efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493313010037 OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

A Fo	or the	2016 c	lendar year, or tax year beginning 01-01-20:	l6 , and ending 12-3	1-2016				_
		oplicable	C Name of organization Delta Dental of California			D Employ	er identi	ification number	
	dress c me cha	change ange				94-146:	1312		
	tıal reti	-	Doing business as						
Fin Detur		nınated				E Telephon	e numbe	ır	-
		l return	Number and street (or P O box if mail is not delivered t 100 FIRST STREET	o street address) Room/su	ite	·			
☐ App	plicatio	on pending	City or town, state or province, country, and ZIP or fore	ugn postal code		(415) 9	/2-6300	<u> </u>	_
			SAN FRANCISCO, CA 94105	ngir postar code		G Gross re	reints \$ ^c	5,883,015,045	
			F Name and address of principal officer		H(a) Is	this a group re	*		-
			MICHAEL J CASTRO			ibordinates?	Lui II IOI	□Yes ☑ No	
			100 FIRST STREET SAN FRANCISCO, CA 94105		н(ь) Ar	e all subordinat	es	Yes No	
[Tax	k-exem	npt status	☐ 501(c)(3)	4047(a)(1) or		cluded? "No," attach a l	st (soc		
1 14/	obeite	A: > \\/\\	W DELTADENTALINS COM	4947(a)(1) 01	1	oup exemption	•	•	
*	CDSIL	C. P WW	W DELIADENTALING COM		``				
K Forn	n of ore	ganization	☑ Corporation ☐ Trust ☐ Association ☐ Other	>	L Year of fo	ormation 1954	M State	e of legal domicile CA	
			<u> </u>						
Pa	rt I	Sumi							_
			cribe the organization's mission or most significant CE DENTAL HEALTH AND ACCESS THROUGH EXCE		FITS SERVI	ICE TECHNOLO	GY AND	PROFESSIONAL	
e e		SUPPORT	CE DENTAL PEACHT AND ACCESS THROUGH EXCE	I TIONAL DENTAL BENE	TITO DERV.	ice, recintoro	OT AILD	TROTESSIONAL	
E	-								_
Ē	_								_
ACTIVITIES & GOVERNANCE	,	Check thi	s box \blacktriangleright \square if the organization discontinued its ope	erations or disposed of m	nore than 2	25% of its net a	ssets		
.5 	3	Number o	f voting members of the governing body (Part VI,	line 1a)		•	3	12	2
Š.	4	Number o	f independent voting members of the governing b	ody (Part VI, line 1b) .			4	10	0
AT 16	5	Total num	ber of individuals employed in calendar year 2016	(Part V, line 2a)			5	2,000	ō
	6	Total nun	ber of volunteers (estimate if necessary)				6		b
ă	7a -	Total unre	lated business revenue from Part VIII, column (C), line 12			7a		_ ٥
			ated business taxable income from Form 990-T, lir	•			7b	-343,417	7
			,		T	Prior Year	1	Current Year	-
	8	Contribut	ons and grants (Part VIII, line 1h)				0		-
Ravenue			service revenue (Part VIII, line 2g)			5,602,059,8	355	5,862,698,88	5
ΘĄċ		-	nt income (Part VIII, column (A), lines 3, 4, and 7			23,843,2		16,650,49	
œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	•	-	-37,370,9		-19,799,18	-
			nue—add lines 8 through 11 (must equal Part VIII)	•		5,588,532,1		5,859,550,18	
			d similar amounts paid (Part IX, column (A), lines			1,998,4	_	1,779,96	
			aid to or for members (Part IX, column (A), line 4	•		4,955,645,2		5,166,140,09	_
			other compensation, employee benefits (Part IX, c	•		269,226,9		257,956,98	-
See	l		nal fundraising fees (Part IX, column (A), line 11e)			203,220,	0	237,330,30	-
Expenses	l .		asing expenses (Part IX, column (D), line 25) \triangleright 0				+		-
Ä			enses (Part IX, column (A), lines 11a-11d, 11f-24	10)		245,962,2	75	286,720,53	1
			enses Add lines 13–17 (must equal Part IX, colum	•		5,472,832,9	_		-
			ess expenses Subtract line 18 from line 12	, ,,		115,699,1		5,712,597,56 146,952,62	
ي	19	Revenue	ess expenses Subtract fine 10 from fine 12		Beginn	ing of Current Y		End of Year	_
Net Assets or Fund Balances						9		0, 1041	
SS 6.	20	Total asse	ts (Part X, line 16)			2,048,196,7	764	2,386,335,54	ϵ
₹ B	21	Total liab	lities (Part X, line 26)			1,141,904,2	255	1,315,919,70	5
ŽΞ	22	Net asset	or fund balances Subtract line 21 from line 20 .			906,292,5	509	1,070,415,84	1
Par	t II	Signa	ture Block						
			rjury, I declare that I have examined this return,						
	eage nowle		, it is true, correct, and complete Declaration of p	reparer (other than offic	cer) is base	ed on all informa	ation or	wnich preparer has	
		T.k							_
		* * * * * * *	ro of officer			2017-11-06			
Sign		J Signati	re of officer			Date			
Here	:		J Castro EXE VICE PRES /CFO						
		17	print name and title						
_	_		Int/Type preparer's name Preparer's signat Ellie A Lanford Kellie A Lanford		oate 017-11-09		PTIN 20053861	14	
Paic		-				self-employed			_
-	oare	;• -	rm's name ► CBIZ MHM LLC rm's address ► 530 Howell Road Suite 209			Firm's EIN ► 34-			_
Jse	Onl	ly ⁵				Phone no (864)	241-2001	ī	
			Greenville, SC 29615						_
May t	he IRS	S discuss	this return with the preparer shown above? (see in	nstructions)			✓	Yes 🗌 No	

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Serv	ice Accomplis	hments		
	Check If Sche	edule O contains a res	ponse or note to	any line in this Part III		<u> </u>
1	Briefly describe the o	organization's mission	1			
<u>TO A</u>	DVANCE DENTAL HEA	LTH AND ACCESS THE	ROUGH EXCEPTIO	NAL DENTAL BENEFITS	SERVICE, TECHNOLOGY AND F	PROFESSIONAL SUPPORT
	D. J. H			vices during the year w		
2	-	or 990-EZ?		· .	nich were not listed on	☐ Yes ☑ No
	•	ese new services on S				□ 1€3 □ 1 10
3	•			changes in how it condi	icts, any program	
_	services?	. ,		enanges in now it conde	acco, any program	. □Yes ☑No
		ese changes on Sched	lule O			
4	•	<u>-</u>		ats for each of its three	largest program services, as m	eacured by expenses
-					of grants and allocations to othe	
	expenses, and reven	lue, if any, for each p	rogram service re	ported		
4a	(Code) (Expenses \$	5,630,484,474	ıncludıng grants of \$) (Revenue \$	5,859,550,187)
44	See Additional Data) (Expenses \$	5,630,464,474	including grants or \$) (Revenue \$	3,039,330,107)
	— Additional Data					
4b	(Code) (Expenses \$	1,779,960	including grants of \$	1,779,960) (Revenue \$)
	See Additional Data	, , ,			, , ,	,
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv	ces (Describe in Sche	idula O)			
4u	(Expenses \$		cluding grants of	\$) (Revenue \$)
	Total program ser		5,632,264,4		, (
46	_ rotar program ser	TICE EXPENSES P	3,032,204,4	J ¬		

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No

Nο

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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? assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, to provide advice on the distribution or investment of amounts in such funds or accounts?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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 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 🕏

or X as applicable

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 🛸

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

business, investment, and program service activities outside the United States, or aggregate foreign investments

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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Form	990 (2016)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	

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,"

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🛸 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Nο

Nο

Nο

Νo

No

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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25b

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28a

28b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	t 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	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 110,275	4		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	- 1		
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	In 165, to line 3d of 35, and the organization file form 6000-10. It is in the interest in the	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	—		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	76		
	1098-C?	7h		
8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the appropriate arganization make any tayable distributions under section 40662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

-orm	n 990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	or a "No" respo	nse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year la	12	Yes	No
	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 officer, director, trustee, or key employee?	other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person? .	ervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one omembers of the governing body?	r more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body?	, or 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y the following	ear by		
а	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 th organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code	e.)	
			Yes	No
10a	a 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, affil and branches to ensure their operations are consistent with the organization's exempt purposes?	ates,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir form?	g the 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a 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 ri conflicts?	se to 12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	e in 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 indeper persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dent		
а	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	a 16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's experience.			
	status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you made these available. Check all that apply	s only)		
	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 inte 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 reco ▶MICHAEL J CASTRO CFO 100 FIRST STREET SAN FRANCISCO, CA 94105 (415) 972-8300	rds		

