efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2022-11-10 | TIN: 94-1461312

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

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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 $ 5,988,988,827

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.

Activities & Governance

2	Check this box ▶ ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2,377
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,891,480
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	128,120

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	4,572,571,775	5,350,531,255
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,937,999	52,604,149
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,031,787	7,764,997
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,636,541,561	5,410,900,401
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,993,763	26,921,485
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,841,895,052	4,507,201,237
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	314,070,438	368,483,279
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)	270,381,836	248,733,408
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,444,341,089	5,151,339,409
19	Revenue less expenses. Subtract line 18 from line 12	192,200,472	259,560,992

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,021,240,364	3,350,387,641
21	Total liabilities (Part X, line 26)	1,091,825,405	1,091,250,193
22	Net assets or fund balances. Subtract line 21 from line 20	1,929,414,959	2,259,137,448

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2022-11-09

▶ ALICIA F WEBER CFO
Type or print name and title

Paid Preparer

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

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

Use Only

Firm's address ▶ 530 HOWELL ROAD SUITE 209
GREENVILLE, SC 29615

Phone no. (864) 241-2001

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

Page 2

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 5,046,856,764 including grants of $) (Revenue $ 5,409,008,921)

THE ORGANIZATION PROVIDED DENTAL BENEFIT COVERAGE FOR 26,025,000 BENEFICIARIES IN 2021, PRIMARILY THROUGH CONTRACTS WITH INDEPENDENT DENTISTS. INCLUDED WERE PUBLICLY SPONSORED DENTAL BENEFIT PROGRAMS ADMINISTERED BY THE ORGANIZATION, AS WELL AS 1,147,000 ENROLLED IN THE FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP).THE ORGANIZATION PAID MORE THAN $4.5 BILLION FOR DENTAL CARE DURING 2021.

4b (Code:) (Expenses $ 26,921,485 including grants of $ 26,921,485) (Revenue $)

THE ORGANIZATION MADE GRANTS DURING 2021 TO FOSTER IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT, TO SUPPORT PROFESSIONAL DENTAL EDUCATION, AND TO PROVIDE ORAL HEALTH INSTRUCTION FOR PATIENTS.

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

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 5,073,778,249

Page 3

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 Rev. Proc. 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L*			

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 line 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 on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	114,660		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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	2,377		
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 the instructions and file Form 4720, Schedule N.			15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

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	12			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9		No

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

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

12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

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

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CASTRO MICHAEL J PRESIDENT/CEO	40.00 10.00			X				5,529,566	0	35,347
(2) WEBER ALICIA F EVP CHIEF FINANCIAL OFFICER	40.00 10.00			X				2,217,654	0	58,540
(3) CHAVARRIA SARAH EVP/CHIEF PEOPLE OFFICER	40.00 10.00			X				2,061,696	0	60,119
(4) HANKINSON MICHAEL G EVP CHIEF LEGAL OFFICER	40.00 10.00			X				2,009,319	0	49,925
(5) JACKSON KEVIN L EVP/CHIEF GROWTH OFFICER	40.00 10.00			X				1,933,949	0	66,239
(6) GILBERT LEROY R JR EVP/CHIEF OPERATIONS OFFICER	40.00			X				1,612,264	0	47,914

EVP/CHIEF OPERATIONS OFFICER	10.00									
(7) TITCOMBE DOMINIC EVP/CHIEF INFORMATION OFFICER	40.00 10.00			X				1,463,524	0	62,514
(8) NAVID MOHAMMADREZA GVP SALES	40.00 10.00			X				1,014,674	0	44,422
(9) RUIZ JOSEPH F GVP GROWTH STRATEGY BUS DEV	40.00 10.00			X				906,083	0	49,697
(10) LEIBOWITZ THOMAS J GVP UNDERWRITING & ACTUARIAL	40.00 10.00			X				897,493	0	49,398
(11) MANOWSKI MICHAEL VP IT DEVELOPMENT	40.00 10.00			X				763,247	0	45,854
(12) SHERMAN BRIAN VP HUMAN RESOURCES	40.00 10.00			X				694,080	0	57,555
(13) NAKAHARA EARL VP RISK, ETHICS AND COMPLIANCE	40.00 10.00			X				686,523	0	58,983
(14) FEGLEY ANDREA M VP DEPUTY GENERAL COUNSEL	40.00 10.00			X				694,801	0	45,333
(15) NASR JAMAL L VP BUSINESS PROCESS MANAGEMENT	40.00 10.00			X				660,708	0	51,897
(16) ALBUM JEFFREY M VP PUBLIC & GOVERNMENT AFFAIRS	40.00 10.00			X				658,356	0	51,548
(17) BALTIS THOMAS VP CHIEF INFORMATION SECURITY OFFICER	40.00 10.00			X				669,010	0	40,268

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CROLEY DANIEL W VP CHIEF DENTAL OFFICER	40.00 10.00			X				642,323	0	62,128
(19) FULLERTON MELISSA VP SALES	10.00 40.00			X				0	695,238	-26
(20) SHEETZ MARTY A VP CUSTOMER ONBOARDING AND OPERATIONS	40.00 10.00			X				638,022	0	44,262
(21) POLYAKOVA YANA VP PMO & PORTFOLIO MANAGEMENT	40.00 10.00			X				663,632	0	16,782
(22) FOSTER JEANNE M VP FINANCE	10.00 40.00			X				0	636,044	42,180
(23) DORSEY EDITH VP CLAIMS PROCESSING	10.00 40.00			X				0	664,869	11,812
(24) RODZINKA BARBARA A VP ENT OPER SHARED SERVICES	10.00 40.00			X				0	619,797	54,360
(25) PARKER EARL JR VP CUSTOMER OPERATIONS	10.00 40.00			X				0	616,175	53,216
(26) CEMBROLA MICHAEL VP SALES	10.00 40.00			X				0	618,441	50,747
(27) MANER MICHAEL VP SALES	10.00 40.00			X				0	604,339	57,259
(28) SWAMINATHAN SHANMUGA S VP ENTERPRISE ARCHITECTURE	40.00 10.00			X				595,171	0	55,705
(29) SCHROEDER KURT G VP COMMUNICATIONS	40.00 10.00			X				581,821	0	64,530
(30) SBRAGIA RICHARD J	40.00									

