efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DELTA DENTAL OF CALIFORNIA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
560 MISSION STREET STE 1300

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94105

D Employer identification number
94-1461312

E Telephone number
(415) 972-8300

G Gross receipts $ 5,216,016,875

F Name and address of principal officer:
ALICIA F WEBER
560 MISSION STREET STE 1300
SAN FRANCISCO, CA 94105

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.DELTADENTALINS.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1954

M State of legal domicile: CA

Part I Summary

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,250
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	400,000
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-400,112

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	5,419,394,176	5,134,632,601
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,734,609	27,708,887
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,218,479	25,487,299
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,464,910,306	5,187,828,787
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,929,477	14,555,566
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,674,049,803	4,402,945,492
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	293,527,117	330,754,164
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)	312,646,261	260,483,327
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,293,152,658	5,008,738,549
19	Revenue less expenses. Subtract line 18 from line 12	171,757,648	179,090,238

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,710,139,914	2,483,531,581
21	Total liabilities (Part X, line 26)	1,240,231,072	771,561,142
22	Net assets or fund balances. Subtract line 21 from line 20	1,469,908,842	1,711,970,439

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

****** 2020-11-02
Signature of officer Date

ALICIA F WEBER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-02		P00538614

Firm's name ▶ CBIZ MHM LLC — Firm's EIN ▶ 34-1851358

Firm's address ▶ 530 HOWELL ROAD SUITE 209
GREENVILLE, SC 29615 — Phone no. (864) 241-2001

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: See Additional Data) (Expenses $ 4,895,725,915 including grants of $) (Revenue $ 5,187,428,787)

4b (Code: See Additional Data) (Expenses $ 14,555,566 including grants of $ 14,555,566) (Revenue $)

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 ▶** 4,910,281,481

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 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	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, line 10? *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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete 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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	114,987		
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	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,250		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	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 this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe 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-A 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 ☐ Other (explain in Schedule O)

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								53,419,845	4,051,511	-2,674,328

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 ▶ 913

			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
ELEVATED RESOURCES INC 3990 WESTERLY PL STE 270 NEWPORT BEACH, CA 92660	CONSULTING SERVICES	23,252,139
CATALYST360 LLC 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344	CONSULTING SERVICES	7,341,439
DELOITTE CONSULTING LLP 555 MISSION STREET SAN FRANCISCO, CA 94105	CONSULTING SERVICES	3,975,045
DEWPOINT INC 300 SOUTH WASHINGTON SQ STE 200 LANSING, MI 48933	CONSULTING SERVICES	3,737,411
CBIZ CMF LLC 325 CHESTNUT STREET STE 410 PHILADELPHIA, PA 19106	CONSULTING SERVICES	2,052,661

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 ▶ 86

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	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:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a PROFESSIONAL SERVICES	524114	4,645,431,093	4,645,431,093	
	b FEES & CONTRACTS FROM GOVERNMENT	524114	489,201,508	489,201,508	
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	5,134,632,601			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		27,447,385	27,447,385	
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	28,449,590			
	b Less: cost or other basis and sales expenses **7b**	28,188,088			
	c Gain or (loss) **7c**	261,502			
	d Net gain or (loss) . . . . . ▶		261,502	261,502	
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a INCOME/LOSS FROM SUBSIDIARIES	524298	46,493,867	46,093,867	400,000
	b OTHER REVENUE	524298	1,755,907	1,755,907	
	c MISC EXPENSES	524298	-762,475	-762,475	
	d All other revenue		-22,000,000	-22,000,000	
	e Total. Add lines 11a–11d . . . . . ▶		25,487,299		
	12 Total revenue. See instructions . . . . . ▶		5,187,828,787	5,187,428,787	400,000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,555,566	14,555,566		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	4,402,945,492	4,402,945,492		
5 Compensation of current officers, directors, trustees, and key employees	37,947,800		37,947,800	
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	244,760,659	212,086,553	32,674,106	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-3,927,452	-5,369,732	1,442,280	
9 Other employee benefits	39,160,115	35,908,438	3,251,677	
10 Payroll taxes	12,813,042	11,621,363	1,191,679	
11 Fees for services (non-employees):				
a Management				
b Legal	4,115,617	4,115,617		
c Accounting	1,541,992	583,864	958,128	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	723,786	723,786		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	7,726,432	7,726,432		
13 Office expenses	23,606,815	23,294,807	312,008	
14 Information technology	37,682,355	37,018,310	664,045	
15 Royalties	15,497,246	15,492,822	4,424	
16 Occupancy	19,387,306	17,451,860	1,935,446	
17 Travel	6,751,515	4,995,095	1,756,420	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,925,023	1,239,847	685,176	
20 Interest	1,422,793	1,422,793		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,926,925	22,176,452	750,473	
23 Insurance	1,850,405	1,683,071	167,334	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BROKER FEES	53,134,444	53,134,444		
b CONSULTANT FEES	30,522,163	23,269,470	7,252,693	
c OUTSIDE SERVICES	24,154,922	23,384,233	770,689	
d ALL OTHER EXPENSES	7,513,588	820,898	6,692,690	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,008,738,549	4,910,281,481	98,457,068	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		435,577,187	1	-52,460,877
	2	Savings and temporary cash investments		254,019,678	2	411,527,071
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		316,904,338	4	299,284,593
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		175,750,000	7	105,750,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		35,517,402	9	42,513,239
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 300,518,997			
	b	Less: accumulated depreciation	10b 164,069,710	145,135,507	10c	136,449,287
	11	Investments—publicly traded securities		926,961,611	11	865,494,167
	12	Investments—other securities. See Part IV, line 11		388,975,102	12	645,430,166
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		31,299,089	15	29,543,935
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,710,139,914	16	2,483,531,581
Liabilities	17	Accounts payable and accrued expenses		483,975,895	17	514,453,719
	18	Grants payable			18	
	19	Deferred revenue		42,066,317	19	44,785,297
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		714,188,860	25	212,322,126
	26	**Total liabilities.** Add lines 17 through 25		1,240,231,072	26	771,561,142
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		1,469,908,842	31	1,711,970,439
	32	Total net assets or fund balances		1,469,908,842	32	1,711,970,439
	33	Total liabilities and net assets/fund balances		2,710,139,914	33	2,483,531,581

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,187,828,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,008,738,549
3	Revenue less expenses. Subtract line 2 from line 1	3	179,090,238
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,469,908,842
5	Net unrealized gains (losses) on investments	5	49,640,309
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,331,050
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,711,970,439

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 23,692,000 BENEFICIARIES IN 2019, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS. INCLUDED WERE PUBLICLY SPONSORED DENTAL BENEFIT PROGRAMS ADMINISTERED BY THE ORGANIZATION, AS WELL AS 1,055,000 ENROLLED IN THE FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP).THE ORGANIZATION PAID MORE THAN $4.4 BILLION FOR DENTAL CARE DURING 2019.