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

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

of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

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

Page 8

للنكسا	Section A. Officers, Direct	Tors, riustees	, key	Linb	10 y e	<u>:es,</u>	, and	<u> </u>	Test compensati	(continueu)			
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	oox, ι an of	ot che unles fficer	heck mo ess pers er and a stee)	rson	(D) Reportable compensation from the organization (W-		n i [W-	(F) Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensatemployee	Former	2/1099-MISC)	2/1099-MISC)	organizati relati organiza	:ed
			Ť.	क क			nsated						
See	Additional Data Table		\vdash	+	+	+	+-	+		+	+		
		+	 	+	+	\dagger	+	+		+	\dashv		
		+		+	\dagger	\dagger	_	\dagger		+	\forall		-
				<u> </u>	\vdash	\top	†	T			寸		
					T			\top		†	寸		
										1	\exists		
			İ							1	\Box		
	Sub-Total			•		•	<u> </u>	<u> </u>			Ŧ		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•		٠.	-		>	_	43,801,544	2,086,29	95	1/	0,467,88
2	Total number of individuals (including of reportable compensation from the			se list	.ed a	bov	e) who	o rec	eived more than \$:	100,000			
					_	_					_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>									d employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual									m the	4	100	
5	Did any person listed on line 1a receive									dividual for		1	
	services rendered to the organization	•	lete Scn	nedule	e J to	or su	ıch per	rson	· · · · ·	• • •	5		No
<u>Se</u>	ection B. Independent Contract Complete this table for your five high	nest compensate									 mper	 nsation	
	from the organization Report comper	ensation for the o	calendar	r year	end	ling	with o	<u>r wit</u>	thin the organization	on's tax year (B)		(c	<u> </u>
CATA	Name a	and business addre	ess						Desc Consulting	scription of services		Compen	
11000	00 Optum Circle								==:	Jei 11000			,002,
	Prairie, MN 55344 ERPRISE SERVICES LLC								Consulting	Services		7	,419,888
РО Во	lox 281935												
	nta, GA 303841935 HINGTON DENTAL SERVICE							—	Dental Clar	ıms Processing Servic	ces	5	,871,298
	lox 75688 tle, WA 981250688												
	H MAHINDRA LIMITED								Consulting	Services		4	,904,552
	. Surham Ave STE 101 h Plainfield, NJ 07080												
	AMERICA INC								Consulting	Services		3	,069,574
	Potrero Ave nyvale, CA 94085												
	Total number of independent contractor	rs (including but	t not lim	oited '	to th		- listed	abo	ve) who received r	nore than \$100.0/	00 of	ċ	

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 ▶ 89

Part	VI												
		Check if Sched	lule O contains	a respo	nse or no	ote to any		nis Part VIII A)		(B)		 (c)	⊔ (D)
								evenue	Rel	ated or	Un	related	Revenue
										rempt nction		venue	excluded from tax under sections
	14	a Federated campa	IGDS	4-					re	venue			512-514
ats ut	ľ	b Membership dues	_	1a									
rar		·		1b									
%. G A ⊞		c Fundraising even		1c									
		d Related organizat		1d									
S, C		e Government grants		1e									
Contributions, Gifts, Grants and Other Similar Amounts		f All other contribution and similar amounts		1f									
but the		above g Noncash contribu	tions included										
a di		in lines 1a-1f \$ _											
<u>ة</u> 2	L	h Total. Add lines 1a	-1f			<u> </u>							
<u>ı</u>						Business	Code						
Revenue	28	a PROFESSIONAL SERV	ICES				524114	4,228,	197,421	4,228,19	7,421		
æ	Ŀ	FEES & CONTRACTS F	ROM GOVERNMEN	NT .			524114	1,634,	501,461	1,634,50	1,461		
Service	٠	c ———		_	-						-		+
3	٠	d		_	-								
ran	6	e ————————————————————————————————————											
Program		f All other program :			_	5,862,6	98,882				•		
<u> </u>		Total.Add lines 2a-			<u> </u>								
		Investment income similar amounts) .			nterest, a	and other		16,013,42	2	16,013,422			
	4	Income from invest	ment of tax-exe	mpt b	ond proce	eds 🕨							
	5	Royalties				<u> </u>	<u> </u>						
	ے ا	a Gross rents	(ı) Rea	l	(II) Pe	ersonal	-						
	٥٠	a Gross rents											
	ı	b Less rental expense	s										
	١,	c Rental income or					-						
		(loss)					ļ						
	ľ	d Net rental income				>							_
	72	a Gross amount	(ı) Securit	les	(11)	Other							
		from sales of assets other	24,1	.01,926									
		than inventory											
	ı	b Less cost or other basis and	23.4	64,858									
		sales expenses	·	37,068			-						
		Gain or (loss)Net gain or (loss)		,			1	637,06	3	637,068			
		a Gross income from		ents		<u> </u>	1	·					
ne		(not including \$		of									
V⊕ P		contributions repor See Part IV, line 18	rted on line 1c)	a	1								
Re	ı	b Less direct expens	ses	b									
Other Revenue		c Net income or (los	-	_	ents .	• •							
\$	98	a Gross income from See Part IV, line 19		es									
				а									
	l	b Less direct expens		b									
		c Net income or (los l a Gross sales of inve		activit	ies	<u> </u>							
		returns and allowa											
	١.	h	1 - 1	a									
		b Less cost of goods c Net income or (los		b	.021		J						
		Miscellaneou		IIIVCIIC		ss Code							
	11	1aINCOME/LOSS FR	OM SUBSIDIAR	IES		524298		15,480,26	1	15,480,261			
		MANAGEMENT FEE	INCOME			524298		1,032,81	5	1,032,816			
	•	C MISC INCOME				524298		998,91		998,916			
		٠ ١ مداد						_27 244 479		_97 944 470			
		d All other revenue e Total. Add lines 1:			_	•		-37,311,178	7	-37,311,178			
		2 Total revenue. Se				•		-19,799,18	5				
		- rotar revenue. Se	se misu uctions			• •		,859,550,18	7	5,859,550,187		0	Form 990 (2016)

IV. line 22

and 16

b Legal .

c Accounting

domestic governments See Part IV, line 21

4 Benefits paid to or for members

section 4958(c)(3)(B) . 7 Other salaries and wages

9 Other employee benefits . 10 Payroll taxes . . .

11 Fees for services (non-employees) a Management . . .

d Lobbying

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

a Broker FEES

c CONSULTANT FEES

d OUTSIDE SERVICES

e All other expenses

b ACA TAX

15 Royalties .

17 Travel .

16 Occupancy .

14 Information technology

key employees .

1 Grants and other assistance to domestic organizations and

2 Grants and other assistance to domestic individuals. See Part

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions) . .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 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)

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

q Other (If line 11q amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other org	anızatıons must com	plete column (A)		
Check if Schedule O contains a response or note to any	/ line in this Part IX				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisinger	kpenses

1,314,960

465,000

5,166,140,090

54,073,992

151,388,337

12,498,737

29,735,328

10,260,587

28,032,395

1,787,966

520,650

4,902,159

21,626,875

28,520,586

12,599,445

20,028,572

4,776,490

717,334

733,368

25,178,648

1,438,544

48.336.048

30,230,316

22,475,205

10,799,382

24,016,548

5,712,597,562

1,314,960

465,000

5,166,140,090

138,855,789

11,452,002

27,504,256

9,420,648

28,032,395

586,312

520,650

4,902,159

21,420,436

28,238,928

12,278,299

18,291,513

3,961,136

524,460

733,368

24,819,386

1,438,544

48.336.048

30,230,316

18,784,828

10,514,911

23,498,000

5,632,264,434

54,073,992

12,532,548

1,046,735

2,231,072

1.201.654

206,439

281,658

321,146

815,354

192,874

359,262

3,690,377

284,471

518,548

0

Form 990 (2016)

80,333,128

1,737,059

839,939

1	Cash-non-interest-bearing	444,495,681	1	592,765,929
2	Savings and temporary cash investments	41,248,048	2	59,706,475
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	275,114,911	4	299,402,403
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

Beginning of year

6.295.206

35.843.298

2.048,196,764

468,571,782

70,989,049

602.343.424

1,141,904,255

906,292,509

906,292,509

2.048.196.764

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End of year

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34.634.290

2,386,335,546

520,412,479

76,203,865

719.303,361

1,315,919,705

1,070,415,841

1,070,415,841

2.386.335.546

Form **990** (2016)

		trustees, key employees, and highest compensa II of Schedule L				5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the voluntary employees' beneficiary organizations. Part II of Schedule L		6			
ets	7	Notes and loans receivable, net	95,750,000	7	135,750,000		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			22,048,866	9	29,171,030
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	511,049,110			
	ь	Less accumulated depreciation	eciation 10b 335,680,220				175,368,890

		section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	of section 501(c)(9)		6		
ets	7	Notes and loans receivable, net			95,750,000	7	135,750,000
88	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	[22,048,866	9	29,171,030	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		511,049,110			
	ь	Less accumulated depreciation	10 b	335,680,220	197,362,738	10c	175,368,890
	11	Investments—publicly traded securities .			801,799,010	11	920,370,803
	12	Investments—other securities See Part IV, line	11 .	128,239,006	12	139,165,726	
	13	Investments—program-related See Part IV, line		13			

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33

34

Liabilities 22

Fund Balances

Assets or

Net

Intangible assets . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

No

Form 990 (2016)

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

Software Version:

EIN: 94-1461312

Name: Delta Dental of California

Form 990 (2016)

Form OOO Bort III Line

Form 990, Part III, Line 4a:

The organization provided dental benefit coverage for 24,564,000 beneficiaries in 2016, primarily through contracts with independent dentists. Included were 12,843,000 enrollees in MEDI-CAL and other publicly-sponsored dental benefit programs administered by the organization, as well as 1,569,000 persons voluntary enrolled in the TRDP program for retired military service personnel and their families that the organization underwrites pursuant to a contract with the Department of Defense. The organization paid more than \$5.166.140.000 for dental care during 2016.