VP FINANCE - FINANCIAL OPERATIONS	10.00			X				584,960	0	47,580
(31) SANCHEZ WALTER VP INTERNAL AUDIT	40.00 10.00			X				567,061	0	63,318
(32) MARTEL LORI A VP PRODUCT MANAGEMENT	40.00 10.00			X				584,950	0	40,197
(33) GOLDMAN EDWARD L JR VP INFRASTRUCTURE ENGINEERING	40.00 10.00			X				552,858	0	59,699
(34) GRAYBILL RICHARD C VP UNDERWRITING AND ACTUARIAL	10.00 40.00			X				0	551,440	41,436
(35) THOLIA ASHISH SENIOR DIRECTOR BUSINESS DEVELOPMENT	40.00 10.00					X		555,361	0	34,206
(36) TODI HEMANT VP DATA ANALYTICS AND INSIGHTS	40.00 10.00			X				527,874	0	58,887
(37) PARTHASARATHY SRIPADH VP IT DEVELOPMENT	40.00 10.00			X				506,011	0	55,877
(38) LAYNE VALERIE VICE PRESIDENT NATIONAL & KEY ACCOUNTS	40.00 10.00			X				469,157	0	55,090
(39) LOWRY STEPHEN B DIRECTOR SALES	40.00 10.00					X		448,715	0	45,159
(40) FERGUSON KENZIE K VP FOUNDATION & CORP SOCIAL RESP	40.00 10.00			X				449,788	0	42,331
(41) VOGEL GWENDOLYN VP ENTERPRISE MARKETING	40.00 10.00			X				472,111	0	11,714
(42) STEELE CHRISTINA DIRECTOR ASSOCIATE GENERAL COUNSEL	40.00 10.00					X		431,350	0	51,595
(43) NAGATA DUANE SENIOR DIRECTOR PRODUCT MANAGEMENT	40.00 10.00					X		426,339	0	52,993
(44) WILBURN KATHERINE SENIOR DIRECTOR CORPORATE COMMUNICATION	40.00 10.00					X		430,817	0	39,901
(45) KOKOSKIN BRENT ANDREW VP OF ENTERPRISE MARKETING	40.00 10.00			X				221,391	0	11,265
(46) CLARKE JAMIE VICE PRESIDENT NETWORK DEVELOPMENT	10.00 40.00			X				0	208,824	22,206
(47) YODOWITZ HEIDI CHAIR	5.00 0.00	X						212,043	0	0
(48) BERGERT GLEN F SECOND VICE CHAIR	5.00 2.00	X						156,200	30,600	0
(49) MACGILVRAY JENNIFER VICE PRESIDENT CLAIMS PROCESSING	10.00 40.00			X				0	173,753	12,866
(50) KAPLAN GREGORY D DDS DIRECTOR	5.00 0.00	X						182,322	0	0
(51) O'TOOLE TERRY A DIRECTOR	5.00 0.00	X						156,200	0	0
(52) MCCANN STEVEN F DIRECTOR	5.00 0.00	X						150,168	0	0
(53) GONELLA ROY A FIRST VICE CHAIR	5.00 0.00	X						144,168	0	0
(54) DAVIS CHRISTOPHER T VICE PRESIDENT SALES	10.00 40.00			X				0	120,808	21,587
(55) REID ANDREW J DIRECTOR	5.00 0.00	X						121,968	0	0
(56) FRANZOI LYNN L DIRECTOR	5.00 0.00	X						109,968	0	0
(57) FARNSWORTH R KENT DDS DIRECTOR	5.00 0.00	X						97,968	0	0
(58) IAN LAW DIRECTOR	5.00 0.00	X						93,000	0	0
(59) PICKERING STEPHEN R DDS DIRECTOR	5.00 0.00	X						91,968	0	0
(60) WIDMANN JANET DIRECTOR	5.00 0.00	X						91,968	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								36,430,600	5,540,328	2,156,415

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 ▶ 971

		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**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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	30,094,347
ELIXIRR LLC 605 GUADALAJARA CIRCLE IRVING, TX 75062	CONSULTING SERVICES	9,997,439
SKYLINE CONSTRUCTION INC 505 SANSOME ST 7TH FLR SAN FRANCISCO, CA 94111	CONSULTING SERVICES	7,803,941
CATALYST360 LLC 11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344	CONSULTING SERVICES	6,190,321
KP LLC PO BOX 8311 PASADENA, CA 91109	MAIL SERVICES	6,142,916

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 ▶ 125

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 . .				
	b Membership dues . .				
	c Fundraising events . .				
	d Related organizations				
	e Government grants (contributions)				
	f All other contributions, gifts, grants, and similar amounts not included above				
	g Noncash contributions included in lines 1a - 1f: $				
	h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a PROFESSIONAL SERVICES	524114	4,747,612,641	4,747,612,641	
	b FEES & CONTRACTS FROM GOVERNMENT	524114	602,918,614	602,918,614	
	c				
	d				
	e				
	f All other program service revenue.				
	g **Total.** Add lines 2a–2f. . . . . ▶	5,350,531,255			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		37,158,303	37,158,303	
	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	593,534,272				
b	Less: cost or other basis and sales expenses	7b	578,088,426				
c	Gain or (loss)	7c	15,445,846				
d	Net gain or (loss) ▶			15,445,846	15,445,846		

Other Revenue

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	48,156,523	46,265,043	1,891,480	
b	OTHER EXPENSE	524298	-1,215,599	-1,215,599		
c	MISC EXPENSES	524298	-17,175,927	-17,175,927		
d	All other revenue		-22,000,000	-22,000,000		
e	**Total.** Add lines 11a–11d ▶		7,764,997			
12	**Total revenue.** See instructions ▶		5,410,900,401	5,409,008,921	1,891,480	0

Form **990** (2021)

Page 10

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 serviceexpenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,921,485	26,921,485		
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	4,507,201,237	4,507,201,237		
5 Compensation of current officers, directors, trustees, and key employees	36,430,600		36,430,600	
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	256,856,617	237,322,079	19,534,538	
8 Pension plan accruals and contributions (include section 401(k) and	19,578,776	17,418,034	2,160,742	