Form 990, Part III, Line 4b:

THE ORGANIZATION MADE GRANTS DURING 2019 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION, AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS.

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARTH ANTHONY S FORMER PRESIDENT/CEO	0.00						X	15,472,045	0	33,055
MARTINEZ BELINDA EXE. VICE PRES/CAO	40.00 10.00			X				4,469,890	0	-1,535,831
HANKINSON MICHAEL G EXE. VICE PRES./CLO	40.00 10.00			X				1,753,369	0	49,178
WEBER ALICIA F EXE. VICE PRES/CFO	40.00 10.00			X				1,602,696	0	57,035
JACKSON KEVIN L EXE. VICE PRES/CGO	40.00 10.00			X				1,507,688	0	65,261
GAREN KIRSTEN E EXE. VICE PRES/CIO	40.00 10.00			X				1,372,522	0	61,239
BUDD ROBERT P GRP. VICE PRES.	40.00 10.00			X				1,330,287	0	65,086
CHAVARRIA SARAH EXE. VICE PRES/CPO	40.00 10.00			X				1,332,963	0	56,807
RUIZ JOSEPH F GRP .VICE PRES.	40.00 10.00			X				865,796	0	48,728
NAVID MOHAMMADREZA GRP .VICE PRES.	40.00 10.00			X				841,799	0	45,495

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEIBOWITZ THOMAS J GRP .VICE PRES.	40.00 10.00			X				804,871	0	46,991
GILBERT LEROY R JR EXE. VICE PRES/COO	40.00 10.00			X				728,736	0	44,802
VERNA TONY VICE PRES.	40.00 10.00			X				757,951	0	15,484
HOFFMAN EVA C VICE PRES.	40.00 10.00			X				653,070	0	56,010
FULLERTON MELISSA VICE PRES.	10.00 40.00			X				0	644,553	57,205
ROBINSON KAREN L VICE PRES.	40.00 10.00			X				680,737	0	8,159
NASR JAMAL L VICE PRES.	40.00 10.00			X				633,219	0	54,660
CROLEY DANIEL W VICE PRES.	40.00 10.00			X				619,410	0	59,720
TITCOMBE DOMINIC VICE PRES.	40.00 10.00			X				620,608	0	58,151
FEGLEY ANDREA M VICE PRES.	40.00 10.00			X				633,063	0	44,171

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FOSTER JEANNE M VICE PRES.	10.00 40.00			X				0	615,993	52,279
ALBUM JEFFREY M VICE PRES.	40.00 10.00			X				594,399	0	62,124
SHEETZ MARTY A VICE PRES.	40.00 10.00			X				602,408	0	51,076
HOLM BRIAN VICE PRES.	40.00 10.00			X				584,162	0	54,841
YAMAMOTO JOHN M DDS VICE PRES.	40.00 10.00			X				568,615	0	61,113
NAKAHARA EARL VICE PRES.	40.00 10.00			X				569,362	0	55,656
BALTIS THOMAS VICE PRES.	40.00 10.00			X				581,694	0	39,153
HARLIN CASEY J VICE PRES.	40.00 10.00			X				549,730	0	55,474
SANCHEZ WALTER VICE PRES.	40.00 10.00			X				536,827	0	60,091
MANOWSKI MIKE VICE PRES.	40.00 10.00			X				551,153	0	44,926

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SWAMINATHAN SHANMUGA S VICE PRES.	40.00 10.00			X				539,292	0	55,344
RODZINKA BARBARA A VICE PRES.	10.00 40.00			X				0	528,687	50,274
YOUNG ANDY VICE PRES.	40.00 10.00			X				507,393	0	60,826
GRABOS MEGAN VICE PRES.	40.00 10.00			X				557,728	0	9,847
SHERMAN BRIAN VICE PRES.	40.00 10.00			X				494,701	0	54,055
GRAYBILL RICHARD C VICE PRES.	10.00 40.00			X				0	507,471	38,984
PARKER EARL JR VICE PRES.	10.00 40.00			X				0	461,416	48,250
LAYNE VALERIE DIRECTOR	40.00 10.00					X		393,434	0	77,270
MANER MICHAEL VICE PRES.	10.00 40.00			X				0	417,781	50,965
MAHFOUZ MIRIAM DIRECTOR	40.00 10.00					X		404,316	0	58,521

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEE MELISSA DIRECTOR & CORPORATE COUNSEL - MANAGING	40.00 10.00					X		416,371	0	37,595
MCCARTY KRISTINA VICE PRES.	40.00 10.00			X				448,669	0	3,485
THOLIA ASHISH DIRECTOR	40.00 10.00					X		419,267	0	32,670
CEMBROLA MIKE VICE PRES.	10.00 40.00			X				0	396,324	49,544
LOMAX CHAD DIRECTOR	40.00 10.00					X		390,068	0	48,638
GHALY KHALED VICE PRES.	10.00 40.00			X				0	364,506	24,850
SBRAGIA RICHARD VICE PRES.	40.00 10.00			X				280,791	0	48,820
FRANZOI LYNN L CHAIR	5.00	X						328,788	0	0
DOERING RICK R FORMER SR. VICE PRES.	0.00						X	299,998	0	0
POLYAKOVA YANA VICE PRES.	40.00 10.00			X				253,901	0	44,504