Form 990, Part III, Line 4b:

The organization made grants during 2016 to foster improved accessto dental health care treatment, to support professional dentaleducation, and to provide oral health

instruction for patients

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensated employee Former Individual trustee or director Key employee Institutional organizations MISC) MISC) related director. below dotted organizations line) Trustee

Reid Andrew J	2 00	×					222.784	0	
Chair		^					222,701	Ů	
Franzoı Lynn L	1 00	·					174,287	0	
First Vice Chair		^					174,267	· ·	
Gonella Roy	1 00								
		l X	I	i l	ıl		171,787	01	

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171,787

211,044

175,592

97,000

51,500

109,484

45,500

27,791

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1 00

1 00

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Second Vice Chair

Farnsworth Kent DDS

Secretary

Treasurer

Director

Director

Director

Director

Director

O'Toole Terry A

Beraert Glen F CPA

Burgel Barbara J

Collins Aidan M

Gandhi Devang M DDS

Cassat Douglas D DDS APC

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and 25 = Highest compensat Former MISC) MISC) organizations employee

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(F)

Estimated

from the

related

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8,284,122

60,636

60,636

54,984

96,500

86,787

120,027

127,000

45,500

66,500

6,043,710

2,711,964

2,040,945

1,928,593

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	below dotted line)	idividual trustee ridirector	nstitutional Trustee
Kaplan Gregory D DDS Director	1 00	X	
Codama Beverly A DDS	1 00		

Kodama Beverly A DDS

Pickering Stephen R DDS

Zimmerman Thomas A

McCann Steven F

Director

Director

Director

Director

Director

Rains Jo Bonita

Barth Anthony S

President/CEO

Castro Michael J

Exe Vice Pres /CFO

Hankinson Michael G

Exe Vice Pres /CLO

Martinez Belinda

Exe Vice Pres

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation amount of other compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director. below dotted organizations employee line) Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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10 00

10 00 40 00

10 00 40 00

10 00 40 00

10 00 40 00

10 00 10 00

40 00

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Patel Nilesh C

Exe Vice Pres

Sr Vice Pres

Grp Vice Pres

Album Jeffrey M

Anderson Terri E

Bonfilio Michelle L

Bradley Russell K

Vice Pres

Vice Pres

Vice Pres

Vice Pres

Makkala Srihari N

Doering Rick R	40 00		х		1,561,892	0	
Sr Vice Pres	10 00		^		1,301,032	0	
Henry Patrick T	40 00		Х		1,020,301	0	
Sr Vice Pres	10 00		^		1,020,301		
Jackson Kevin L	40 00		.,		4 440 070		

Sr Vice Pres	10 00						
Henry Patrick T	40 00		v		4 020 204		52.05
Sr Vice Pres			×		1,020,301	0	53,95
Jackson Kevin L	40 00		¥		1,149,379	0	70,41
Sr Vice Pres	10 00				1,145,575		70,41

Henry Patrick T	40 00		, l		1,020,301	0	53,955
Sr Vice Pres	10 00				1,020,301	0	33,333
Jackson Kevin L	40 00		Ţ		1,149,379	0	70,410
Sr Vice Pres	10 00		^		1,149,379	Ų.	70,410
Weber Alıcıa F	40 00						

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348,579

1,806,328

1,002,226

702,049

714,204

284,195

47,596

58,854

45,250

68,968

27,615

36,058

11,829

		>		1	1,020,301	l 0	53,955
Sr Vice Pres	10 00				, ,		
Jackson Kevin L	40 00						
	•••••	>			1,149,379	0	70,410
Sr Vice Pres	10 00						
Weber Alicia F	40 00						
	•••••	>			1,573,356	0	62,331

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Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest compe employee organization and Individual or director Office Former Key employee Institutional organizations MISC) MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

		តិ ប	USTee		ensated			
Croley Daniel W	40 00			×		706,520	0	68,155
Vice Pres	10 00			^		, 30,320	J	00,133
Fegley Andrea M	40 00			×		476,726	0	40,303
Vice Pres	10 00			^		1, 0,,,20	J	10,505
Fullerton Melissa	10 00							

	10 00						
Fullerton Melissa	10 00						
			l x l		0	714,227	
Vice Pres	40 00				-	,	
Harlın Casey J	40 00						
			l x l		307,759	0	!
Vice Pres	10 00						

vice ries	40 00							ĺ
Harlın Casey J	40 00							
			Ιx			307,759	l 0	
Vice Pres	10 00					,		
Hempelman Janine N	40 00							
Trempennan samme 14	•••••		Ιx			471,444	0	l
·			×			471,444	0	ĺ

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Vice Pres

Vice Pres

Holm Brian

Konovaloff J Douglas

Leibowitz Thomas J

Menhart Robert A

Vice Pres

Vice Pres

Vice Pres

Vice Pres

Hoffman Eva C

			хI		l 0	714,227	62,684
Vice Pres	40 00				_		
Harlın Casey J	40 00						
	•••••		χl		307,759	0	59,811
Vice Pres	10 00				,		,
Hempelman Janine N	40 00						

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685,464

549,270

411,868

695,967

340,927

57,290

64,240

59,313

60,186

52,197

22,552

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation amount of other compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensatemplovee Former Individual trustee or director Key employee Institutional organizations MISC) MISC) related director. below dotted organizations line) Trustee

			хI		812,536	
Vice Pres	10 00				012,000	
Profeit Duane A	40 00					
	•••••		X		688,094	
Vice Pres	10 00				·	
Robinson Karen L	10 00					
	•••••	1	χl		88,411	303,5
Vice Pres	40.00	1	- 1			/-

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Nasr Jamal L

Navid Mohammadreza

Vice Pres

Vice Pres

Vice Pres

Vice Pres

Vice Pres

Vice Pres

Davis Rhett

Ruiz Joseph F

Sheetz Marty A

Swaminathan Shanmuga S

Yamamoto John M DDS

Director Account Services

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Vice Pres	10 00						
Profeit Duane A	40 00				600.004		
Vice Pres	10 00		×		688,094	o o	80,
Robinson Karen L	10 00		x		88,411	303,581	58,
Vice Pres	40 00		^`		00,411	303,361	30,

vice Pres	10 00						
Profeit Duane A	40 00						
			- X		688,094	0	80,543
Vice Pres	10 00						
Robinson Karen L	10 00						
			χl		88.411	303,581	58,482
Vice Pres	40 00						,
Rodzinka Barbara A	10 00						

	10 00							
Profeit Duane A	40 00		<			600,004		00.543
Vice Pres						688,094	0	80,543
*IEC 11C3	10 00							<u> </u>
Robinson Karen L	10 00							
			l x l			88,411	303,581	58,482
Vice Pres	40 00					,		
	10.00						, and the second	

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679,818

808,460

578,761

544,848

636,905

457,749

66,315

53,312

52,967

60,186

57,402

60,353

63,536

49,609

0

351,190

0

0

Compensated Employees, and Independent, Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations

(F)

Estimated

amount of other

compensation

from the

145,983

6,016

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

1	1 6 1	l					,	/14/ 2/4000	/VV 3/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Forestieri Teri A Director HR Operations	40 00					×		428,404	0	48,054
Gee Melissa K Director & Corporate Counsel - Managing	40 00					×		472,940	0	44,267
Layne Valerie W Director National and Special Accounts	40 00					х		432,891	0	74,548

				X	472,940	o	
Director & Corporate Counsel - Managing	10 00				,.		
Lavne Valerie W	40 00						
Layrie valerie w				x	432.891	0	
Director National and Special Accounts	10 00				,		

	10 00					i	
Lavne Valerie W	40 00						
				Х	432,891	0	
Director National and Special Accounts	10 00						
Pomerantz-Watzka Elise S	40 00						

Layne valerie w		l	l	l	l	l			
		l			X		432,891	0	
Director National and Special Accounts	10 00								
Pomerantz-Watzka Elise S	40 00								
Director Componentian 9. Banefits					X		454,146	0	

0 00

......