	403(b) employer contributions)				
9	Other employee benefits	41,531,501	37,472,387	4,059,114	
10	Payroll taxes	14,085,785	12,664,479	1,421,306	
11	Fees for services (non-employees):				
a	Management				
b	Legal	4,017,638	4,016,928	710	
c	Accounting	1,872,727	857,373	1,015,354	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,187,941	1,187,941		
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	3,717,466	3,717,466		
13	Office expenses	21,787,691	21,546,438	241,253	
14	Information technology	46,244,570	45,166,549	1,078,021	
15	Royalties	16,153,860	16,153,860		
16	Occupancy	18,084,336	16,417,599	1,666,737	
17	Travel	1,555,233	1,174,208	381,025	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	853,855	388,783	465,072	
20	Interest	419,357	419,357		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,871,046	26,973,729	897,317	
23	Insurance	2,478,031	2,321,081	156,950	
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	54,700,363	54,700,363		
b	CONSULTANT FEES	28,625,624	22,202,458	6,423,166	
c	OUTSIDE SERVICES	25,895,453	25,224,657	670,796	
d					
e	All other expenses	-6,731,783	-7,690,242	958,459	
25	**Total functional expenses.** Add lines 1 through 24e	5,151,339,409	5,073,778,249	77,561,160	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

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		-23,177,409	1	-113,513,700
	2	Savings and temporary cash investments		612,805,908	2	735,581,353
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		309,010,012	4	353,641,351
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		105,750,000	7	185,556,316
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		47,615,602	9	59,458,926
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 265,920,356			
	b	Less: accumulated depreciation	10b 135,174,216	136,689,339	10c	130,746,140
	11	Investments—publicly traded securities		1,052,606,711	11	1,193,629,615
	12	Investments—other securities. See Part IV, line 11		755,016,959	12	790,956,584
	13	Investments—program-related. See Part IV, line 11			13	

	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	24,923,242	15	14,331,056
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,021,240,364	16	3,350,387,641
Liabilities	17	Accounts payable and accrued expenses	500,593,871	17	524,730,427
	18	Grants payable		18	
	19	Deferred revenue	47,006,452	19	52,585,385
	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	544,225,082	25	513,934,381
	26	**Total liabilities.** Add lines 17 through 25	1,091,825,405	26	1,091,250,193
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	1,929,414,959	31	2,259,137,448
	32	Total net assets or fund balances	1,929,414,959	32	2,259,137,448
	33	Total liabilities and net assets/fund balances	3,021,240,364	33	3,350,387,641

Form **990** (2021)

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	5,410,900,401
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,151,339,409
3	Revenue less expenses. Subtract line 2 from line 1	3	259,560,992
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,929,414,959
5	Net unrealized gains (losses) on investments	5	67,495,843
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	2,665,654
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,259,137,448

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 on 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			

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

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial

▶ **Complete if the organization answered Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d**
▶ **Attach to Form 990**
▶ **Go to *www.irs.gov/Form990* for instructions**

Name of the organization
DELTA DENTAL OF CALIFORNIA

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

		(a) Donor ad
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 i property, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant not for the benefit of the donor or donor advisor, or for any other purpose conferring impe

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line

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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contributic of the tax year.

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a h the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terr 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 the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and e ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforc ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements (4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenu balance sheet, and include, if applicable, the text of the footnote to the organization's fina the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures
Complete if the organization answered "Yes" on Form 990, Part IV, line

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenu other similar assets held for public exhibition, education, or research in furtherance of pu financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue st other similar assets held for public exhibition, education, or research in furtherance of pu

(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 asse following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Part III Organizations Maintaining Collections of Art, Historical Treasures

3 Using the organization's acquisition, accession, and other records, check any of the follo apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐
- e ☐

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

5 During the year, did the organization solicit or receive donations of art, historical treasure assets to be sold to raise funds rather than to be maintained as part of the organization's

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or included on Form 990, Part X? . . . . . .

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

c Beginning balance . . . . . .

d Additions during the year . . . . . .

e Distributions during the year . . . . . .

f Ending balance . . . . . .

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custo

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

Part V Endowment Funds.

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

		(a) Current year	(b) Prior y
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)) h

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

b Permanent endowment ▶ .....

c Term endowment ▶ .....

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

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

(i) Unrelated organizations . . . . . .

(ii) Related organizations . . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . .

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis
1a Land		
b Buildings		
c Leasehold improvements		5
d Equipment		5
e Other		15
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c)*		

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book v
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other _____	
(A) INVESTMENT - OTHER SECURITIES	790
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	790

Part VIII Investments - Program Related

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, lin

	(a) Description of investment
(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

	(a) Description
(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

1.	**(a)** Description of liability
(1) Federal income taxes	
ACCRUED RETIREMENT BENEFITS	
DEFERRED COMPENSATION PLANS	
GROUP PREFUNDING DEPOSITS	
REFUNDABLE BALANCES	
DUE TO AFFILIATES	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)*	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organiza
uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been

Part XI **Reconciliation of Revenue per Audited Financial Statements Wit**
Complete if the organization answered 'Yes' on Form 990, Part IV, lin

1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines **2a** through **2d**	
3	Subtract line **2e** from line **1**	
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 .	
b	Other (Describe in Part XIII.)	
c	Add lines **4a** and **4b**	
5	Total revenue. Add lines **3** and **4c**. (This must equal Form 990, Part I, line 12.)	

3	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) . .