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RADINE GARY D FORMER PRESIDENT/CEO	0.00						X	207,930	0	89,790
BERGERT GLEN F SECOND VICE CHAIR	5.00 2.00	X						268,000	29,185	0
MCCANN STEVEN F DIRECTOR	5.00	X						289,655	0	0
TURNER CHAD VICE PRES.	40.00 10.00			X				235,632	0	53,636
O'TOOLE TERRY A TREASURER	5.00	X						268,000	0	0
FERGUSON KENZIE KERRAN VICE PRES.	40.00 10.00			X				189,690	0	32,502
GONELLA ROY A FIRST VICE CHAIR	5.00	X						218,788	0	0
KAPLAN GREGORY D DDS DIRECTOR	5.00	X						206,607	0	0
FARNSWORTH R KENT DDS SECRETARY	5.00	X						194,788	0	0
REID ANDREW J IMMEDIATE PAST CHAIR	5.00	X						192,788	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCHROEDER KURT VICE PRES.	40.00 10.00			X				150,402	0	30,185
YODOWITZ HEIDI DIRECTOR	5.00	X						165,200	0	0
PICKERING STEPHEN R DDS DIRECTOR	5.00	X						101,788	0	0
DORSEY EDITH VICE PRES.	10.00 40.00			X				0	85,595	12,306
CASTRO MICHAEL J PRESIDENT/CEO	40.00 10.00			X				3,176,790	0	-3,615,328

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

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" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

a Revenue included on 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		52,592,778	10,981,632	41,611,146
d Equipment		50,554,664	30,818,491	19,736,173
e Other		197,371,555	122,269,587	75,101,968
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				136,449,287

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT - OTHER SECURITIES	645,430,166	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	645,430,166	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	212,322,126

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,725,043,598
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	49,640,308		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	49,640,308
3	Subtract line **2e** from line **1**			3	2,675,403,290
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,512,425,497		
c	Add lines **4a** and **4b**			4c	2,512,425,497
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	5,187,828,787

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

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

1	Total expenses and losses per audited financial statements			1	2,495,912,940
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,495,912,940
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,512,825,609		
c	Add lines **4a** and **4b**			4c	2,512,825,609
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	5,008,738,549

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COMPANY IS A TAX-EXEMPT ORGANIZATION ORGANIZED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE AND, AS SUCH, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL S TATEMENTS. CURRENT ACCOUNTING GUIDANCE CLARIFIES HOW UNCERTAINTIES IN TAX POSITIONS ARE RE COGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESH OLD AND MEASUREMENT PROCESS FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETUR N. POSITIONS INCLUDE THOSE WITH RESPECT TO THE COMPANY'S TAX EXEMPT STATUS AND WITH RESPEC T TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE COMPANY HAS DETERMINED THAT SUCH TAX P OSITIONS DO NOT RESULT IN UNCERTAINTIES REQUIRING RECOGNITION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADMINISTRATIVE SERVICE CONTRACTS CLAIM REIMBURSEMENT REVENUE INVESTMENT EXPENSES UNRELATED BUSINESS INCOME

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CLAIMS INCURRED FOR ADMINISTRATIVE SERVICE CONTRACTS INVESTMENT EXPENSES UNRELATED BUSINESS EXPENSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN DELTA REINSURANCE CORPORATION	REINSURANCE	126,650
3a Sub-total	0	0			126,650
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	0	0			126,650

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 3(E):	THE ORGANIZATION'S INVESTMENT IN DELTA REINSURANCE CORPORATION IS $126,650.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 7

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	94-2312368		7,500				2019 CELEBRATION OF SVC MEAL PACK PIONEER SPONSORSHIP
ALAMEDA COUNTY COMMUNITY FOOD BANK 7900 EDGWATER DR OAKLAND, CA 94621	94-2960297	501(C)(3)	15,000				SAVOR THE SEASON EVENT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 ONLINE GIVING FOUNDATION INC 2454 N MCMULLER BOOTH RD SUITE 431 CLEARWATER, FL 33759	81-0739440	501(C)(3)	83,929				DDC MATCHING GIFTS
AMERICAN RED CROSS INC 1663 MARKET ST SAN FRANCISCO, CA 94103	53-0196605	501(C)(3)	15,000				2020 RED CROSS GALA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BAY AREA COUNCIL 353 SACRAMENTO ST 10TH FLR SAN FRANCISCO, CA 94111	23-7325853	501(C)(4)	10,000				ANNUAL DINNER GOLD LEVEL SPONSOR
BLUE STAR FAMILIES INC 515 VERBENA CT ENCINITAS, CA 92024	80-0369895	501(C)(3)	12,000				2019 CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CALIFORNIA ACADEMY OF GENERAL DENTISTRY PO BOX 22417 SACRAMENTO, CA 95822	94-2557207	501(C)(3)	20,000				2019 CAGD FALL MEETING DDC SPONSORSHIP
CALIFORNIA ASSOCIATION OF DENTAL PLANS 12700 PARK CENTRAL DR STE 400 DALLAS, TX 75251	33-0385553	501(C)(6)	10,700				2019 CONFERENCE & HILL DAY SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CALIFORNIA STATE UNIV DOMINGUEZ HILLS PHILANTHROPIC FOUNDATION 1000 E VICTORIA ST STE 425 CARSON, CA 907470001	47-3097839	501(C)(3)	5,000				INAUGURATION GALA & BENEFIT HONORING DR THOMAS A PARHAM
CHOC FOUNDATION 1201 WEST LA VELA AVE ORANGE, CA 92868	95-6097416	501(C)(3)	10,000				CHOC GLASS SLIPPER GUILD GALA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CORPORATION OF THE FINE ARTS MUSEUMS 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	94-3045948	501(C)(3)	5,000				BUSINESS COUNCIL MEMBERSHIP RENEWAL OCT19
CSAC - EIA 75 IRON POINT CR STE 200 FOLSOM, CA 95630	26-3287958		5,000				2019 CSAC EIA HEALTHCARE SYMPOSIUM SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	31-0263158	501(C)(4)	7,500				2019 NATIONAL DISABLED VETERANS WINTER CLINIC
DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	37-1570764	501(C)(3)	14,000,000				ENTERPRISE CONTRIBUTION TO DDCCF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	5,000				25TH ANNUAL STEVE CHASE AWARD-BENEFACTOR SPONSORSHIP
ENTERPRISE FOUNDATION 1887 MONTEREY RD STE 2105 SAN JOSE, CA 95112	26-1670171	501(C)(3)	15,000				GLAM19

