
(2)	DENTEGRA INSURANCE COMPANY	P	34,149,955	
(3)	DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	P	969,477	
(4)	DELTA DENTAL INSURANCE COMPANY	A	2,100,000	
(5)	DELTA DENTAL INSURANCE COMPANY	B	10,000,000	
(6)	DELTA DENTAL INSURANCE COMPANY	K	30,935,829	
(7)	DELTA DENTAL INSURANCE COMPANY	L	11,037,466	
(8)	DELTA DENTAL INSURANCE COMPANY	O	15,408,572	
(9)	DELTA DENTAL INSURANCE COMPANY	P	30,793,535	
(10)	ALPHA DENTAL OF NEVADA INC	P	137,522	
(11)	ALPHA DENTAL OF UTAH INC	P	43,524	
(12)	ALPHA DENTAL PROGRAMS INC	P	1,670,194	
(13)	ALPHA DENTAL OF ALABAMA INC	P	2,004	
(14)	ALPHA DENTAL OF NEW MEXICO INC	P	12,090	
(15)	ALPHA DENTAL OF ARIZONA INC	P	108,503	
(16)	DELTA DENTAL OF PENNSYLVANIA	K	9,539,672	
(17)	DELTA DENTAL OF PENNSYLVANIA	L	15,088,713	
(18)	DELTA DENTAL OF PENNSYLVANIA	O	156,225	
(19)	DELTA DENTAL OF PENNSYLVANIA	P	5,900,561	
(20)	DELTA DENTAL OF DELAWARE INC	P	57,470	

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
(21)	DELTA DENTAL OF WEST VIRGINIA INC	P	45,008	
(22)	DELTA DENTAL OF THE DISTRICT OF COLUMBIA	O	1,556	
(23)	DELTA DENTAL OF THE DISTRICT OF COLUMBIA	P	47,049	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 Itemized Other Current Liabilities Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
DELTA DENTAL OF PUERTO RICO INC	66-0436769	UNPAID CLAIMS	925,000	700,000
		DEPOSITS FROM ASC CONTRACTS	536,108	505,835
		DEFERRED REVENUE	16,639	32,775
		PAYABLES TO REINSURERS	201,944	295,727

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 Itemized Other Assets Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
DELTA DENTAL OF PUERTO RICO INC	66-0436769	DEFERRED TAX ASSET	177,013	118,868
		OTHER ASSETS	53,357	67,876

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 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
DELTA DENTAL OF PUERTO RICO INC	66-0436769	INVESTMENT SECURITIES AVAILABLE	9,363,514	9,184,067
		CLAIMS REIMBURSEMENT FROM ASC	518,078	537,463
		OTHER RECEIVABLES	31,587	26,920

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 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 ON ASC	4,754,063	4,754,063
OTHER OPERATING EXPENSES	4,731,268	4,731,268

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 Itemized Other Liabilities Schedule

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
DELTA DENTAL OF PUERTO RICO INC	66-0436769	PAYABLES TO AFFILIATES	40,600	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 Other Income Statement

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Description	Foreign Amount	Amount
ADMINISTRATION FEES	453,984	453,984
INVESTMENT INCOME AND REALIZED GAIN	388,957	388,957
OTHER INCOME	31,427	31,427

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320012332

TY 2011 Paid-In or Capital Surplus Reconciliation Statement

Name: DELTA DENTAL OF CALIFORNIA

EIN: 94-1461312

Description	Beginning Amount	Ending Amount
ADDITIONAL PAID IN CAPITAL	5,453,590	5,453,600
ACCUMULATED OTHER COMPREHENSIVE INCOME	400,249	403,269