Part XII Reconciliation of Expenses per Audited Financial Statements Wi
Complete if the organization answered 'Yes' on Form 990, Part IV, lin

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

Part XIII Supplemental Information

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

Return Reference	
PART X, LINE 2:	THE COMPANY IS A TAX-EX INTERNAL REVENUE CODE FINANCIAL STATEMENTS. (POSITIONS ARE RECOGNI RECOGNITION THRESHOL TO BE TAKEN IN A TAX RET EXEMPT STATUS AND WIT COMPANY HAS DETERMIN REQUIRING RECOGNITION
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADMINISTRATIVE SERVICE UNRELATED BUSINESS IN(
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CLAIMS INCURRED FOR AI BUSINESS EXPENSE
PART X, LINE 1, (5) REFUNDABLE BALANCES:	ON MARCH 11, 2020, THE V CORONAVIRUS (COVID-19) DISRUPTION THROUGH MA PLACE ORDERS. THESE D OBTAIN DENTAL SERVICES CUSTOMERS, PROVIDERS THIS END, IN 2020, THE OF UNDERWRITING GAINS IN USED TO SUPPORT CUST(RESULTING IN A REMAININ CERTAIN CONTRACTS PR(ADMINISTRATIVE FEES AR AGREEMENTS OR APPLIE

Additional Data

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2022-11-10

SCHEDULE F (Form 990)

Statement of Activities Outside the United S

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA DENTAL OF CALIFORNIA

Part I **General Information on Activities Outside the United States.** Complete if the organization answered

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? . . . . . .

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

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 ac program s servi
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT IN DELTA REINSURANCE CORPORATION	
3a Sub-total	0	0		
b Total from continuation sheets to Part I	0	0		
c **Totals** (add lines 3a and 3b)	0	0		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082V

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complet more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant

efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2022-11-10

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Governments and Individuals in tl

Complete if the organization answered "Yes," on Form 9
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest i

Name of the organization
DELTA DENTAL OF CALIFORNIA

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 fo the selection criteria used to award the grants or assistance? . . . . . .

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the orga 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) Amo a
(1) AMERICAN ONLINE GIVING FOUNDATION INC PO BOX 645725 PITTSBURGH, PA 152645255	81-0739440	501 (C) (3)	302,210	
(2) AMERICAN RED CROSS INC 1663 MARKET ST SAN FRANCISCO, CA 94103	53-0196605	501 (C) (3)	15,000	
(3) ASIAN ART MUSEUM FOUNDATION 200 LARKIN ST SAN FRANCISCO, CA 94102	94-1704765	501 (C) (3)	6,000	
(4) BLUE STAR FAMILIES INC 515 VERBENA CT ENCINITAS, CA 92024	80-0369895	501 (C) (3)	12,000	
(5) CALIFORNIA ACADEMY OF GENERAL DENTISTRY PO BOX 22417 SACRAMENTO, CA 95822	23-7178502	501 (C) (3)	20,000	
(6) CALIFORNIA ASSOCIATION OF DENTAL PLANS 12700 PARK CENTERAL DR STE 400 DALLAS, TX 752511529	33-0385553	501 (C) (6)	10,700	
(7) DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	37-1570764	501 (C) (3)	26,000,000	
(8) EDGEWOOD CENTER FOR CHILDREN & FAMILIES 1801 VICENTE ST SAN FRANCISCO, CA 94116	94-1186168	501 (C) (3)	15,000	
(9) EDISON UNIVERSE INC 671 EDGEWOOD DR FORT MYERS, FL 33916	45-2703444	501 (C) (3)	25,000	
(10) HEALTH CAREER CONNECTION INC 300 FRANK H OGAWA PLAZA STE 243 OAKLAND, CA 94612	25-1904312	501 (C) (3)	10,000	
(11) HOLLABACK INC 30 THIRD AVE 800B BROOKLYN, NY 11217	27-3199988	501 (C) (3)	15,000	
(12) JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795		50,000	
(13) LABOR FOUNDATION FOR UNION WORKERS C/O UFCW LOCAL 5 240 SOUTH MARKET ST SAN JOSE, CA 951132382	47-5183726	501 (C) (3)	7,000	
(14) LAPS FOR LEXI INC 12926 OLIVINE WAY SILVER SPRING, MD 20904	46-2160960	501 (C) (3)	10,000	
(15) MILITARY OFFICERS ASSOCIATION OF AMERICA DBA MOAA FOUNDATION 201 N WASHINGTON ST ALEXANDRIA, VA 223142539	46-4219250	501 (C) (3)	10,000	
(16) MOTION PICTURE & TELEVISION FUND DBA MPTF 23388 MULHOLLAND DRIVE M/S 220 WOODLAND HILLS, CA 91364	95-1652916	501 (C) (3)	27,000	
(17) NATIONAL MILITARY FAMILY ASSOCIATION 2800 EISENHOWER AVE STE 250 ALEXANDRIA, VA 22314	52-0899384	501 (C) (3)	19,000	
(18) OAKLAND ATHLETICS BASEBALL CO 7000 COLISEUM WAY OAKLAND, CA 94621	94-3232189		100,000	
(19) OAKLAND PRIDE INC 18332 LAKE CHABOT RD CASTRO VALLEY, CA 94546	32-0303587	501 (C) (3)	10,000	
(20) RICHMONDERMET FOUNDATION 942 DIVISADERO ST STE 201 SAN FRANCISCO, CA 94115	94-3232222	501 (C) (3)	25,000	
(21) SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501 (C) (3)	17,500	
(22) ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM INC DBA ST VINCENT MEALS ON WHE 2303 MIRMAR ST LOS ANGELES, CA 90057	95-3696693		10,000	
(23) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7500 CAMBRIDGE ST SUITE 6152 HOUSTON, TX 77054	74-1761309	501 (C) (3)	10,000	
(24) TRIUMPH CANCER FOUNDATION 947 ENTERPRISE DR LOFT B SACRAMENTO, CA 95825	45-3968833	501 (C) (3)	30,000	
(25) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	23-1352685	501 (C) (3)	10,000	

SCHOOL OF DENTAL MEDICINE 240 S 40TH ST PHILADELPHIA, PA 19104				
(26) UFCW LEUKEMIA LYMPHOMA CHARITY GOLF FOUNDATION 705 WEST ARROW HIGHWAY CLAREMONT, CA 91711	35-2302756	501 (C) (3)	6,000	
(27) UNIVERSITY OF THE PACIFIC 155 5TH ST SAN FRANCISCO, CA 94103	94-1156266	501 (C) (3)	10,000	
(28) VETERANS HEALTH ADMINISTRATION DBA SAN DIEGO VA HEALTHCARE SYSTEM 3350 LA JOLLA VILLAGE DR SAN DIEGO, CA 921610002	23-7262137		10,000	
(29) WISH OF A LIFETIME PO BOX 18670 DENVER, CO 80218	26-2123649	501 (C) (3)	10,000	

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

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

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

Schedule I (Form 990) 2021

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 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)** nonca
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION AWARDS GRANTS AND PROVIDES OTHER ASSISTANCE AND EDUCATION, AS WELL AS COMMUNITY SUPPORT. THROUGH THESE GRA EDUCATION, AND RESEARCH PROJECTS IN DENTISTRY, HEALTH AND HUMA AND/OR SPONSORSHIPS WILL GENERALLY NOT EXCEED $100,000 WITH EXC GRANTS WILL BE LIMITED TO ONE-YEAR PROJECTS, SUBJECT TO RENEWAL GRANT DURING ANY YEAR.