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 6720 A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	5,000				2019 CONTRIBUTION
JAMES R HOFFA MEMORIAL SCHOLARSHIP FUND INC 4600 EAST WEST HIGHWAY SUITE 300 BETHESDA, MD 20814	52-2206826	501(C)(3)	10,000				20TH ANNIVERSARY - PATRON SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
LA CLINICA DE LA RAZA INC 450 FRUITVALE AVE OAKLAND, CA 946232210	94-1744108	501(C)(3)	10,450				DONATION TO LA CLINICA DE LA RAZA
LAPS FOR LEXI INC 12926 OLIVINE WAY SILVER SPRING, MD 20904	46-2160960	501(C)(3)	5,000				CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
LOVEALL FOUNDATION FOR CHILDREN 4120 DOUGLAS BLVD 306 GRANITE BAY, CA 95746	68-0435070	501(C)(3)	6,000				CHARITY GOLF TOURNAMENT
MOAA MILITARY FAMILY INITIATIVE 201 N WASHINGTON ST ALEXANDRIA, VA 22301	46-4219250	501(C)(3)	5,000				CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 DR SUITE 400 DALLAS, TX 75251	75-2801959	501(C)(6)	10,000				CONVERGE 2019 SPONSORSHIP
NATIONAL DENTAL ASSOCIATION 6411 IVY LANE STE 703 GREENBELT, MD 20770	54-0315311	501(C)(3)	25,000				106TH ANNUAL CONVENTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE STE 425 ALEXANDRIA, VA 22304	52-0899384	501(C)(3)	10,000				PLEDGE TO OPERATION PURPLE CAMPS & SPONSORSHIP FOR 50TH ANNIVERSARY GALA
RICHMONDERMET FOUNDATION 942 DIVISADERO 201 SAN FRANCISCO, CA 94115	94-3232222	501(C)(3)	25,000				YEAR-LONG CORPORATE SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 FOUNDATION 2035 HURLEY WAY STE 200 SACRAMENTO, CA 95825	23-7067087	501(C)(3)	5,000				DISTRICT DENTAL SOCIETY & FOUNDATION GALA SPONSORSHIP
SACRAMENTO FOOD BANK & FAMILY SERVICES DBA RUN TO FEED THE HUNGRY 3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501(C)(3)	9,500				2019 RUN FOR THE HUNGRY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 941033159	94-1156300	501(C)(3)	5,000				CORPORATE SPONSORSHIP
SF MARIN FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	15,000				ONE BIG TABLE EVENT SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 WEST 58TH ST LOS ANGELES, CA 900373632	95-4067758	501(C)(3)	5,000				ST. JOHN'S WELL CHILD & FAMILY CENTER 2019 GALA
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS PO BOX CC MCLEAN, VA 22101	92-0152268	501(C)(3)	5,000				CONTRIBUTION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR LOFT B SACRAMENTO, CA 931032331	45-3968833	501(C)(3)	21,250				TRIUMPH UNCORKED FUNDRAISER
UNIVERSITY OF FLORIDA - CONTINUING DENTAL EDUCATION PO BOX 100417 GAINESVILLE, FL 326100417	59-0974739	501(C)(3)	10,000				CONTINUING EDUCATION SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 THE PACIFIC 155 5TH STREET SAN FRANCISCO, CA 94103	94-1156266	501(C)(3)	10,000				CONTINUING EDUCATION SPONSORSHIP
USC SCHOOL OF DENTISTRY 925 WEST 34TH STREET ROOM 212 LOS ANGELES, CA 900890641	95-1642394	501(C)(3)	15,000				DELTA DENTAL LECTURE SPONSORSHIP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Z DENTAL DENTAL ELITE 3280 N COLORADO ST CHANDLER, AZ 85225	32-0031941		7,147				DENTAL KITS
MISCELLANEOUS ITEMS LESS THAN 5000			109,590				MISCELLANEOUS CONTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS BUSINESS TRAVEL IS REIMBURSED TO THE CEO, EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND GROUP VICE PRESIDENTS. FIRST CLASS BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. REIMBURSEMENT FOR COMPANY APPROVED RELOCATION COSTS ARE "GROSSED UP" TO COVER ANY PERSONAL TAX LIABILITY THAT WOULD BE INCURRED BY THE EMPLOYEE FOR THE EXPENSE. FOUR OFFICERS AND ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED THIS BENEFIT IN 2019. THE TOTAL AMOUNT REIMBURSED IS INCLUDED IN TAXABLE COMPENSATION. ALL EMPLOYEES WHO WORK AT LEAST 30 HOURS PER WEEK AND HAVE COMPLETED AT LEAST 30 DAYS OF SERVICE ARE OFFERED A FITNESS REIMBURSEMENT PLAN THAT ENCOURAGES OUR EMPLOYEES TO BE HEALTHY AND ACTIVE BY PROVIDING THE ACCESS THEY NEED TO HELP THEM ACHIEVE THEIR FITNESS GOALS. THE PLAN INCLUDES A REIMBURSEMENT, UP TO $540 PER CALENDAR YEAR, FOR INDIVIDUAL MEMBERSHIP FEES AT A FITNESS CENTER/STUDIO, HEALTH CLUB, OR SWIM AND TENNIS CLUB. IN ADDITION, THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS MAY BE REIMBURSED FOR ONE SOCIAL CLUB UPON THE APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ONE FORMER SENIOR EXECUTIVE RECEIVED THE SOCIAL CLUB BENEFIT FOR TWO MONTHS AND FIFTEEN EXECUTIVES RECEIVED THE FITNESS REIMBURSEMENT BENEFIT IN 2019. BOTH THE HEALTH AND SOCIAL CLUB REIMBURSEMENTS ARE 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. FIFTEEN EXECUTIVES RECEIVED REIMBURSEMENTS IN 2019. THESE REIMBURSEMENTS ARE INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED EMPLOYEES.
PART I, LINE 4A:	DURING 2019, THE FORMER PRESIDENT/CEO, ANTHONY S. BARTH, RECEIVED A PAYMENT IN SETTLEMENT OF POTENTIAL LITIGATION AS A RESULT OF HIS TERMINATION FROM THE ORGANIZATION. ADDITIONALLY, SIX EXECUTIVES, BELINDA MARTINEZ, ROBERT P. BUDD, TONY VERNA, KAREN L. ROBINSON, MEGAN GRABOS, AND KRISTINA MCCARTY RECEIVED A SEVERANCE PAYMENT UPON SEPARATION FROM THE ORGANIZATION. THESE PAYMENTS ARE INCLUDED ON SCHEDULE J AND REPORTED IN PART II, COLUMN(B)(III).