Pomerantz-Watzka Elise S	40 00							
	•••••			Х	454,146	0	56,333	
Director Compensation & Benefits	10 00							

Х

Х

7,607,525

292,817

0 00 Radine Gary D

FORMER - President/CEO

Wong Thomas

FORMER - Vice Pres

SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

DLN: 93493313010037 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

Intern	al Revenue Service	Information about Schedule I	O (Form 990) and its in	structions is at <u>w</u> ı			
	me of the orgar				Employer id	entification num	ber
					94-1461312		
Pa		izations Maintaining Donor ete if the organization answere			ds or Accounts.		
	СОППРІС	ate in the organization anomere	(a) Donor advised		(b)Funds ar	nd other accounts	
1	Total number	at end of year					
2	Aggregate val year)	ue of contributions to (during					
3	Aggregate val	ue of grants from (during year)					
4	Aggregate val	ue at end of year					
5		ation inform all donors and donor rganization's property, subject to t			or advised	☐ Yes	 □ No
6	used only for ch	ation inform all grantees, donors, naritable purposes and not for the ermissible private benefit?				☐ Yes	□ No
Pai	rt III Conse	rvation Easements. Complet	e if the organization a	nswered "Yes" on	Form 990, Part I\		
1	Purpose(s) of c	onservation easements held by the	e organization (check all t	hat apply)			
	Preservati	on of land for public use (e g , rec	reation or education)	Preservation	of an historically imp	portant land area	
	☐ Protection	of natural habitat		Preservation	of a certified historic	structure	
	Preservati	on of open space					
2		2a through 2d if the organization line last day of the tax year	neld a qualified conservat	ion contribution in th		ation at the End of the	e Year
а	Total number of	conservation easements			2a		
b	Total acreage re	estricted by conservation easemen	ts		2b		
С	Number of cons	ervation easements on a certified	historic structure included	d ın (a)	2c		
d	structure listed	ervation easements included in (c) in the National Register	,				
3	Number of cons tax year ►	servation easements modified, tran	nsferred, released, exting	uished, or terminate	d by the organizatio	n during the	
4	Number of state	es where property subject to conse	ervation easement is loca	ted >			
5	Does the organ and enforcemen	ızatıon have a wrıtten policy regar nt of the conservation easements ı	ding the periodic monitori t holds?	ing, inspection, hand	dling of violations,	☐ Yes ☐	No
6	Staff and volun	teer hours devoted to monitoring,	ınspecting, handling of vi	olations, and enforc	ing conservation eas	ements during the	e year
7	Amount of expe	enses incurred in monitoring, inspe	ecting, handling of violatio	ons, and enforcing co	onservation easemer	nts during the yea	r
8	Does each cons	ervation easement reported on lin O(h)(4)(B)(II)?	e 2(d) above satisfy the r	equirements of sect	ion 170(h)(4)(B)(ı)	☐ Yes ☐	No
9	balance sheet,	scribe how the organization report and include, if applicable, the text n's accounting for conservation ea:	of the footnote to the org				
Par		izations Maintaining Collectete if the organization answere			Other Similar A	ssets.	
1a	art, historical tr	tion elected, as permitted under SF easures, or other similar assets he XIII, the text of the footnote to it	eld for public exhibition, e	ducation, or researc	h in furtherance of p	lance sheet works public service,	of
b	historical treasi	tion elected, as permitted under SF ures, or other similar assets held fo nts relating to these items					
((i) Revenue includ	ded on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets ıncluded	d in Form 990, Part X			▶ \$		
2		tion received or held works of art, nts required to be reported under			r financial gain, prov	ride the	<u>-</u>
а	Revenue includ	ed on Form 990, Part VIII, line 1			> \$ _		
b	Assets included	ın Form 990, Part X			▶ \$_		
For F	Paperwork Red	uction Act Notice, see the Instr	uctions for Form 990.	Cat	: No 52283D Sch	nedule D (Form 9	990) 2016

Par	3111	Organizations Maintaining Co	lections of Art,	Histor	ical T	reas	ures, or	Other	Similar A	ssets (continued	<u>1) </u>
3		the organization's acquisition, accessio (check all that apply)	n, and other records	, check	any of	the fo	ollowing tl	nat are a	significant i	use of it	collection	in
а		Public exhibition		d		Loar	or excha	nge prog	rams			
b		Scholarly research		е		Othe	er					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's co KIII	llections and explain	how the	ey furtl	her th	e organiz	ation's ex	empt purpo	ose in		
5	asset	g the year, did the organization solicit os s to be sold to raise funds rather than to							ılar	□ Ye	es 🗌	No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990), Part	: IV, ∣	ıne 9, or	reporte	d an amou	unt on I	Form 99	0, Part
1a		e organization an agent, trustee, custodi led on Form 990, Part X?	an or other interme	dıary for	· contri	butior	ns or othe	r assets I	not	☐ Y €	es 🗌	No
b	If "Ye	es," explain the arrangement in Part XII:	I and complete the f	ollowing	table		Γ		Α	mount		
С	Begin	ning balance						1c				
d	Addıtı	ions during the year						1d				
е	Distri	butions during the year						1e				
f	Endın	g balance						1f				
2 a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	bility?	□ Ye	es 🗆	No
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the e	explanat	ion has	s been	provided	l in Part)	«III		🗆	
Pa	rt V	Endowment Funds. Complete if	the organization	answei	red "Y	es" o	n Form 9	990, Par	t IV, line 1	LO.		
		·	(a)Current year	(b) P	rıor yea	ır	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four y	ears back
1a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	restment earnings, gains, and losses										
d	Grants	or scholarships										
	and pro	expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2		de the estimated percentage of the curr	ent year end balance	e (line 1	g, colu	mn (a	i)) held as	5				
а	Board	designated or quasi-endowment >										
b	Perma	anent endowment 🟲										
С	Temp	orarily restricted endowment >										
	•	ercentages on lines 2a, 2b, and 2c shou	·									
За	organ	nere endowment funds not in the posses iization by nrelated organizations	ssion of the organiza	ition tha	t are h	eld ar	nd admini	stered fo	r the	[3	Ye a(i)	s No
		elated organizations				•					a(ii)	
b		s" on 3a(II), are the related organization	ns listed as required	on Sche	edule R	.7				<u> </u>	3b	
4	Descr	ribe in Part XIII the intended uses of the	organization's endo	wment	funds						•	
Par	t VI	Land, Buildings, and Equipme			_				200			
	Descri	Complete if the organization answ ption of property (a) Cost or ot (investment)	her basis (b)Cos	m 990, t or other					m 990, Par epreciation		e 10. (d)Book v	alue
12	Land											
	Buildin											
		old improvements	+		33.00	03,043			28,918,520			4,084,523
		nent	+			64,542			73,149,147			18,615,395
	Other					81,525	<u> </u>		233,612,553			152,668,972
		ines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colui			1		>			175,368,890

Part VII Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	e organization answ	ered 'Yes' on Form 990), Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
(1)Financial derivatives			
(2)Closely-held equity interests	139 165 726		F
(A) INVESTMENT - OTHER SECURITIES	139,165,726		<u>r</u>
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	139,165,726		
Part VIIII Investments—Program Related. Complete if the See Form 990, Part X, line 13.	the organization ans	wered 'Yes' on Form 99	90, Part IV, line 11c.
(a) Description of investment	(b) Book value		ed of valuation -year market value
(1)		cost of cha of	year market value
(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 (a) Description		t IV, line 11d See Form 9	990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			b
Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswered 'Yes' on For	m 990, Part IV, line 1:	le or 11f.
(a) Description of liability (1) Federal income taxes	(b) Bo	ook value	
(2) reactal meetine taxes			
ACCRUED RETIREMENT BENEFITS		71,282,599	
DEFERRED COMPENSATION PLANS		34,507,638	
GROUP PREFUNDING DEPOSITS		12,432,550	
REFUNDABLE GROUP BALANCES		601,080,574	
(5)		332,330,377	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	719,303,361	
2. Liability for uncertain tax positions. In Part XIII, provide the text of			ments that reports the

Subtract line 2e from line 1 .

Part XI

3

4

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

4a

4b

2a

2b

2c

2d

4b

Explanation

Page 4

3,588,292,187

2,271,258,000

5,859,550,187

3,441,339,562

3.441.339.562

2,271,258,000

5,712,597,562

Schedule D (Form 990) 2015

3

4c

2e

3

4c

5

2,271,258,000

2,271,258,000

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . 2a

Donated services and use of facilities . 2b b 2c Recoveries of prior year grants . . .

c Other (Describe in Part XIII) . . 2d d

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

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

е Add lines 2a through 2d 2e

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

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Add lines 4a and 4b . . . 5 Part XII

Other (Describe in Part XIII) b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

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

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version:

EIN: 94-1461312

Name: Delta Dental of California

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Company is a tax-exempt organization organized under Section 501(c)(4) of the Internal Revenue Code and, as such, no provision for income taxes has been made in the financial s tatements. Current accounting guidance clarifies how uncertainties in tax positions are re cognized in an entity's financial statements. The guidance prescribes a recognition thresh old and measurement process for tax positions taken or expected to be taken in a tax retur. In Positions include those with respect to the Company's tax exempt status and with respect to income taxes on unrelated business income. The Company has determined that such tax positions do not result in uncertainties requiring recognition.

upplemental Information	
Return Reference	Explanation
art XI, Line 4b - Other djustments	Administrative Service Contracts Claim Reimbursement Revenue

Su

Supplemental Information							
Return Reference	Explanation						
Part XII, Line 4b - Other Adjustments	Claims Incurred for Administrative Service Contracts						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493313010037 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** Delta Dental of California 94-1461312 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)

(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

Schedule I (Form 990) 2016

(4)

(5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Return Reference **Explanation** Part I, Line 2 The organization awards grants for programs that foster dental health and education. Through these grants the organization helps finance health, education, and research projects in dentistry, health and human services, and civic and community affairs. The two grants are (1) the dental health and education contribution, which supports dental health and awareness programs and (2) the standard dental research grant, which supports professional research related to dental health. Grants are awarded to groups that (1) provide dentistry for economically disadvantaged persons, (2) provide dentistry for groups that are dentally underserved, (3) provide education to advance the awareness or the science of dentistry, (4) promote public dental health, and (5) are involved in community activities related to dental care Grant Guidelines Priority will go to projects that focus on issues related to the delivery of oral health care, including those with significant potential for improving oral health and reducing treatment costs. Priority consideration will go to researchers from the dental schools in the enterprise states, but will not be limited to these institutions. Priority will go to two types of studies. (1) pilot or feasibility studies likely to enhance the investigator's chance for long-term funding from other sources, and (2) complete projects considered to be of interest to the health, education, and research fund, for which other sources of funds are traditionally unavailable or

insufficient. Priority will go to studies that evaluate the outcome of preventative and treatment procedures. Retrospective studies or those involving analysis of existing data should be considered, rather than long-term follow-up studies, in order to reduce the years required to obtain data. Overhead charges within each eligible grant will be limited to eight percent. The fund will normally make one to two standard research grants per year. Individual grants will generally not exceed \$40,000. Grants will be limited to one-year projects, subject to renewal. Except in special cases, an organization/entity will not be eligible for more than one grant during any year. A screening committee reviews all applications, with final grant decisions made by the fund's administrative committee Schedule I (Form 990) 2016