Additional Data

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2022-11-10

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 2**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

Name of the organization
DELTA DENTAL OF CALIFORNIA

Part I Questions Regarding Compensation

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.

- [x] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax idemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for perso
- [ ] Payments for business use of personal re
- [x] Health or social club dues or initiation fees
- [x] Personal services (e.g., maid, chauffeur, c

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimburs of the expenses described above? If "No," complete Part III to explain . . . . . .

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? . . .

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.

- [x] Compensation committee
- [x] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [x] Compensation survey or study
- [x] Approval by the board or compensation cc

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization

a Receive a severance payment or change-of-control payment? . . . . . .
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . .
c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . .
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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? . . . . . .
b Any related organization? . . . . . .
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? . . . . . .
b Any related organization? . . . . . .
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 . . . . . .

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 . . . . . .

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations sec . . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Us

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on rov 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, li

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensatic
1 CASTRO MICHAEL J PRESIDENT/CEO	(i)	990,000	4,486,038	53,528
	(ii)	0	0	0
2 WEBER ALICIA F EVP CHIEF FINANCIAL OFFICER	(i)	698,462	1,464,997	54,195
	(ii)	0	0	0
3 CHAVARRIA SARAH EVP/CHIEF PEOPLE OFFICER	(i)	628,923	1,405,121	27,652
	(ii)	0	0	0
4 HANKINSON MICHAEL G EVP CHIEF LEGAL OFFICER	(i)	574,231	1,337,366	97,722
	(ii)	0	0	0
5 JACKSON KEVIN L EVP/CHIEF GROWTH OFFICER	(i)	574,231	1,321,192	38,526
	(ii)	0	0	0
6 GILBERT LEROY R JR EVP/CHIEF OPERATIONS OFFICER	(i)	550,809	1,043,799	17,656
	(ii)	0	0	0
7 TITCOMBE DOMINIC EVP/CHIEF INFORMATION OFFICER	(i)	499,232	945,201	19,091
	(ii)	0	0	0
8 NAVID MOHAMMADREZA GVP SALES	(i)	391,384	562,274	61,016
	(ii)	0	0	0
9 RUIZ JOSEPH F GVP GROWTH STRATEGY BUS DEV	(i)	377,053	505,547	23,483
	(ii)	0	0	0
10 LEIBOWITZ THOMAS J GVP UNDERWRITING & ACTUARIAL	(i)	360,399	515,673	21,421
	(ii)	0	0	0
11 MANOWSKI MICHAEL VP IT DEVELOPMENT	(i)	363,765	388,135	11,347
	(ii)	0	0	0
12 SHERMAN BRIAN VP HUMAN RESOURCES	(i)	329,712	352,175	12,193
	(ii)	0	0	0