PART I, LINE 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 RELATED 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 2019, MICHAEL J. CASTRO AND BELINDA MARTINEZ PARTICIPATED IN THE PLAN. IT SHOULD BE NOTED THAT DURING 2018, ANTHONY S. BARTH WAS TERMINATED AS PRESIDENT AND CEO. AS A RESULT OF THE TERMINATION, THE PBO WAS REDUCED FOR THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THAT RELATED TO MR. BARTH AND WAS REFLECTED ON THE 2018 RETURN SCHEDULE J, PART II, COLUMN (C) IN THE AMOUNT OF $30,985,150; HOWEVER, AN ACCRUAL WAS REFLECTED IN THE 2018 FINANCIAL STATEMENTS FOR POTENTIAL SETTLEMENT EXPENSE IN CONTEMPLATION OF POTENTIAL LITIGATION WITH MR. BARTH. A FINAL SETTLEMENT PAYMENT WAS MADE TO MR. BARTH IN MARCH 2019 WHICH WAS APPLIED AGAINST THE 2018 ACCRUAL. THIS PAYMENT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). FURTHERMORE, ON MAY 1, 2019, BENEFIT ACCRUALS UNDER THE PLAN CEASED AND THE PLAN WAS FROZEN. SUBSEQUENTLY ON FEBRUARY 6, 2020, THE PLAN WAS IRREVOCABLY TERMINATED AND ALL REMAINING PLAN BENEFITS WILL BE PAID IN A LUMP SUM ON OR AFTER FEBRUARY 7, 2021.
PART I, LINES 5A AND 6A:	DELTA DENTAL OF CALIFORNIA MAINTAINS A LONG-TERM INCENTIVE PLAN (LTIP) FOR ELIGIBLE EMPLOYEES OF THE ORGANIZATION, LINKING COMPENSATION TO THE COMPANY'S PERFORMANCE. USING SUCCESS METRICS SUCH AS REVENUES, NET GAIN AS A PERCENTAGE OF REVENUES, AND OTHERS, ALLOWS THE COMPANY TO ACCURATELY MEASURE ITS GROWTH, INFORM ON PROGRESS OF ITS BUSINESS TRANSFORMATION, AND EMPOWER CONTINUED SUCCESS. THE LTIP IS UNFUNDED AND ALL PAYMENTS FROM THE LTIP ARE DERIVED FROM THE GAINS OF THE COMPANY. AS SUCH, THERE IS NO GUARANTEE OF INCENTIVE PAYMENTS UNDER THE LTIP. THE CEO MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR ITS REVIEW AND APPROVAL REGARDING THE PERFORMANCE OBJECTIVES, BOTH FINANCIAL AND NON-FINANCIAL, UPON WHICH PAYMENT OF AWARDS ARE BASED AND THE TIME PERIOD DURING WHICH PERFORMANCE SHALL BE MEASURED. EACH LTIP PLAN SPANS THREE YEARS, OVERLAPPING WITH CURRENT PLANS.
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.
PART II, ROW (II):	SOME OF THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION. ACCORDINGLY, THEIR COMPENSATION IS REPORTED ON ROW (II).
PART II, ROW (I), COLUMN C:	THE AMOUNTS FOR TWO EXECUTIVES, MICHAEL J. CASTRO AND BELINDA MARTINEZ, REFLECT NEGATIVE VALUES DUE TO A DECREASE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AS OF DECEMBER 31, 2019. THE DECREASE IN ACTUARIAL VALUE OF THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN WAS A RESULT OF THE PLAN FREEZE WHICH OCCURRED ON MAY 1, 2019.
PART II, ROW (I), COLUMN F:	MONTHLY INSTALLMENTS WERE RECEIVED BY ONE OF THE ORGANIZATION'S EXECUTIVE VICE PRESIDENTS, BELINDA MARTINEZ, IN 2019, PURSUANT TO THE TERMS OF THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THIS PLAN WAS DESIGNED FOR THE LONG-TERM RETENTION OF SENIOR EXECUTIVES (E.G., THE EXECUTIVE VICE PRESIDENT HAD BEEN WITH THE ORGANIZATION FOR MORE THAN 30 YEARS) AND IS BASED ON A PERCENTAGE OF HER AVERAGE ANNUAL COMPENSATION RECEIVED FOR THE THREE YEARS PRIOR TO AGE 65 OR RETIREMENT, WHICHEVER COMES FIRST, AND ON HER LIFE EXPECTANCY AS DETERMINED PURSUANT TO THE INTERNAL REVENUE CODE. THE EXECUTIVE VICE PRESIDENT'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. THE PAYMENTS SHOWN IN SCHEDULE J, PART II, ROW I, COLUMN (B)(III) (AND CARRIED TO FORM 990, PART VII, SECTION A, COLUMN (E)) WERE THEREFORE TRIGGERED IN 2019 WHEN THE EXECUTIVE VICE PRESIDENT SEPARATED FROM THE ORGANIZATION. SEE RELATED NOTE ABOVE FOR SCHEDULE J, PART I, LINE 4B, WHICH DESCRIBES THE ORGANIZATION'S SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BARTH ANTHONY S FORMER PRESIDENT/CEO	(i)	0	0	15,472,045	33,055	0	15,505,100	0
	(ii)	0	0	0	0	0	0	0
1MARTINEZ BELINDA EXE. VICE PRES/CAO	(i)	174,903	1,995,954	2,299,033	-1,542,951	7,120	2,934,059	370,768
	(ii)	0	0	0	0	0	0	0
2HANKINSON MICHAEL G EXE. VICE PRES./CLO	(i)	499,077	1,196,450	57,842	29,400	19,778	1,802,547	0
	(ii)	0	0	0	0	0	0	0
3WEBER ALICIA F EXE. VICE PRES/CFO	(i)	540,515	1,002,420	59,761	31,930	25,105	1,659,731	0
	(ii)	0	0	0	0	0	0	0
4JACKSON KEVIN L EXE. VICE PRES/CGO	(i)	499,554	982,622	25,512	33,422	31,839	1,572,949	0
	(ii)	0	0	0	0	0	0	0
5GAREN KIRSTEN E EXE. VICE PRES/CIO	(i)	489,754	858,480	24,288	29,400	31,839	1,433,761	0
	(ii)	0	0	0	0	0	0	0
6BUDD ROBERT P GRP. VICE PRES.	(i)	73,477	650,652	606,158	57,784	7,302	1,395,373	0
	(ii)	0	0	0	0	0	0	0
7CHAVARRIA SARAH EXE. VICE PRES/CPO	(i)	519,538	799,042	14,383	29,400	27,407	1,389,770	0
	(ii)	0	0	0	0	0	0	0
8RUIZ JOSEPH F GRP .VICE PRES.	(i)	356,272	490,681	18,843	29,400	19,328	914,524	0
	(ii)	0	0	0	0	0	0	0
9NAVID MOHAMMADREZA GRP .VICE PRES.	(i)	365,400	465,944	10,455	26,700	18,795	887,294	0
	(ii)	0	0	0	0	0	0	0
10LEIBOWITZ THOMAS J GRP .VICE PRES.	(i)	334,525	454,143	16,203	29,321	17,670	851,862	0
	(ii)	0	0	0	0	0	0	0
11GILBERT LEROY R JR EXE. VICE PRES/COO	(i)	367,308	350,000	11,428	29,400	15,402	773,538	0
	(ii)	0	0	0	0	0	0	0