Page 2

Additional Data

BAY AREA COUNCIL

353 SACRAMENTO ST 10TH

SAN FRANCISCO, CA 94111

23-7325853

501(c)(3)

			-	fornia						
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN CANCER SOCIETY 1710 WEBSTER STREET OAKLAND, CA 94612	94-1170350	501(c)(3)	12,000				SPONSORSHIP FROM SF OFFICE, RANCHO CORDOVA, HARRISBURG & ALPHARETTA			

10,000

SPONSORSHIP OF THE

BAC 2016 OUTLOOK CONFERENCE

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

SPONSORED FOR CAGD

FALL MTG

CADP 33-0385553 501(C)(6) 10.700 2016 ANNUAL 12700 PARK CENTERAL DR CONFERENCE STF 400 SPONSORSHIP DALLAS.TX 752511529

CALIFORNIA ACADEMY OF 94-2557207 501(c)(3) 20.000 CE COURSE

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

GENERAL DENTISTRY

SACRAMENTO, CA 95822

PO BOX 22417

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

CRONICORCUITA

18111 NORDHOFF ST NORTHRIDGE, CA 91330					
FOUNDATION					
UNIVERSITY NORTHRIDGE			·		EVENT 09/22/16
CALIFORNIA STATE	95-6196006	501(c)(3)	10,000		SPONSORSHIP

46-0633229 5,000 SPONSOR CAMBRA CAMBRA COALITION 501(c)(3) 5050 LAGUNA BLVD STE 112 CONFERENCE, AUG 21 -448 23. 2016

40.000

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

E04/ \/3\

05 6406006

ELK GROVE, CA 95758

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

8/26/16

33-0739596 501(c)(3) 5.000 SPOT IN THE BACK CHALLENGED ATHLETES FOUNDATION CENTURY IN THE BACK 9591 WAPLES ST SAN DIEGO, CA 92121

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

1270 24th STREET

SAN DIEGO, CA 92102

TO BACK CENT NOR CA CHILDREN'S DENTAL HEALTH 95-2545484 501(c)(3) 5.000 ISPONSORSHIP FOR DAY ASSOC OF SAN DIEGO AT THE RACES ON

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 37-1570764 501(c)(3) 672.053 DELTA DENTAL COMMUNITY CONTRIBUTION TO THE CARE FOUNDATION FOUNDATION FOR DDC 58-6002053 10.000 "GENERAL DENTISTRY

TOO FIRST ST
SAN FRANCISCO, CA 94105

DENTAL COLLEGE OF GEORGIA AT AUGUSTA DIVISION OF CONTINUING EDUCATION 1120 15TH STREET-FI-1085

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

AUGUSTA, GA 30904

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-3045948 501(c)(3) 5.000 FINE ARTS MUSEUM CONTRIBUTION GOLDEN GATE PARK 50

HAGIWARA TFA GARDEN DR SAN FRANCISCO, CA 94118 17,000 INTERAGENCY INSTITUTE FOR 61-1478726

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

WASHINGTON, DC 20016

CONTRIBUTION FEDERAL HEALTH CARE EXECUTIVES 5325 MACARTHUR BLVD NW

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

TEXAS

94-1744108 501(c)(3) 5.000 SPONSORSHIP "ALL LA CLINICA DE LA RAZA PO BOX 17054 THAT JAZZ" EVENT OAKLAND, CA 94601 NATIONAL CHILDREN'S ORAL 20-3921574 501(c)(3) 100,000 AMERICA'S

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

300

CHARLOTTE, NC 28209

HEALTH FOUNDATION 4108 TOOTHFAIRY PROGRAM PARK RD STE - LOS ANGELES AND

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

CONTRIBUTION

IN SEPT

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

E04 () (2)

E4 4040070

3601 EISENHOWER AVE STE

ALEXANDRIA, VA 22304

425

FOUNDATION 415 NORTH LEE ST ALEXANDRIA, VA 22314	54-1940978	501(c)(3)	10,000		CONTRIBUTION PROGRAM AND CONTRIBUTORS SPONSORSHIP LEVEL
NATIONAL MILITARY FAMILY ASSOCIATION	52-0899384	501(c)(3)	6,250		CONTRIBUTION FOR LEADERSHIP LUNCHEON

40.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(c)(3) 5.000 PENFED FOUNDATION INC 54-2062271 ISPONSOR 12TH 2930 EISENHOWER AVENUE ANNUAL NIGHT OF HEROES GALA -

PREVENTIVE ED

ALEXANDRIA, VA 22314

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

PO BOX 50

WYMEWOOD, PA 19096

5/11/16 01-0564355 501(c)(3) 10.000 ADVANCING ORAL PENNSYLVANIA COALITION FOR ORAL HEALTH HEALTH POLICY &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 53-0132450 501(C)(19) 5,000 INDUSTRY STARS RESERVE OFFICERS

ASSOCIATION 1 CONSTITUTION AVE NE WASHINGTON, DC 20002					CONTRIBUTION
SAN FRANCISCO BALLET	94-1415298	501(c)(3)	5,000		CONTRIBUTION

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

455 FRANKLIN STREET SAN FRANCISCO, CA 94102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SONOMA COUNTY 94-6000539 7.000 PERINATAL & INFANT DEPARTMENT OF HEALTH ORAL HEALTH PILOT PROJECT

490 MENDOCINO AVE SANTA ROSA, CA 95401 **TEAMSMILE**

75-3250075 501(c)(3) 50.000 SPONSORSHIP FOR 2000 SWIFT AVE TEAMSMILE EVENT NORTH KANSAS CITY, MO 64116

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE L A TRUST 95-4262448 501/61/31 10 000 TOOTHEATRY

RESEARCH & CLINICAL

333 S BEAUDRY AVE 29TH FL LOS ANGELES, CA 90017	33 HZ0ZH10	301(0)(3)	10,000		CONVENTION SPONSORSHIP ON 2/11/17
UC REGENTS	95-2226406		26,000		SPONSORSHIP FOR

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

SUMMER FELLOWSHIP, 513 PARNASSUS AVE SAN FRANCISCO, CA 94143 CE COURSE and 2016

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

IUNITED WAY MATCHING

AND SAN FRANCISCO

CONTRIBUTION FOR

NOV 2016

UNITED WAY CALIFORNIA	23-7079003	501(c)(3)	43,185		UNITED WAY MATCHING
CAPITAL REGION					
10389 OLD PLACERVILLE RD					
SACRAMENTO, CA 958272506					

188.204

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

501(c)(3)

UNITED WAY OF THE BAY

550 KEARNY STREET 1000

SAN FRANCISCO, CA 94108

AREA

94-1312348

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 62.568 MISCELLANEOUS ITEMS LESS MISCELLANEOUS THAN 5000 CONTRIBUTION

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DLN: 93493313010037

Employer identification number

OMB No 1545-0047

2015

Open to Public Inspection

Compensation Information

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule J

Delta Dental of California 94-1461312 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes 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 in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo 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. 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 The organization? 5а Νo 5h Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III 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 The organization? 6a Νo Any related organization? 6b Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Yes 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 ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Schedule 3 (Form 990) 2015							Page Z
Part III Officers, Directors	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.						needed.
For each individual whose compensal instructions, on row (ii) Do not list al Note. The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·	
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation						(F) Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Page 3

Schedule J (Form 990) 2015

incurred by the employee for the expense. Two officers and one highly compensated employee received this benefit in 2016. The total amount reimbursed is included in taxable compensation. The president and executive vice presidents may be reimbursed for one health or social club upon approval by the president. Two senior executives received this benefit in 2016. The cost of this benefit is included in taxable compensation. Financial and tax planning expenses are reimbursed to employees at the director or above levels of management. A company policy outlines the maximum reimbursement allowed for each management level. These reimbursements are included in the taxable compensation of the reimbursed employees Part I, Line 4b The organization provides a supplemental non-qualified retirement plan to certain of its senior executives as selected by the Board of Directors. The

supplemental retirement benefit is based on each executive's compensation and years of service to the enterprise. The benefit is subject to the risk of forfeiture if required years of service are not met. Annual deferred compensation related to this plan is reported in Schedule J. Part II, Column C. for each participant and reflects the current year increase or decrease in the organization's pension benefit obligation ("PBO"), calculated pursuant to generally

accepted accounting principles. The PBO increase or decrease includes changes in actuarial assumptions (e.g., applicable discount rate), as well as

Schedule J (Form 990) 2015

Supplemental Information

Part III

Belinda Martinez

changes in compensation and years of service. In 2016, four executives participated in the plan - Anthony Barth, Michael Castro, Douglas Konovaloff, and