13 NAKAHARA EARL VP RISK, ETHICS AND COMPLIANCE	(i)	316,770	347,682	22,071
	(ii)	0	0	0
14 FEGLEY ANDREA M VP DEPUTY GENERAL COUNSEL	(i)	324,800	360,549	9,452
	(ii)	0	0	0
15 NASR JAMAL L VP BUSINESS PROCESS MANAGEMENT	(i)	303,652	327,783	29,273
	(ii)	0	0	0
16 ALBUM JEFFREY M VP PUBLIC & GOVERNMENT AFFAIRS	(i)	302,902	340,492	14,962
	(ii)	0	0	0
17 BALTIS THOMAS VP CHIEF INFORMATION SECURITY OFFICE	(i)	321,216	345,430	2,364
	(ii)	0	0	0
18 CROLEY DANIEL W VP CHIEF DENTAL OFFICER	(i)	329,635	294,445	18,243
	(ii)	0	0	0
19 FULLERTON MELISSA VP SALES	(i)	0	0	0
	(ii)	21,012	0	674,226
20 SHEETZ MARTY A VP CUSTOMER ONBOARDING AND OPERATION	(i)	301,779	324,481	11,762
	(ii)	0	0	0
21 POLYAKOVA YANA VP PMO & PORTFOLIO MANAGEMENT	(i)	81,238	227,554	354,840
	(ii)	0	0	0
22 FOSTER JEANNE M VP FINANCE	(i)	0	0	0
	(ii)	291,643	313,429	30,972
23 DORSEY EDITH VP CLAIMS PROCESSING	(i)	0	0	0
	(ii)	89,349	205,050	370,470
24 RODZINKA BARBARA A VP ENT OPER SHARED SERVICES	(i)	0	0	0
	(ii)	279,593	320,127	20,077
25 PARKER EARL JR VP CUSTOMER OPERATIONS	(i)	0	0	0
	(ii)	311,077	297,963	7,135
26 CEMBROLA MICHAEL VP SALES	(i)	0	0	0
	(ii)	256,053	355,521	6,867
27 MANER MICHAEL VP SALES	(i)	0	0	0
	(ii)	247,890	348,430	8,019
28 SWAMINATHAN SHANMUGA S VP ENTERPRISE ARCHITECTURE	(i)	292,308	288,516	14,347
	(ii)	0	0	0
29 SCHROEDER KURT G VP COMMUNICATIONS	(i)	304,840	265,004	11,977
	(ii)	0	0	0
30 SBRAGIA RICHARD J VP FINANCE - FINANCIAL OPERATIONS	(i)	302,684	271,604	10,672
	(ii)	0	0	0
31 SANCHEZ WALTER VP INTERNAL AUDIT	(i)	276,809	273,508	16,744
	(ii)	0	0	0
32 MARTEL LORI A VP PRODUCT MANAGEMENT	(i)	315,926	259,881	9,143
	(ii)	0	0	0
33 GOLDMAN EDWARD L JR VP INFRASTRUCTURE ENGINEERING	(i)	311,077	234,250	7,531
	(ii)	0	0	0
34 GRAYBILL RICHARD C VP UNDERWRITING AND ACTUARIAL	(i)	0	0	0
	(ii)	249,875	279,006	22,559
35 THOLIA ASHISH SENIOR DIRECTOR BUSINESS DEVELOPMENT	(i)	327,124	222,104	6,133
	(ii)	0	0	0
36 TODI HEMANT VP DATA ANALYTICS AND INSIGHTS	(i)	308,862	209,384	9,628
	(ii)	0	0	0
37 PARTHASARATHY SRIPADH VP IT DEVELOPMENT	(i)	267,530	226,660	11,821
	(ii)	0	0	0
38 LAYNE VALERIE VICE PRESIDENT NATIONAL & KEY ACCOUN	(i)	240,453	208,718	19,986
	(ii)	0	0	0
39 LOWRY STEPHEN B DIRECTOR SALES	(i)	172,721	269,769	6,225
	(ii)	0	0	0
40 FERGUSON KENZIE K VP FOUNDATION & CORP SOCIAL RESP	(i)	255,067	188,339	6,382
	(ii)	0	0	0
41 VOGEL GWENDOLYN VP ENTERPRISE MARKETING	(i)	67,213	46,758	358,140
	(ii)	0	0	0
42 STEELE CHRISTINA DIRECTOR ASSOCIATE GENERAL COUNSEL	(i)	260,061	163,771	7,518
	(ii)	0	0	0
43 NAGATA DUANE SENIOR DIRECTOR PRODUCT MANAGEMENT	(i)	240,300	171,538	14,501
	(ii)	0	0	0
44 WILBURN KATHERINE SENIOR DIRECTOR CORPORATE COMMUNICAT	(i)	227,883	203,546	-612
	(ii)	0	0	0
45 KOKOSKIN BRENT ANDREW VP OF ENTERPRISE MARKETING	(i)	70,385	150,000	1,006
	(ii)	0	0	0
46 CLARKE JAMIE VICE PRESIDENT NETWORK DEVELOPMENT	(i)	0	0	0
	(ii)	125,192	81,000	2,632
47 YODOWITZ HEIDI CHAIR	(i)	212,043	0	0
	(ii)	0	0	0
48 BERGERT GLEN F SECOND VICE CHAIR	(i)	156,200	0	0
	(ii)	30,600	0	0
49 MACGILVRAY JENNIFER VICE PRESIDENT CLAIMS PROCESSING	(i)	0	0	0
	(ii)	70,400	100,000	3,353
50 KAPLAN GREGORY D DDS DIRECTOR	(i)	182,322	0	0
	(ii)	0	0	0
51 O'TOOLE TERRY A DIRECTOR	(i)	156,200	0	0
	(ii)	0	0	0
52 MCCANN STEVEN F DIRECTOR	(i)	150,168	0	0
	(ii)	0	0	0

Schedule J (Form 990) 2021

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, a

Return Reference	
PART I, LINE 1A	FIRST CLASS BUSINESS TRAVEL IS REIMBURSED TO THE CEO, EXECU BUSINESS TRAVEL IS NOT TREATED AS TAXABLE COMPENSATION. REI PERSONAL TAX LIABILITY THAT WOULD BE INCURRED BY THE EMPLOY WORK AT LEAST 30 HOURS PER WEEK AND HAVE COMPLETED AT LEAS OUR EMPLOYEES TO BE HEALTHY AND ACTIVE BY PROVIDING THE AC REIMBURSEMENT, UP TO $540 PER CALENDAR YEAR, FOR INDIVIDUAL ADDITION, THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS MAY BE THE BOARD OF DIRECTORS. THE FITNESS REIMBURSEMENT PROGRA SUBMITTED DECEMBER 2020 REIMBURSEMENT AND WERE PAID IN 202 IS INCLUDED IN THE TAXABLE COMPENSATION OF THE REIMBURSED E DIRECTOR OR ABOVE LEVELS OF MANAGEMENT. A COMPANY POLICY (OFFICERS RECEIVED REIMBURSEMENT IN 2021. THESE REIMBURSEMI
PART I, LINE 4A	DURING 2021, FOUR EXECUTIVES, EDITH DORSEY, MELISSA FULLERTO PAYMENT UPON SEPARATION FROM THE ORGANIZATION. THESE PAYM
PART I, LINE 4B	EFFECTIVE FEBRUARY 6, 2020, THE ORGANIZATION'S SUPPLEMENTAL PLAN'S TERMINATION, THE PLAN'S SUBSTANTIAL RISK OF FORFEITURE PLAN PARTICIPANTS. THE PARTICIPANT'S TAXABLE TRANSACTION WAS II FOR THE TAX YEAR ENDED DECEMBER 31, 2020. ALL REMAINING PLA ON MARCH 1, 2021.
PART I, LINES 5A AND 6A:	DELTA DENTAL OF CALIFORNIA MAINTAINS A LONG-TERM INCENTIVE P COMPANY'S PERFORMANCE. USING SUCCESS METRICS SUCH AS REV ACCURATELY MEASURE ITS GROWTH, INFORM ON PROGRESS OF ITS ALL PAYMENTS FROM THE LTIP ARE DERIVED FROM THE GAINS OF TH CEO MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTE AND NON-FINANCIAL, UPON WHICH PAYMENT OF AWARDS ARE BASED SPANS THREE YEARS, OVERLAPPING WITH CURRENT PLANS. THESE A
PART I. LINE 7:	THE PRESIDENT OF THE ORGANIZATION, WITH BOARD OF DIRECTORS ARE INCLUDED IN TAXABLE COMPENSATION.
PART II, ROW (II):	SOME OF THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED OF