12VERNA TONY VICE PRES.	(i)	199,168	241,123	317,660	8,400	7,084	773,435	0
	(ii)	0	0	0	0	0	0	0
13HOFFMAN EVA C VICE PRES.	(i)	307,458	337,633	7,979	29,754	26,256	709,080	0
	(ii)	0	0	0	0	0	0	0
14FULLERTON MELISSA VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	265,080	374,025	5,448	28,669	28,536	701,758	0
15ROBINSON KAREN L VICE PRES.	(i)	28,270	291,001	361,466	7,178	981	688,896	0
	(ii)	0	0	0	0	0	0	0
16NASR JAMAL L VICE PRES.	(i)	288,032	318,212	26,975	35,332	19,328	687,879	0
	(ii)	0	0	0	0	0	0	0
17CROLEY DANIEL W VICE PRES.	(i)	295,926	313,950	9,534	30,509	29,211	679,130	0
	(ii)	0	0	0	0	0	0	0
18TITCOMBE DOMINIC VICE PRES.	(i)	340,260	270,500	9,848	29,400	28,751	678,759	0
	(ii)	0	0	0	0	0	0	0
19FEGLEY ANDREA M VICE PRES.	(i)	300,628	330,433	2,002	28,645	15,526	677,234	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21FOSTER JEANNE M VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	274,437	308,214	33,342	29,400	22,879	668,272	0
1ALBUM JEFFREY M VICE PRES.	(i)	285,731	298,903	9,765	35,868	26,256	656,523	0
	(ii)	0	0	0	0	0	0	0
2SHEETZ MARTY A VICE PRES.	(i)	281,668	313,391	7,349	29,400	21,676	653,484	0
	(ii)	0	0	0	0	0	0	0
3HOLM BRIAN VICE PRES.	(i)	277,073	252,812	54,277	31,684	23,157	639,003	0
	(ii)	0	0	0	0	0	0	0
4YAMAMOTO JOHN M DDS VICE PRES.	(i)	272,325	285,359	10,931	29,687	31,426	629,728	0
	(ii)	0	0	0	0	0	0	0
5NAKAHARA EARL VICE PRES.	(i)	289,675	266,436	13,251	29,400	26,256	625,018	0
	(ii)	0	0	0	0	0	0	0
6BALTIS THOMAS VICE PRES.	(i)	299,865	281,211	618	29,400	9,753	620,847	0
	(ii)	0	0	0	0	0	0	0
7HARLIN CASEY J VICE PRES.	(i)	267,624	275,897	6,209	29,218	26,256	605,204	0
	(ii)	0	0	0	0	0	0	0
8SANCHEZ WALTER VICE PRES.	(i)	260,150	263,861	12,816	28,665	31,426	596,918	0
	(ii)	0	0	0	0	0	0	0
9MANOWSKI MIKE VICE PRES.	(i)	309,759	235,000	6,394	29,400	15,526	596,079	0
	(ii)	0	0	0	0	0	0	0
10 SWAMINATHAN SHANMUGA S VICE PRES.	(i)	274,779	259,329	5,184	29,088	26,256	594,636	0
	(ii)	0	0	0	0	0	0	0
11RODZINKA BARBARA A VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	248,043	267,713	12,931	29,400	20,874	578,961	0
12YOUNG ANDY VICE PRES.	(i)	288,206	207,667	11,520	29,400	31,426	568,219	0
	(ii)	0	0	0	0	0	0	0
13GRABOS MEGAN VICE PRES.	(i)	93,912	176,914	286,902	6,903	2,944	567,575	0
	(ii)	0	0	0	0	0	0	0
14SHERMAN BRIAN VICE PRES.	(i)	290,499	193,348	10,854	29,400	24,655	548,756	0
	(ii)	0	0	0	0	0	0	0
15GRAYBILL RICHARD C VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	234,551	258,883	14,037	29,400	9,584	546,455	0
16PARKER EARL JR VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	241,476	215,381	4,559	29,400	18,850	509,666	0
17LAYNE VALERIE DIRECTOR	(i)	224,692	149,083	19,659	51,104	26,166	470,704	0
	(ii)	0	0	0	0	0	0	0
18MANER MICHAEL VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	227,202	183,235	7,344	29,964	21,001	468,746	0
19MAHFOUZ MIRIAM DIRECTOR	(i)	263,362	141,978	-1,024	29,400	29,121	462,837	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41GEE MELISSA DIRECTOR & CORPORATE COUNSEL - MANAG	(i)	248,500	167,541	330	29,957	7,638	453,966	0
	(ii)	0	0	0	0	0	0	0
1MCCARTY KRISTINA VICE PRES.	(i)	26,575	160,434	261,660	2,266	1,219	452,154	0
	(ii)	0	0	0	0	0	0	0
2THOLIA ASHISH DIRECTOR	(i)	289,406	129,103	758	29,400	3,270	451,937	0
	(ii)	0	0	0	0	0	0	0
3CEMBROLA MIKE VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	241,189	144,714	10,421	29,400	20,144	445,868	0
4LOMAX CHAD DIRECTOR	(i)	231,263	148,616	10,189	29,400	19,238	438,706	0
	(ii)	0	0	0	0	0	0	0
5GHALY KHALED VICE PRES.	(i)	0	0	0	0	0	0	0
	(ii)	152,969	194,876	16,661	8,400	16,450	389,356	0
6SBRAGIA RICHARD VICE PRES.	(i)	274,039	0	6,752	28,199	20,621	329,611	0
	(ii)	0	0	0	0	0	0	0
7FRANZOI LYNN L CHAIR	(i)	328,788	0	0	0	0	328,788	0
	(ii)	0	0	0	0	0	0	0
8DOERING RICK R FORMER SR. VICE PRES.	(i)	0	299,998	0	0	0	299,998	0
	(ii)	0	0	0	0	0	0	0
9POLYAKOVA YANA VICE PRES.	(i)	216,711	35,000	2,190	20,934	23,570	298,405	0
	(ii)	0	0	0	0	0	0	0
10RADINE GARY D FORMER PRESIDENT/CEO	(i)	196,154	0	11,776	89,790	0	297,720	0
	(ii)	0	0	0	0	0	0	0
11BERGERT GLEN F SECOND VICE CHAIR	(i)	268,000	0	0	0	0	268,000	0
	(ii)	29,185	0	0	0	0	29,185	0
12MCCANN STEVEN F DIRECTOR	(i)	289,655	0	0	0	0	289,655	0
	(ii)	0	0	0	0	0	0	0
13TURNER CHAD VICE PRES.	(i)	191,499	33,867	10,266	22,279	31,357	289,268	0
	(ii)	0	0	0	0	0	0	0
14O'TOOLE TERRY A TREASURER	(i)	268,000	0	0	0	0	268,000	0
	(ii)	0	0	0	0	0	0	0
15 FERGUSON KENZIE KERRAN VICE PRES.	(i)	186,154	0	3,536	18,406	14,096	222,192	0
	(ii)	0	0	0	0	0	0	0
16GONELLA ROY A FIRST VICE CHAIR	(i)	218,788	0	0	0	0	218,788	0
	(ii)	0	0	0	0	0	0	0
17 KAPLAN GREGORY D DDS DIRECTOR	(i)	206,607	0	0	0	0	206,607	0
	(ii)	0	0	0	0	0	0	0
18 FARNSWORTH R KENT DDS SECRETARY	(i)	194,788	0	0	0	0	194,788	0
	(ii)	0	0	0	0	0	0	0
19REID ANDREW J IMMEDIATE PAST CHAIR	(i)	192,788	0	0	0	0	192,788	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61SCHROEDER KURT VICE PRES.	(i)	145,000	0	5,402	14,472	15,713	180,587	0
	(ii)	0	0	0	0	0	0	0
1YODOWITZ HEIDI DIRECTOR	(i)	165,200	0	0	0	0	165,200	0
	(ii)	0	0	0	0	0	0	0
2CASTRO MICHAEL J PRESIDENT/CEO	(i)	1,004,492	2,126,814	45,484	-3,647,204	31,876	-438,538	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