Part I, Line 7 The President of the organization, with Board of Directors approval, may grant an annual bonus to all management employees. These amounts are included

Software ID: Software Version:

EIN: 94-1461312

Name: Delta Dental of California

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

Form 990, Schedule J, Pa	11 ((F) C
(A) Name and Title		(i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1Reid Andrew JChair	L	i	compensation I	compensation	I	I	I I	
TReid Andrew Jonan	(1)	222,784	0	0	0	0	222,784	0
	(11)	0	0	0	0	-	-	0
1Franzoi Lynn L	(1)	174,287	0	0	0	0	174,287	0
First Vice Chair	(II)	0						
	Ĺ					0	0	
2 Gonella Roy Second Vice Chair	(1)	171,787	0	0	0	0	171,787	0
	(11)	0	0	0	0	_	_	0
3Farnsworth Kent DDS	(1)	171,787	0	0	0	0	171,787	
Secretary	(11)							
	(,	, and the second	0	U	U	0	0	
40'Toole Terry ATreasurer	(1)	211,044	0	o	0	0	211,044	0
	(11)	0	0	0	0		-	0
5 Bergert Glen F CPADirector	(1)	175,592	0	0	0	0	175,592	
	(11)	27,791			<u>-</u>		173,392	
	(")	27,731	U	0	U	0	- 27,791	0
6 Barth Anthony S President/CEO	(1)	1,146,154	4,729,756	167,800	8,254,288	29,834	14,327,832	0
	(11)	0	0	0	0			0
7 Castro Michael J	(1)	566,496				0	0	
Exe Vice Pres /CFO		300,490	2,074,616	70,852	35,000	25,636	2,772,600	0
	(11)	0	0	0	0	- 0	- 0	0
8Hankinson Michael G Exe Vice Pres /CLO	(1)	459,996	1,477,601	103,348	35,000	25,636	2,101,581	0
Exe Vice Pies / CLO	(11)	0						
						0	0	
9 Martinez Belinda Exe Vice Pres	(1)	509,137	1,360,625	58,831	35,000	19,984	1,983,577	0
	(11)	0	0	0	0	-	_	0
10Patel Nilesh C	(1)	502,708	1,274,998	28,622	36,533	11,063	1,853,924	0
Exe Vice Pres	(11)							
	(**,	_	0	0	0	0	o	
11Doering Rick R Sr Vice Pres	(1)	399,846	1,135,078	26,968	37,671	21,183	1,620,746	0
	(11)	0	0	0	0	-	-	0
12Henry Patrick T	(1)	142,116	814,618	63,567	44,848	9,107	1,074,256	
Sr Vice Pres	l. ,		014,010				1,074,230	
	(11)	0	U	0	U	0	0	0
13Jackson Kevin L Sr Vice Pres	(1)	332,134	799,142	18,103	40,876	29,534	1,219,789	0
	(11)	0	0	0	0			0
14Weber Alıcıa F	(1)	399,741	1 122 245	41.270	27.004	0	1 625 607	
Sr Vice Pres			1,132,245	41,370	37,904	24,427	1,635,687	
	(11)	0	0	0	0	-0	- 0	0
15Makkala Snhan N Grp Vice Pres	(1)	330,000	655,000	17,226	36,136	9,114	1,047,476	0
	(11)	0	0	0	0		-	0
16Album Jeffrey MVice Pres	(1)	270,031				0	0	
Torribum Seniey Profes Fres	(1)	2/0,031	421,556	10,462	41,683	27,285	771,017	0
	(11)	0	0	0	0	- 0	- 0	0
17Anderson Tern EVice Pres	(1)	10,062	385,327	318,815	26,801	814	741,819	0
	(11)	0	0	0	0			0
18Bonfilio Michelle L		97				0	0	
Vice Pres	(1)	274,615	0	9,580	35,127	931	320,253	0
	(11)	0	0	0	0		_	0
19Bradley Russell KVice Pres	(1)	0	0	0	0	0	0	0
	(II)	99,707	241,569	7,303	5,434			
				,,503		6,395	360,408	

Form 990, Schedule J, Pa	rt I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	d Highest Compen	sated Employees	5	
(A) Name and Title			W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base	(ii) Bonus &	(iii) Other	compensation	Deficits	(0)(1)-(0)	reported as deferred
		Compensation	incentive compensation	reportable compensation				on prior Form 990
21Croley Daniel WVice Pres	(1)	287,384	407,752	11,384	38,771	29,384	774,675	0
	(11)	0	0	0	0			0
1Fegley Andrea MVIce Pres	(ı)	269,539	196,480	10,707	32,187	8,116	517,029	0
	(11)	0	0	0	0			0
2Fullerton MelissaVice Pres	(1)	0	0	0	0	0	0	0
	(11)	239,818	445,453	28,956	38,038			0
3Harlın Casey JVice Pres	(1)	182,362	129,250	-3,853	32,575	24,646 27,236		0
	(11)	0	129,230		0			0
4Hempelman Janine N	(1)	241,296	222.574	7.574	24.700	0	0	
Vice Pres	(11)	0	222,574 0	7,574 0	34,709 0	22,581	528,734	0
5Hoffman Eva CVice Pres	(1)	283,927				0	0	
Shorman Eva evice Fles	(I) (II)	283,927	397,700 	3,837 	36,937 	27,303	749,704	0
5111 0 1/ 0				, and the second	•	0	0	
6 Holm BrianVice Pres	(I) (II)	253,000	282,399	13,871	36,911	22,402	608,583	0
			0	U	0	0	0	0
7 Konovaloff J Douglas Vice Pres	(1)	196,464	202,348	13,056	35,000	25,186	472,054	0
	(11)	0	0	0	0	0	- 0	0
8 Leibowitz Thomas J Vice Pres	(1)	274,846	405,624	15,497	35,491	16,706	748,164	0
	(11)	0	0	0	0		- 0	0
9Menhart Robert AVice Pres	(1)	0	0	0	0	0	0	0
	(11)	132,635	189,879	18,413	6,122			0
10Nasr Jamal LVice Pres	(1)	263,883	388,630	27,305	41,129	16,430 25,186		0
	(11)	0	0		0			0
11Navid Mohammadreza	(1)	279,326	520,406	12.004	26 105	17.127	0	0
Vice Pres	(11)	2,3,320	520,406	12,804	36,185	17,127	865,848	
	'''	Ü	0	O	U	0	0	0
12Profeit Duane AVice Pres	(1)	264,914	379,943	43,237	63,141	17,402	768,637	0
	(11)	0	0	0	0	0	0	0
13Robinson Karen L Vice Pres	(1)	84,039	0	4,372	9,504	3,577	101,492	0
	(11)	147,290	152,719	3,572	40,781	4,620	348,982	0
14 Rodzınka Barbara A Vıce Pres	(1)	0	0	0	0	0	0	0
	(11)	227,060	58,125	66,005	35,000			0
15 Ruiz Joseph FVice Pres	(1)	305,822	200 541	114.007	35,000	17,967		0
, ,	(11)	0	388,541 0	114,097 0	35,000 0	25,186	868,646 	0
16Sheetz Marty AVice Pres	(1)	259,715				0	0	
2001.000 101.0) 11.00	(I) (II)	239,713	313,690	5,356 	35,000 	22,402	636,163	0
17Swamınathan Shanmuga S		0.55.55	0			0	0	
Vice Pres	(I) (II)	253,000 	278,834	13,014	35,500	24,853	605,201	0
10/2			0	0		0	0	
18Yamamoto John M DDS Vice Pres	(1)	254,896	371,229	10,780	36,251	27,285	700,441	0
	(11)	0	0	0	0		- 0	0
19 Davis Rhett Director Account Services	(1)	169,711	162,656	125,382	33,454	16,155	507,358	0
	(11)	0	0	0	0		-	0
						1 0	1 0	

other deferred benefits (B)(I)-(D)(ii) (iii) (i) compensation Base Bonus & Other

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

230,332

202,409

227,717

7,337,515

292,817

(B) Breakdown of W-2 and/or 1099-MISC compensation

	Cor	mpensation	ıncentive	reportable		
			compensation	compensation		
41 Forestien Ten A Director HR Operations	(1)	201,880	208,042	18,482	37,531	
·	[,]					

239,898

215,962

219,926

196,154

(A) Name and Title

(ı)

[(II)

(1)

[(II)

(1)

[(II)

(1)

(II)

(1)

(II)

1Gee Melissa K

2Lavne Valerie W

- Manag

Accoun

Benefits

4Radine Gary D

5Wong Thomas

FORMER - Vice Pres

Director & Corporate Counsel

Director National and Special

3Pomerantz-Watzka Elise S

Director Compensation &

FORMER - President/CEO

2,710

14,520

6,503

73,856

(C) Retirement and

36,779

49,785

36,875

145,983

6,016

(D) Nontaxable

10,523

7,488

24,763

19,458

(E) Total of columns

476,458

517,207

507,439

510,479

7,753,508

298,833

(F) Compensation in

column (B)

reported as deferred

on prior Form 990

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Schedule L (Form 990 or 990	ı-EZ)		► Comp rm 990, Pa	ns with li lete if the orga art IV, lines 29	anization ans 5a, 25b, 26, 1	swered 27, 28a, 28b,		Bc,			MB No		
				990-EZ, Part							20]]	0
Department of the Tre Internal Revenue Serv	asurv	ormation ab		ule L (Form 99 www.irs.gov	90 or 990-EZ		ructio	ns is	at	C	Open Insp		
Name of the org							Er	mplo	yer ide	entifica	ation r	umb	er
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	ss Benefit Trail lete if the organiza									ne 40h			
) Name of disquali			Relationship be					Descript		(d) Cor	rected?
				(organization			tr	ansacti	on	Y	es	No
							+						
							+						
							+						
4958 3 Enter the ar	mount of tax incur mount of tax, if an ans to and/or nplete if the organ orted an amount o (b) Relationship with organization	y, on line 2, a From Inter Ization answe in Form 990, I (c) Purpose	ested Pe red "Yes" o Part X, line (d) Loan orga	bursed by the orsons. n Form 990-EZ 5, 6, or 22 to or from the inization?	organization .		90, Pa	rt IV,) In ault?	line 26 Appro boa comm	h) ved by rd or nittee?	(ag	i)Writ greem	tten ent?
			То	From			Yes	No	Yes	No	Yes		No
					1								
Total				<u> </u>	<u> </u>								
	nts or Assista						•						
	rested person (b		between n and the	es" on Form 9		(d) Type	of assi	stand	ce	(e) Pu	rpose (of ass	ıstance
For Danerwork Dec	luction Act Notice	see the Instru	rtions for Fo	rm 990 or 990-l	F 7 . C:	at No 500564		C -	hadula	/Earm	000 ~	- 000	E7) 2016

	person and the organization			rever	
				Yes	No
(1) GREGORY D KAPLAN DDS	Participating Provider	1,252,855	Dental Claim Payments		No
(2) Stephen R Pickering DDS	Participating Provider	198,455	Dental Claim Payments		No
(3) DEVANG M GANDHI DDS	PArticipating Provider	114,575	Dental Claim Payments		No
					1

Explanation

Schedule I (Form 990 or 990-FZ) 2016

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

Return Reference

Supplemental Information

Part V

efile GRAPH	PHIC print - DO NOT PROCESS As Filed Data - DLN: 9349331301							
SCHEDUL (Form 990 or EZ)	990-	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Internal Revenue & Name of the org Delta Dental of Cal		ntification number						
Return Reference	e O, Su	ipplemental Information	n	Explanation				
Form 990, Part VI, Section A, line 4	The Bylaws for the company were amended in 2016 to reduce the number of directors from 15 to not less than seven, nor more than 12 Officer term and election provisions were amende d to provide for the position of Immediate Past Chair as an ex officio member of the Execu tive Committee, to require that an officer must be "independent" as defined by IRS Form 99 0 requirements, to provide for a maximum of three consecutive one-year terms, with officer terms made separate from and accretive to director terms, and to clarify the process for filling of officer vacancies due to resignation or removal. With regard to committees, the composition of the Quality Management Committee was amended to reduce the maximum number of directors from no more than nine to no more than five and to provide for additional Den tist Member involvement, the Dentist Compensation Committee composition was amended to all ow for a range of not less than three nor more than five members. In addition, the bylaws were amended to provide for voting by electronic means.							

990 Schedule O, Supplemental Information Return

Return Reference	Explanation
Form 990.	The Organization's bylaws name two classes of "members." "corporate members and "dentist m

embers " All corporate members are also directors of the organization and so are not "memb Part VI. Section A. ers" as defined in the instructions to Form 990, Part VI, Question 6 However, the organiz line 6 ation's directors are elected by its parent holding company board of directors, two of who m are not also directors of the organization and thus may be considered "members" pursuant to the instruction. The dentist members have a right to vote upon proposed changes to the proportion of the dentists serving as directors and corporate members, and so may be cons idered "members" under the instruction

Explanation Return Reference

Form 990. The organization's directors are elected by the parent holding company board of directors. Part VI. which includes two persons who are not also directors of the organization

Section A. line 7a

Return Explanation
Reference

line 7b

Form 990,
Part VI,
Section A,

The dentist members have a right to vote only upon proposed changes to the bylaws provisio
ns that specify the proportion of dentists and lay persons serving as directors and corpor
ate members

Return Explanation Reference

Form 990. The organization's CFO and Legal Counsel oversee the completion of the Form 990, and, prior Part VI. r to filing, review it with the President/CEO and with the Organization's Board of Directo

Section B. ГS line 11b

Return Explanation Reference

Form 990. Each director is required to complete a conflict of interest disclosure statement annually Part VI. and between annual statements is required to disclose any new position or relationship f Section B. ormed that potentially raises a conflict of interest. Legal counsel reviews these disclosu

line 12c res and reports the information to the full board of directors

Doturn

Reference	Explanation
Form 990, Part VI, Section B, Iine 15	Compensation paid to the CEO and Executive Vice Presidents is approved by the Executive Committee of the Organization's Board of Directors. The Executive Committee serves as the compensation committee and approves compensation for the ensuing year after reviewing comparability data presented by an independent outside compensation consultant, an assessment of each officer's performance over the preceding year, and the organization's program accomp lishments for the year. Compensation paid to Directors is approved by the Executive Commit tee of the Organization's Board of Directors after reviewing comparability data in a bench marking study prepared and presented by an independent outside compensation consultant ret ained by the Board of Directors. These processes were followed for 2016 compensation.

Evolunation

Return Reference	Explanation
Form 990, Part VI, Section C, Iine 19	The organization annually includes major portions of its financial statement in a publishe d annual report that is made available to persons or entities known to have an interest in the organization, and is available to the larger public upon request. Statutory financial statements are included in quarterly and annual returns to state Departments of Insurance regulating the organization which returns are available to the public. The organization does not make its governing documents or conflict of interest policy available to the public.

Return Reference

The organization, regulated by the California Department of Managed Health Care, is a memb

Part VII,	er of the Delta Dental of California enterprise companies, which include Delta Dental of C
Schedule J,	alifornia, Delta Dental of Pennsylvania and affiliated companies operating in 15 states, t
Schedule R	he District of Columbia, Puerto Rico and the U.S. Virgin Islands. The enterprise companies
	comprise one of the nation's largest dental benefits delivery systems covering 34 7 milli
	on enrollees and handling 46 4 million claims. Total revenue for the enterprise exceeded \$
	8 7 billion in 2016. The organization and its subsidiaries represent approximately 70% of
	total enterprise revenues

Return Reference	Explanation
Form 990, Part VII and Schedule J	Effective January 1,2012 Delta Dental of California established the Long-term Incentive PI an(LTIP) for eligible employees of the Company. The purpose of the LTIP is to provide ince ntive for eligible employees' contribution to the Company's long-term success. The LTIP is unfunded and all payments from the LTIP are derived from the equity gains of the Company. As such there is no guarantee of incentive payments under the LTIP. Upon delegation by ce rtain officers of the Board, the CEO and management committee has the sole and absolute discretion to determine the performance objectives, both financial and nonfinancial, upon which payment of awards are based and the time period during which performance shall be meas ured (LTIP cycle). The current LTIP cycle is January 1, 2016 through December 31, 2018.

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Form 990, Pension Liability and Post-Retirement Adjustments 3,566,415
Part XI, line

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

DLN: 93493313010037 OMB No 1545-0047

Department of the Treasury

(Form 990)

SCHEDULE R

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Internal Revenue Service Name of the organization **Employer identification number** Delta Dental of California 94-1461312

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (b) (c) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) CELEBRATION DENTAL SERVICES LLC **DENTAL Services** FL Delta Dental of California 100 First Street San Francisco, CA 94105 59-3410497 (2) DENTEGRA INSURANCE HOLDINGS LLC DENTEGRA INSurance company Holding Company DE 100 First Street San Francisco, CA 94105 94-3386049 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) (c) (d) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) Delta Dental Community Care Foundation Charitable Organization CA 501(c)(3) Dentegra Group Inc No 100 First Street San Francisco, CA 94105 37-1570764 PA 501(c)(4) (2) Delta Dental of Pennsylvania Dental Insurance Dentegra Group Inc No One Delta Drive Mechanicsburg, PA 17055 23-1667011 501(c)(4) (3) Delta Dental of Delaware DE No Dental Insurance Dentegra Group Inc One Delta Drive Mechanicsburg, PA 17055 51-0228088 (4) Delta Dental of West Virginia WV No Dental Insurance 501(c)(4) Dentegra Group Inc One Delta Drive Mechanicsburg, PA 17055 55-0523124 (5) Delta Dental of the District of Columbia DC 501(c)(4) Dental Insurance Dentegra Group Inc No One Delta Drive Mechanicsburg, PA 17055 52-1479587 (6) DELTA DENTAL OF NEW YORK NY dental Insurance 501(c)(4) dentegra Group Inc No ONE Delta Drive MEchanicsburg, PA 17055 11-1980218 Cat No 50135Y Schedule R (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Name, address, and EIN of related organization (1) PACA Management LLC		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomii income(re unrelat excluded tax und sections	(related, lated, ed from under ns 512-	ed, total income m	(g) Share of end-of-year assets	r allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
		DE	Delta Dental of	of Related				Yes	No No	+	Yes	No	50 000
One Delta Drive Mechanicsburg, PA 17055 94-3277375			California										
ations Taxable as a	Corporation as a corporatio	or Trus	st Complet Ist during t	e if the or he tax ye	ganız ar.	ation ans	wered "Ye	s" on	Form '	990, Part I\	/, line	34	
(b)	(c) _	I.	(d)	l _	(e)	(f)	.	(g)			I.	(ı) ection 512
Primary activity	dor (state o	nicile or foreign	Dire	et controlling entity	(C co	rp, S corp,	Share of tota income	year				(1	ection 512 13) control entity? Yes N
													+
	organizations treated	(b) (Comparison of the street	ations Taxable as a Corporation or Trustorganizations treated as a corporation or trustorganization or trustorgani	Insurance Management DE Delta Dental of California DE Delta	Insurance Management DE Delta Dental of Related California Ations Taxable as a Corporation or Trust Complete if the oroganizations treated as a corporation or trust during the tax ye (b) (c) (c) (d) Direct controlling entity	Insurance Management DE Delta Dental of Related California DE California Total California DE Delta Dental of Related California DE California DE California DE California Total California DE California DE California DE California DE California DE California DE California Type California Type California Type California Type California Type California	ations Taxable as a Corporation or Trust Complete If the organization ansorganizations treated as a corporation or trust during the tax year. (b) (c) Legal domicile (state or foreign Corporation Corpor	Insurance Management DE Delta Dental of Related California Ations Taxable as a Corporation or Trust Complete if the organization answered "Yeorganizations treated as a corporation or trust during the tax year. (b) Primary activity (c) Legal domicile (state or foreign Direct controlling or trust) (f) Share of total income or trust) (f) Share of total income or trust)	Insurance Management DE Delta Dental of Related California Primary activity Corp. Storp, and activit	Insurance Management DE Delta Dental of Related California DE California DE Delta Dental of Related No Attions Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form organizations treated as a corporation or trust during the tax year. (b)	tax under sections 512- 514) Test not provided the following sections 12- 514 Test not provided the following sections	Actions Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line organizations treated as a corporation or trust during the tax year. California Ca	Trigger Country Sections 512-514 Test Tes

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule									
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes							
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes							
c Gift, grant, or capital contribution from related organization(s)	1c		No						
d Loans or loan guarantees to or for related organization(s)	1d		No						
e Loans or loan guarantees by related organization(s)	1e		No						
f Dividends from related organization(s)	1f		No						
g Sale of assets to related organization(s)	1 g		No						
h Purchase of assets from related organization(s)	1h		No						
i Exchange of assets with related organization(s)	1i		No						
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No						
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No						
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes							
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No						
o Sharing of paid employees with related organization(s)	10		No						

	- 1	1	1
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	_
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
	_		+

1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (d) Method of determining amount involved (b) (c) Transaction Amount involved type (a-s)

See Additional Data Table

Page 3

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

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

1																	
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No					
										Schedul	e R (Form	1 990	D) 2016				



Additional Data

(1)

100 First Street San Francisco, CA 94105

One Delta Drive Mechanicsburg, PA 17055

One Delta Drive Mechanicsburg, PA 17055

One Delta Drive

One Delta Drive

ONE Delta Drive MEchanicsburg, PA 17055

Mechanicsburg, PA 17055

Mechanicsburg, PA 17055

37-1570764 (1)

23-1667011 (2)

51-0228088

55-0523124 (4)

52-1479587 (5)

11-1980218

(3)

(a)

Name, address, and EIN of related organization

Software ID: **Software Version:**

EIN: 94-1461312

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(b)

Primary activity

Charitable Organization

Dental Insurance

Dental Insurance

Dental Insurance

Dental Insurance

dental Insurance

Name: Delta Dental of California

CA

PΑ

DE

WV

DC

NY

(c)

Legal domicile

(state

or foreign country)

501(c)(3)

501(c)(4)

501(c)(4)

501(c)(4)

501(c)(4)

501(c)(4)

(d)

Exempt Code

section

PF

(e)

Public charity

status

(if section 501(c)

(3))

(f)

Direct controlling

entity

Dentegra Group Inc

(g)

Section 512

(b)(13)

controlled

entity? Yes

No

No

No

Nο

No

Nο

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (i) (b) (c) (e) (g) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ıncome year ownership (b)(13) (state or foreign controlled or trust) assets country) entity? Yes No (1) DENTEGRA GROUP INC Holding Company DE N/A No 100 First Street San Francisco, CA 94105 94-3386049 (1) DENTEGRA INSURANCE COMPANY INSURANCE COMpany DE DDC Insurance No 100 First Street Holdings Inc San Francisco, CA 94105 75-1233841 (2) MΑ DDC Insurance Nο INSURANCE COMpany DENTEGRA INsurance Company of New Holdings Inc England 100 First Street San Francisco, CA 94105 04-2890218 (3) DELTA DENTAL INSURANCE COmpany INSURANCE COMpany DE DDC Insurance C No 100 First Street Holdings Inc San Francisco, CA 94105 94-2761537 (4) ALPHA DENTAL OF NEVADA INC INSURANCE COMpany ΝV DDC Insurance No Holdings Inc 100 First Street san Francisco, CA 94105 88-0244893 (5) ALPHA DENTAL OF UTAH INC UT DDC Insurance INSURANCE COMpany No 100 First Street Holdings Inc san Francisco, CA 94105 86-0672505 DDC Insurance (6) ALPHA DENTAL PROGRAMS INC INSURANCE COMpany ΤX No 100 First Street Holdings Inc san Francisco, CA 94105 74-2447512 (7) ALPHA DENTAL OF ALABAMA INC INSURANCE COMpany ΑL DDC Insurance No 100 First Street Holdings Inc san Francisco, CA 94105 63-0796079 (8) ALPHA DENTAL OF NEW MEXICO INC INSURANCE COMpany DDC Insurance No NM 100 First Street Holdings Inc san Francisco, CA 94105 33-0279230 ΑZ (9) ALPHA DENTAL OF ARIZONA INC INSURANCE COMpany DDC Insurance No 100 First Street Holdinas Inc san Francisco, CA 94105 93-0939835 (10) DENTEGRA SEGUROS DENTALES SA INSURANCE COMpany MX DENTEGRA C Nο Insurgentes Sur 826 Piso 15 INSURANCE Col Del Valle, FC DF 01300 COMPANY MX(11) Delta Dental of Puerto Rico Inc Delta Dental of 63 990 % Insurance Company RQ No 14 Calle 2 Suite 200 California Guaynabo 00968 RQ 66-0436769 0 400 % (12) Delta Reinsurance Corporation Insurance Company BB Delta Dental of No CGI Tower 2nd Floor Pennsylvania Warrens, St Michael 98-0096711 ВВ Dentegra Insurance C (13)MX No Insurance Administration SERVICIOS DENTALES DENTEGRA SA DE CV COMPANY **INSURGENTES SUR 826 PISO 15** Col Del Valle, FC DF 01300 (14) DDC Insurance Holdings Inc Holding Company DE Delta Dental of 100 000 % No 100 First Street California

San Francisco, CA 94105

27-4251930

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) type(a-s) Method of determining amount involved (1) Alpha Dental of Alabama Inc L 16,312 Alpha Dental of Alabama Inc 648 (1) Q Alpha Dental of Arizona Inc L 198,210 (2) Alpha Dental of Arizona Inc 6,713 (3) Q (4) Alpha Dental of Nevada Inc L 218,134 (5) Alpha Dental of Nevada Inc Q 9,036 Alpha Dental of New Mexico Inc (6) 25,313 Alpha Dental of New Mexico Inc Q 3,134 (7) (8) Alpha Dental of Utah Inc L 101,692 Alpha Dental of Utah Inc Q 18,558 (9) (10) Alpha Dental Programs Inc 4,115,210 L (11) Alpha Dental Programs Inc Q 260,959 (12) Celebration Dental Services Q 56,515 Delta Dental Community Care Foundation В (13) 672,053 (14)Delta Dental Insurance Company Α 1,974,590 L (15)Delta Dental Insurance Company 23,904,708 Delta Dental Insurance Company М (16)35,564,993 (17) Delta Dental Insurance Company Р 784,602 Delta Dental Insurance Company Q (18)40,892,457 (19) Delta Dental of Delaware Q 48,941 (20)Delta Dental of District of Columbia Ρ 621 (21) Delta Dental of District of Columbia Q 23,640 (22)Delta Dental of New York L 802,365 (23) Delta Dental of New York Ρ 6,197

1,506,452

Q

Delta Dental of New York

(24)

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) Delta Dental of Pennsylvania (26) 14,630,645 Delta Dental of Pennsylvania 11,615,278 (1) М Delta Dental of Pennsylvania (2) Ρ 1,175,358 Delta Dental of Pennsylvania 18,546,064 (3) Q (4) Delta Dental of Puerto Rico 630,900 (5) Delta Dental of Puerto Rico Μ 170,560 Delta Dental of Puerto Rico Р 72,383 (6) Delta Dental of Puerto Rico Q 67,016 (7) (8) Delta Dental of West Virginia Q 58,102 Dentegra Insurance Company 1,006,831 (9) Α (10) Dentegra Insurance Company В 10,000,000 (11) Dentegra Insurance Company 4,423,105 (12) Dentegra Insurance Company М 13,072,000 (13) Dentegra Insurance Company Q 304,747 (14) Dentegra Insurance Company - NE М 218,490 Dentegra Insurance Company - NE (15) Q 856

304,889

(16)

Dentegra Seguros Dentales SA