Additional Data

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202243149349301144 - Submission

Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Inte

▶ Complete if the organization answered "Yes" on Form 990 or Form 990-EZ, Part V, lin
▶ Attach to Form 990 or F
▶Go to www.irs.gov/Form990 for instructio

Name of the organization
DELTA DENTAL OF CALIFORNIA

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and s
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 2

1	(a) Name of disqualified person	(b) Relationship betwee organ

2 Enter the amount of tax incurred by the organization managers or disqualified persons . . . . . .
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 38 Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e
			To	From	
Total . . . . . ▶					$

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV,

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assi

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

Schedule L (Form 990) 2021

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV,

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Am
(1) STEPHEN R PICKERING DDS	PARTICIPATING PROVIDER	
(2) GREGORY D KAPLAN DDS	PARTICIPATING PROVIDER	
(3) GREGORY D KAPLAN DDS	PARTICIPATING PROVIDER	
(4) BRENT KAPLAN	FAMILY MEMBER OF A CURRENT DIRECTOR	

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see

Return Reference	

Additional Data

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202243149349301144 - Submissic

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information

Complete to provide information for resp
Form 990 or 990-EZ or to provide a
▶ Attach to Form 99
▶ Go to *www.irs.gov/Form990* fo

Name of the organization
DELTA DENTAL OF CALIFORNIA

Return Reference	Ex
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S BYLAWS NAME TWO CLASSES OF MEMBERS." ALL CORPORATE MEMBERS ARE ALSO DIRE AS DEFINED IN THE INSTRUCTIONS TO FORM 990, PART ARE ELECTED BY ITS PARENT HOLDING COMPANY BOAI OF THE ORGANIZATION AND THUS MAY BE CONSIDERED MEMBERS HAVE A RIGHT TO VOTE UPON PROPOSED CH DIRECTORS AND CORPORATE MEMBERS, AND SO MAY E
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S DIRECTORS ARE ELECTED BY THE INCLUDES TWO PERSONS WHO ARE NOT ALSO DIRECTC
FORM 990, PART VI, SECTION A, LINE 7B	THE DENTIST MEMBERS HAVE A RIGHT TO VOTE ONLY U THAT SPECIFY THE PROPORTION OF DENTISTS AND LAY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S CFO AND LEGAL COUNSEL OVERS FILING, REVIEW IT WITH THE PRESIDENT/CEO AND WITH
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR IS REQUIRED TO COMPLETE A CONFLI BETWEEN ANNUAL STATEMENTS IS REQUIRED TO DISCL POTENTIALLY RAISES A CONFLICT OF INTEREST. LEGAL INFORMATION TO THE FULL BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PAID TO THE CEO AND EXECUTIVE VICE COMMITTEE OF THE ORGANIZATION, WHICH ALSO SERV ORGANIZATION. THE COMPENSATION COMMITTEE APPR REVIEWING COMPARABILITY DATA PRESENTED BY AN IN ASSESSMENT OF EACH OFFICER'S PERFORMANCE OVE PROGRAM ACCOMPLISHMENTS FOR THE PRIOR YEAR. (THE COMPENSATION COMMITTEE AFTER REVIEWING CC AND PRESENTED BY AN INDEPENDENT OUTSIDE COMPE DIRECTORS. THESE PROCESSES WERE FOLLOWED FOR
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION ANNUALLY INCLUDES MAJOR PORT REPORT THAT IS MADE AVAILABLE TO PERSONS OR ENT AND IS AVAILABLE TO THE LARGER PUBLIC UPON REQU COMPANIES ARE INCLUDED IN QUARTERLY AND ANNUAI REGULATING THE ORGANIZATION WHICH RETURNS ARE MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF IN
FORM 990, PART VII; SCHEDULE J; SCHEDULE R	THE ORGANIZATION, REGULATED BY THE CALIFORNIA D THE DELTA DENTAL OF CALIFORNIA ENTERPRISE COMP/ DENTAL OF PENNSYLVANIA AND AFFILIATED COMPANIES STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO, AN COMMUNITIES ACROSS THE COUNTRY, PROVIDING GRC DENTAL INSURANCE, AND SUPERIOR CUSTOMER SERVI NATION'S LARGEST DENTAL BENEFITS DELIVERY SYSTE MILLION CLAIMS. TOTAL REVENUE FOR THE ENTERPRIS REPRESENTS APPROXIMATELY 58% OF TOTAL ENTERPR
FORM 990, PART XI, LINE 9:	PENSION LIABILITY AND POST-RETIREMENT ADJUSTMEN

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

Additional Data

Software ID:
Software Version:

efile Public Visual Render | ObjectId: 202243149349301144 - Submission: 2022-11-10

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and U

▶ Complete if the organization answered "Yes" on F
▶ Attach to Form 99
▶ Go to www.irs.gov/Form990 for instruc

Name of the organization
DELTA DENTAL OF CALIFORNIA

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity
(1) CELEBRATION DENTAL SERVICES LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 59-3410497	DENTAL SERVICES
(2) DENTEGRA INSURANCE HOLDINGS LLC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "
organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	L
(1)DELTA DENTAL COMMUNITY CARE FOUNDATION 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 37-1570764	CHARITABLE ORGANIZATION	
(2)DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 23-1667011	DENTAL INSURANCE	
(3)DELTA DENTAL OF DELAWARE ONE DELTA DRIVE MECHANICSBURG, PA 17055 51-0228088	DENTAL INSURANCE	
(4)DELTA DENTAL OF WEST VIRGINIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 55-0523124	DENTAL INSURANCE	
(5)DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 52-1479587	DENTAL INSURANCE	
(6)DELTA DENTAL OF NEW YORK ONE DELTA DRIVE MECHANICSBURG, PA 17055 11-1980218	DENTAL INSURANCE	

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

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organizati
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	ir ex t

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the
related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	D
(1)DENTEGRA GROUP INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-3386049	HOLDING COMPANY	DE	N/A
(2)DENTEGRA INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 75-1233841	INSURANCE COMPANY	DE	DDC HOL
(3)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 30-0318743	INSURANCE COMPANY	MA	DDC HOL