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, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STEPHEN R PICKERING DDS	PARTICIPATING PROVIDER	177,026	DENTAL CLAIM PAYMENTS		No
(2) BRENT KAPLAN	FAMILY MEMBER OF A CURRENT DIRECTOR	267,920	CONSULTING FEES		No
(3) GREGORY D KAPLAN DDS	PARTICIPATING PROVIDER	676,618	DENTAL CLAIMS PAYMENTS		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
DELTA DENTAL OF CALIFORNIA

Employer identification number
94-1461312

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS OF THE ORGANIZATION WERE AMENDED IN 2019 TO ELIMINATE THE DIRECTOR TERM LIMIT O F TWO CONSECUTIVE THREE-YEAR TERMS, AS WELL AS CORRESPONDING PROVISIONS MAKING OFFICER TER MS ACCRETIVE TO DIRECTOR TERMS, AND TO IMPLEMENT ANNUAL DIRECTOR TERMS. ADDITIONAL AMENDME NTS ESTABLISHED A MANDATORY RETIREMENT AGE OF 75 YEARS FOR DIRECTORS; ELIMINATED THE LIMIT OF THREE CONSECUTIVE TERMS OF OFFICE FOR ALL OFFICERS; ESTABLISHED A MINIMUM THREE-YEAR T ERM FOR THE CHAIR OF THE BOARD; AND ELIMINATED THE REQUIREMENT FOR THE SECRETARY AND TREAS URER TO BE BOARD MEMBERS, THEREBY ALLOWING FOR THE APPOINTMENT OF THE CHIEF LEGAL OFFICER AND CHIEF FINANCIAL OFFICER, RESPECTIVELY, TO FILL THOSE POSITIONS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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 PROVISIO NS THAT SPECIFY THE PROPORTION OF DENTISTS AND LAY PERSONS SERVING AS DIRECTORS AND CORPOR ATE MEMBERS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 F ORMED THAT POTENTIALLY RAISES A CONFLICT OF INTEREST. LEGAL COUNSEL REVIEWS THESE DISCLOSU RES AND REPORTS THE INFORMATION TO THE FULL BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE PRESIDENTS IS APPROVED BY THE COMPENSATION COMMITTEE OF THE PARENT HOLDING COMPANY OF THE ORGANIZATION, WHICH ALSO SERVES AS THE COM PENSATION COMMITTEE FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THE ENSUING YEAR AFTER REVIEWING COMPARABILITY DATA PRESENTED BY AN INDEPENDENT OUTSI DE COMPENSATION CONSULTANT, AN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVER THE PRECEDING YEAR, AND THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS FOR THE PRIOR YEAR. COMPENSATION PAI D TO DIRECTORS IS ALSO APPROVED BY THE COMPENSATION COMMITTEE AFTER REVIEWING COMPARABILIT Y DATA IN A BENCHMARKING STUDY PREPARED AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPENSATI ON CONSULTANT RETAINED BY THE BOARD OF DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR 2019 C OMPENSATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII; SCHEDULE J; SCHEDULE R	THE ORGANIZATION, REGULATED BY THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE, IS A MEMB ER OF THE DELTA DENTAL OF CALIFORNIA ENTERPRISE COMPANIES, WHICH INCLUDE DELTA DENTAL OF C ALIFORNIA, DELTA DENTAL OF PENNSYLVANIA AND AFFILIATED COMPANIES OPERATING IN 15 STATES, T HE 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 36.1 MILLI ON ENROLLEES AND PROCESSING 40.8 MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRISE IS APPRO XIMATELY $8.9 BILLION IN 2019. THE ORGANIZATION REPRESENTS APPROXIMATELY 58% OF TOTAL ENTE RPRISE REVENUES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION LIABILITY AND POST-RETIREMENT ADJUSTMENTS 12,930,938. NET LOSS FROM SUBSIDIARIES 400,112.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316014040

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CELEBRATION DENTAL SERVICES LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 59-3410497	DENTAL SERVICES	FL			DELTA DENTAL OF CALIFORNIA
(2) DENTEGRA INSURANCE HOLDINGS LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE			DENTEGRA INSURANCE COMPANY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	CA	501(C)(3)	PF	DENTEGRA GROUP INC		No
(2)DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 23-1667011	DENTAL INSURANCE	PA	501(C)(4)		DENTEGRA GROUP INC		No
(3)DELTA DENTAL OF DELAWARE ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	DE	501(C)(4)		DENTEGRA GROUP INC		No
(4)DELTA DENTAL OF WEST VIRGINIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	WV	501(C)(4)		DENTEGRA GROUP INC		No
(5)DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	DC	501(C)(4)		DENTEGRA GROUP INC		No
(6)DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	NY	501(C)(4)		DENTEGRA GROUP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? 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

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.

See Additional Data Table

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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
DENTEGRA GROUP INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A	C					No
DENTEGRA INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
DENTEGRA INSURANCE COMPANY OF NEW ENGLAND 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743	INSURANCE COMPANY	MA	DDC INSURANCE HOLDINGS INC	C				Yes	
DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL OF NEVADA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL OF UTAH INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL PROGRAMS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL OF ALABAMA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL OF NEW MEXICO INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC INSURANCE HOLDINGS INC	C				Yes	
ALPHA DENTAL OF ARIZONA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC INSURANCE HOLDINGS INC	C				Yes	
DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DENTEGRA INSURANCE COMPANY	C				Yes	
DELTA DENTAL OF PUERTO RICO INC 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DELTA DENTAL OF CALIFORNIA	C			63.990 %	Yes	
DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS, ST. MICHAEL BB 98-0096711	INSURANCE COMPANY	BB	DELTA DENTAL OF PENNSYLVANIA	C			0.400 %		No
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				Yes	
DDC INSURANCE HOLDINGS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DELTA DENTAL OF CALIFORNIA	C			100.000 %	Yes	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALLIED ADMINISTRATORS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371	THIRD PARTY ADMIN SERVICES	CA	DDC INSURANCE HOLDINGS INC	C				Yes	
DELTA DENTAL IPA OF NEW YORK INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC INSURANCE HOLDINGS INC	C				Yes	
CONVECTION HUB INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 82-5288274	HEALTH AND WELLNESS	DE	DDC INSURANCE HOLDINGS INC	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ALLIED ADMINISTRATORS INC	M	3,966,712	
ALLIED ADMINISTRATORS INC	Q	339,718	
ALPHA DENTAL OF ALABAMA INC	L	15,972	
ALPHA DENTAL OF ARIZONA INC	L	419,297	
ALPHA DENTAL OF ARIZONA INC	Q	522	
ALPHA DENTAL OF NEVADA INC	L	234,584	
ALPHA DENTAL OF NEVADA INC	Q	1,269	
ALPHA DENTAL OF NEW MEXICO INC	L	9,592	
ALPHA DENTAL OF NEW MEXICO INC	Q	698	
ALPHA DENTAL OF UTAH INC	L	63,341	
ALPHA DENTAL OF UTAH INC	Q	1,738	
ALPHA DENTAL PROGRAMS INC	L	5,434,284	
ALPHA DENTAL PROGRAMS INC	Q	41,467	
CELEBRATION DENTAL SERVICES	Q	33,160	
DELTA DENTAL COMMUNITY CARE FOUNDATION	B	14,000,000	
DELTA DENTAL INSURANCE COMPANY	A	1,800,000	
DELTA DENTAL INSURANCE COMPANY	L	31,462,758	
DELTA DENTAL INSURANCE COMPANY	M	40,119,621	
DELTA DENTAL INSURANCE COMPANY	P	507,618	
DELTA DENTAL INSURANCE COMPANY	Q	45,767,249	
DELTA DENTAL OF DELAWARE	Q	76,795	
DELTA DENTAL OF DISTRICT OF COLUMBIA	Q	64,698	
DELTA DENTAL OF NEW YORK	L	772,495	
DELTA DENTAL OF NEW YORK	P	1,257	
DELTA DENTAL OF NEW YORK	Q	1,025,209	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DELTA DENTAL OF PENNSYLVANIA	L	22,398,439	
DELTA DENTAL OF PENNSYLVANIA	M	11,758,805	
DELTA DENTAL OF PENNSYLVANIA	P	25,429	
DELTA DENTAL OF PENNSYLVANIA	Q	17,842,821	
DELTA DENTAL OF PUERTO RICO	L	664,297	
DELTA DENTAL OF PUERTO RICO	M	391,161	
DELTA DENTAL OF PUERTO RICO	P	101,422	
DELTA DENTAL OF PUERTO RICO	Q	152,993	
DELTA DENTAL OF WEST VIRGINIA	Q	56,443	
DELTA REINSURANCE CORPORATION	F	40,000	
DENTEGRA INSURANCE COMPANY	A	1,200,000	
DENTEGRA INSURANCE COMPANY	L	2,474,733	
DENTEGRA INSURANCE COMPANY	M	10,992,344	
DENTEGRA INSURANCE COMPANY	P	632,843	
DENTEGRA INSURANCE COMPANY	Q	213,590	
DENTEGRA INSURANCE COMPANY - NE	M	217,723	
DENTEGRA INSURANCE COMPANY - NE	Q	4,197	
DENTEGRA SEGUROS DENTALES SA	L	334,880	