(4)DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-2761537	INSURANCE COMPANY	DE	DDC HOL
(5)ALPHA DENTAL OF NEVADA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 88-0244893	INSURANCE COMPANY	NV	DDC HOL
(6)ALPHA DENTAL OF UTAH INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 86-0672505	INSURANCE COMPANY	UT	DDC HOL
(7)ALPHA DENTAL PROGRAMS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 74-2447512	INSURANCE COMPANY	TX	DDC HOL
(8)ALPHA DENTAL OF ALABAMA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 63-0796079	INSURANCE COMPANY	AL	DDC HOL
(9)ALPHA DENTAL OF NEW MEXICO INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 33-0279230	INSURANCE COMPANY	NM	DDC HOL
(10)ALPHA DENTAL OF ARIZONA INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 93-0939835	INSURANCE COMPANY	AZ	DDC HOL
(11)DENTEGRA SEGUROS DENTALES SA INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE COMPANY	MX	DEN INSU COM
(12)DELTA DENTAL OF PUERTO RICO INC 14 CALLE 2 SUITE 200 GUAYNABO 00968 RQ 66-0436769	INSURANCE COMPANY	RQ	DEL CAL
(13)DELTA REINSURANCE CORPORATION CGI TOWER 2ND FLOOR WARRENS, ST. MICHAEL BB 98-0096711	INSURANCE COMPANY	BB	DEL PEN
(14)SERVICIOS DENTALES DENTEGRA SA DE CV INSURGENTES SUR 826 PISO 15 COL DEL VALLE, FC DF 01300 MX	INSURANCE ADMINISTRATION	MX	DEN INSU COM
(15)DDC INSURANCE HOLDINGS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 27-4251930	HOLDING COMPANY	DE	DEL CAL
(16)ALLIED ADMINISTRATORS INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 94-1713371	THIRD PARTY ADMIN SERVICES	CA	DDC HOL
(17)DELTA DENTAL IPA OF NEW YORK INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 38-4063658	INDEPENDENT PRACTICE ASSOCIATION	NY	DDC HOL
(18)CONVECTION HUB INC 560 MISSION STREET STE 1300 SAN FRANCISCO, CA 94105 82-5288274	HEALTH AND WELLNESS	DE	DDC HOL

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Fo

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

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizatio

a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . . .

e Loans or loan guarantees by related organization(s) . . . . . .

f Dividends from related organization(s) . . . . . .

g Sale of assets to related organization(s) . . . . . .

h Purchase of assets from related organization(s) . . . . . .

i Exchange of assets with related organization(s) . . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . .

o Sharing of paid employees with related organization(s) . . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . . .

r Other transfer of cash or property to related organization(s) . . . . . .

s Other transfer of cash or property from related organization(s) . . . . . .

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includi

(a) Name of related organization	**(b)** Transactio type (a-s)
(1)ALLIED ADMINISTRATORS INC	M
(2)ALLIED ADMINISTRATORS INC	Q
(3)ALPHA DENTAL OF ALABAMA INC	L
(4)ALPHA DENTAL OF ALABAMA INC	Q
(5)ALPHA DENTAL OF ARIZONA INC	L
(6)ALPHA DENTAL OF ARIZONA INC	Q
(7)ALPHA DENTAL OF NEVADA INC	L
(8)ALPHA DENTAL OF NEVADA INC	O

(9)ALPHA DENTAL OF NEW MEXICO INC	L
(10)ALPHA DENTAL OF NEW MEXICO INC	Q
(11)ALPHA DENTAL OF UTAH INC	L
(12)ALPHA DENTAL OF UTAH INC	Q
(13)ALPHA DENTAL PROGRAMS INC	L
(14)ALPHA DENTAL PROGRAMS INC	Q
(15)CELEBRATION DENTAL SERVICES	Q
(16)DELTA DENTAL COMMUNITY CARE FOUNDATION	B
(17)DELTA DENTAL INSURANCE COMPANY	A
(18)DELTA DENTAL INSURANCE COMPANY	L
(19)DELTA DENTAL INSURANCE COMPANY	M
(20)DELTA DENTAL INSURANCE COMPANY	P
(21)DELTA DENTAL INSURANCE COMPANY	Q
(22)DELTA DENTAL OF DELAWARE	Q
(23)DELTA DENTAL OF DISTRICT OF COLUMBIA	Q
(24)DELTA DENTAL OF NEW YORK	L
(25)DELTA DENTAL OF NEW YORK	P
(26)DELTA DENTAL OF NEW YORK	Q
(27)DELTA DENTAL OF PENNSYLVANIA	L
(28)DELTA DENTAL OF PENNSYLVANIA	M
(29)DELTA DENTAL OF PENNSYLVANIA	P
(30)DELTA DENTAL OF PENNSYLVANIA	Q
(31)DELTA DENTAL OF PUERTO RICO	L
(32)DELTA DENTAL OF PUERTO RICO	M
(33)DELTA DENTAL OF PUERTO RICO	P
(34)DELTA DENTAL OF PUERTO RICO	Q
(35)DELTA DENTAL OF WEST VIRGINIA	Q
(36)DELTA DENTAL IPA OF NEW YORK INC	Q
(37)DENTEGRA INSURANCE COMPANY	A
(38)DENTEGRA INSURANCE COMPANY	L
(39)DENTEGRA INSURANCE COMPANY	M
(40)DENTEGRA INSURANCE COMPANY	P
(41)DENTEGRA INSURANCE COMPANY	Q
(42)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	M
(43)DENTEGRA INSURANCE COMPANY OF NEW ENGLAND	Q
(44)DENTEGRA SEGUROS DENTALES SA	L
(45)DELTA DENTAL INSURANCE COMPANY	S
(46)DELTA DENTAL COMMUNITY CARE FOUNDATION	P
(47)DENTEGRA SEGUROS DENTALES SA	Q
(48)DELTA REINSURANCE CORPORATION	S

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered '

Provide the following information for each entity taxed as a partnership through which the organization conducted more than
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)	Are all se 501 organi
				Yes

Schedule R (Form 990) 2021

Part VII **Supplemental Information**

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

Return Reference	

Additional Data

Software ID:
Software Version: