

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Part I Summary: A For the 2020 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts \$; H(a) Is this a group return; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission; 2-7 Governance metrics; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information: Sign Here (Signature of officer, Date, Name and title); Preparer (Print/Type preparer's name, Signature, Date, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: DELTA DENTAL OF COLORADO (DDCO) WAS FORMED AS A 501(C)(4) ORGANIZATION IN ORDER TO IMPROVE THE ORAL HEALTH OF THE COMMUNITIES IT SERVES. BECAUSE PEOPLE WITH DENTAL INSURANCE OVER TIME HAVE BETTER ORAL HEALTH OUTCOMES, DELTA DENTAL OF COLORADO DEVOTES ITSELF TO PROVIDING HIGH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 189,572,543. including grants of \$ ) (Revenue \$ 185,033,882. ) PROVISION OF RISK AND SELF-FUNDED PLANS TO SUBSCRIBERS

DELTA DENTAL OF COLORADO DEVOTES ITSELF TO ITS MISSION OF IMPROVING THE ORAL HEALTH OF COLORADO'S PEOPLE. BECAUSE PEOPLE WITH DENTAL INSURANCE ARE OVER TWICE AS LIKELY TO VISIT A DENTIST REGULARLY, DELTA DENTAL OF COLORADO WORKS HARD TO MAKE DENTAL INSURANCE AS AFFORDABLE AND ACCESSIBLE AS POSSIBLE, AND TO THAT END, INSURES OVER 1,000,000 PEOPLE IN COLORADO AND 300,000 IN OTHER VARIOUS STATES. THE REVENUE GENERATED IS USED TO FUND THE COMMUNITY BENEFIT EFFORTS DESCRIBED IN LINE 4B.

4b (Code: ) (Expenses \$ 6,106,479. including grants of \$ 5,806,312. ) (Revenue \$ ) COMMUNITY BENEFIT PROGRAMS

AS A NONPROFIT, DELTA DENTAL OF COLORADO DEVOTES SIGNIFICANT RESOURCES TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST FIFTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS COMMUNITY ENGAGEMENT PROGRAM. THESE ACTIVITIES INCLUDE TABLES, DONATIONS, CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING THE AMERICAN HEART ASSOCIATION AND MILE HIGH UNITED WAY. THE COMPANY ALSO SPONSORS LOCAL NONPROFIT ORGANIZATIONS AND COMMUNITY EVENTS AND DONATED OVER 206,000

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

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

4e Total program service expenses 195,679,022.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included... 12; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records GREGORY VOCHIS, CPA - 720-489-4718 6465 GREENWOOD PLAZA BLVD #900, CENTENNIAL, CO 80111

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN W DREXLER PRESIDENT AND CHIEF EXECUTIVE OFFICE	45.00 2.00	X		X			750,751.	0.	50,627.	
(2) GREGORY C VOCHIS, CPA CHIEF FINANCIAL OFFICER AND TREASURE	45.00			X			455,328.	0.	56,199.	
(3) DAVID W GERBUS CHIEF ADMIN OFFICER, GENERAL COUNSEL	45.00			X			443,745.	0.	45,319.	
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROK	45.00				X		368,931.	0.	47,269.	
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	45.00				X		358,829.	0.	40,222.	
(6) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDE	45.00					X	250,321.	0.	45,210.	
(7) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	45.00					X	238,388.	0.	43,452.	
(8) ADEEB A KHAN EXECUTIVE DIRECTOR OF FOUNDATION AND	22.00 23.00				X		227,213.	0.	25,441.	
(9) BRAD T GUYTON, DDS, MBA, MPH CHIEF DENTAL OFFICER	22.00			X			231,548.	0.	20,278.	
(10) BROOKE S BODART, RDH, MPA DIRECTOR OF BUSINESS PROGRAMS	45.00					X	195,409.	0.	26,694.	
(11) SUNDAY A SOTOMAYOR DIRECTOR OF HUMAN RESOURCES	45.00					X	189,937.	0.	28,328.	
(12) TIMOTHY J CATRON DIRECTOR OF GROUP ADMINISTRATION, ED	45.00					X	195,307.	0.	17,072.	
(13) MARY MARGARET NOONAN CHAIR	3.00	X		X			35,750.	58,559.	0.	
(14) ANN BLOCK DIRECTOR	2.00	X					19,917.	47,984.	0.	
(15) LEO TOKAR VICE CHAIR	2.00	X		X			28,023.	37,259.	0.	
(16) RICHARD CALL, DMD DIRECTOR	2.00	X					19,309.	45,243.	0.	
(17) MARK WEHRLE, CPA (RETIRED) DIRECTOR	2.00	X					18,407.	45,724.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIM KRETSCH, DDS DIRECTOR	2.00	X						23,250.	39,000.	0.
(19) ANDREA JEAN YOUNG DIRECTOR	2.00	X						21,750.	33,750.	0.
(20) NED CALONGE, MD DIRECTOR	2.00	X						20,250.	34,500.	0.
(21) KELLY J BROUGH DIRECTOR	2.00	X						21,517.	33,000.	0.
(22) JAMES COUSIN II DIRECTOR	2.00	X						22,450.	30,750.	0.
(23) TAMANNA TIWARI, MPH, MDS, BDS SECRETARY	2.00	X		X				19,500.	30,750.	0.
(24) HASSAN SALEM DIRECTOR	2.00	X						18,750.	30,000.	0.
(25) ANN SOMERS, DDS DIRECTOR	2.00	X						18,750.	30,000.	0.
(26) WALT VOGL, DDS DIRECTOR	2.00	X						12,750.	33,750.	0.
<b>1b Subtotal</b>								4,206,080.	530,269.	446,111.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,206,080.	530,269.	446,111.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 39

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RAND CONSTRUCTION CORPORATION 1029 N ROYAL STREET, ALEXANDRIA, VA 22134 DDP OF VIRGINIA, 4818 STARKEY RD SOUTHWEST, ROANOKE, VA 24014	OFFICE SPACE CONSTRUCTION	3,678,761.
WYSSTA SERVICES INC P.O BOX 86, STEVENS POINT, WI 54481	IT SUPPORT & CLAIMS PROCESSING	2,889,860.
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY STE 760, CENTENNIAL, CO 80111	3RD PARTY INSURANCE PROCESSING	1,379,992.
POINTB INC P O BOX 45527, SAN FRANCISCO, CA 94145	BUSINESS DATA VALIDATION AND TECHNOLOGY	1,003,999.
	STRATEGIC CONSULTING SERVICES	795,940.

**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 37



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f					
Program Service Revenue	<b>2 a</b>	SELF FUNDED PLAN PREMI	Business Code				
			524114	109,650,149.	109,650,149.		
	<b>b</b>	RISK PLAN PREMIUMS	524114	67,589,243.	67,589,243.		
	<b>c</b>	ADMIN - SELF FUND PLAN	524298	7,073,285.	7,073,285.		
	<b>d</b>	RISK SHARING	524298	721,178.	721,178.		
	<b>e</b>	DISCOUNT PLAN FEES	524114	27.	27.		
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		185,033,882.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		476,061.		476,061.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				6,308,801.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		0.	711,208.		
	<b>7 c</b>	Gain or (loss)		6,308,801.	-711,208.		
	<b>d</b>	Net gain or (loss)		5,597,593.		5,597,593.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	VISION PREMIUMS	Business Code				
			524298	283.	283.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d		283.				
<b>12</b>	<b>Total revenue.</b> See instructions		191,107,819.	185,033,882.	283.	6,073,654.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,803,827.	5,803,827.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,485.	2,485.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....	165,786,705.	165,786,705.		
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,500,411.	2,450,403.	50,008.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,614,889.	5,502,591.	112,298.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	395,474.	387,565.	7,909.	
<b>9</b> Other employee benefits .....	1,136,203.	1,113,479.	22,724.	
<b>10</b> Payroll taxes .....	412,248.	404,003.	8,245.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	1,508,280.	1,206,624.	301,656.	
<b>b</b> Legal .....	276,679.	221,343.	55,336.	
<b>c</b> Accounting .....	95,510.	76,408.	19,102.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	107,742.		107,742.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	142,180.	99,526.	42,654.	
<b>12</b> Advertising and promotion .....	1,028,167.	1,028,167.		
<b>13</b> Office expenses .....	362,290.	253,603.	108,687.	
<b>14</b> Information technology .....	2,125,895.	1,700,716.	425,179.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	627,491.	501,993.	125,498.	
<b>17</b> Travel .....	5,412.	1,082.	4,330.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	409,256.	225,091.	184,165.	
<b>23</b> Insurance .....	108,345.	86,676.	21,669.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> COMMISSIONS	4,184,416.	4,184,416.		
<b>b</b> DATA PROCESSING (CLAIMS	1,903,480.	1,522,784.	380,696.	
<b>c</b> OUTSOURCING/CONSULTING	1,698,184.	1,358,547.	339,637.	
<b>d</b> FEES, LICENSES, & DUES	736,961.	736,961.		
<b>e</b> All other expenses	1,178,810.	1,024,027.	154,783.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	198,151,340.	195,679,022.	2,472,318.	0.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		2,298,090.	
	<b>2</b> Savings and temporary cash investments .....		293,448.	
	<b>3</b> Pledges and grants receivable, net .....			
	<b>4</b> Accounts receivable, net .....		27,291,083.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			
	<b>7</b> Notes and loans receivable, net .....			
	<b>8</b> Inventories for sale or use .....			
	<b>9</b> Prepaid expenses and deferred charges .....			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 19,386,074.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,600,372.	0.	<b>10c</b> 12,785,702.
	<b>11</b> Investments - publicly traded securities .....			9,423,989.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			54,628,356.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			
	<b>14</b> Intangible assets .....			
	<b>15</b> Other assets. See Part IV, line 11 .....		0.	2,514,959.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		0.	<b>16</b> 109,235,627.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		7,316,592.	
	<b>18</b> Grants payable .....		5,000,000.	
	<b>19</b> Deferred revenue .....		6,233,230.	
	<b>20</b> Tax-exempt bond liabilities .....			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		0.	29,000,991.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		0.	<b>26</b> 47,550,813.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		61,684,814.	
	<b>28</b> Net assets with donor restrictions .....			
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			
	<b>32</b> Total net assets or fund balances .....		0.	<b>32</b> 61,684,814.
<b>33</b> Total liabilities and net assets/fund balances .....		0.	<b>33</b> 109,235,627.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	191,107,819.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	198,151,340.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,043,521.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	0.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,414,031.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	75,142,366.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	61,684,814.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: DELTA DENTAL OF COLORADO
Employer identification number: 83-4416613

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Conservation Easements section containing multiple questions (1-9) about the purpose, monitoring, and reporting of conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a through 2d.

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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets section containing questions 1a, 1b, and 2, with sub-questions (i) and (ii) regarding revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		96,713.	32,238.	64,475.
d Equipment		1,431,462.	317,278.	1,114,184.
e Other		17,857,899.	6,250,856.	11,607,043.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,785,702.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) BONDS	52,541,244.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTED ASSETS	2,087,112.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	54,628,356.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROVISION FOR UNPAID CLAIMS	13,537,017.
(3) ACCRUED EMPLOYEE BENEFITS	6,743,450.
(4) ACCRUED RISK RESERVES	462,041.
(5) OTHER ACCRUED LIABILITIES	7,929,126.
(6) DEFERRED RENT	329,357.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,000,991.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-column labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-column labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **DELTA DENTAL OF COLORADO** Employer identification number **83-4416613**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
DELTA DENTAL OF COLORADO FOUNDATION - 6465 GREENWOOD PLAZA BLVD, SUITE 900 - CENTENNIAL, CO 80111	84-1389431	501C3	5,500,000.	0.			FUNDING TO SUPPORT DELTA DENTAL FOUNDATION AND FURTHER ITS MISSION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	13-1623888	501C3	10,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN ST DENVER, CO 80203	20-5143175	501C3	5,250.	0.			FUNDING FOR LOCAL ORGANIZATION
FLORENCE CRITTENTON SERVICES OF COLORADO - 55 SOUTH ZUNI STREET - DENVER, CO 80223	84-0429686	501C3	5,102.	0.			SUPPORT LOCAL ORGANIZATION
MILE HIGH UNITED WAY P.O BOX 5547 DENVER, CO 80217	84-0404235	501C3	19,001.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
UNIVERSITY OF CO FOUNDATION P.O BOX 173364 DENVER, CO 80217	84-6049811	501C3	10,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 RED CROSS 444 SHERMAN ST DENVER, CO 80203	53-0196605	501C3	10,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	51-0157964	501C3	25,026.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
ROSE COMMUNITY FOUNDATION 4500 CHERRY CRK DR SOUTH STE 900 DENVER, CO 80246	84-0920862	501C3	10,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
THE FUND FOR A HEALTHIER COLORADO 1536 WYNKOOP ST #109 DENVER, CO 80202	47-4101801	501C3	60,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
URBAN PEAK DENVER 2100 STOUT ST DENVER, CO 80205	84-1212246	501C3	12,100.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE COMPANY HAS PROCEDURES TO ASCERTAIN THAT ALL GRANTS ARE MADE TO

501(C)(3) ORGANIZATIONS AND ARE PROPERLY APPROVED BY MANAGEMENT.

ADDITIONALLY, THE ORGANIZATION REQUIRES PERIODIC REPORTS TO ASCERTAIN THAT

SUBSTANTIAL GRANTS ARE USED FOR THEIR PROPER INTENDED PURPOSE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HELEN W DREXLER PRESIDENT AND CHIEF EXECUTIVE OFFICE	(i)	468,056.	263,088.	19,607.	37,500.	13,127.	801,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GREGORY C VOCHIS, CPA CHIEF FINANCIAL OFFICER AND TREASURER	(i)	316,084.	121,473.	17,771.	35,455.	20,744.	511,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID W GERBUS CHIEF ADMIN OFFICER, GENERAL COUNSEL	(i)	300,733.	122,586.	20,426.	33,528.	11,791.	489,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROKER	(i)	255,554.	94,427.	18,950.	29,073.	18,196.	416,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	(i)	246,034.	92,940.	19,855.	26,240.	13,982.	399,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDER	(i)	159,374.	88,409.	2,538.	24,693.	20,517.	295,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	(i)	171,602.	63,797.	2,989.	22,985.	20,467.	281,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADEEB A KHAN EXECUTIVE DIRECTOR OF FOUNDATION AND	(i)	192,273.	18,833.	16,107.	7,385.	18,056.	252,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRAD T GUYTON, DDS, MBA, MPH CHIEF DENTAL OFFICER	(i)	183,663.	38,630.	9,255.	9,860.	10,418.	251,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BROOKE S BODART, RDH, MPA DIRECTOR OF BUSINESS PROGRAMS	(i)	158,174.	34,491.	2,744.	13,033.	13,661.	222,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUNDAY A SOTOMAYOR DIRECTOR OF HUMAN RESOURCES	(i)	155,407.	30,156.	4,374.	14,599.	13,729.	218,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIMOTHY J CATRON DIRECTOR OF GROUP ADMINISTRATION, ED	(i)	160,363.	29,023.	5,921.	14,596.	2,476.	212,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 5:

THE COMPANY HAS AN INCENTIVE COMPENSATION PLAN AND A SALES INCENTIVE  
 PLAN WHICH PROVIDES AN ANNUAL BONUS FOR ALL ELIGIBLE EMPLOYEES IF THE  
 COMPANY REACHES CERTAIN GOALS, INCLUDING A MINIMUM NET GAIN GOAL. ALL  
 ACTIVE FULL-TIME EMPLOYEES ARE ELIGIBLE FOR ONE OF THE INCENTIVE PLANS.  
 THE COMPANY ALSO HAS A LONG-TERM INCENTIVE PROGRAM FOR EXECUTIVES,  
 WHICH IS BASED ON BOTH A MEMBERSHIP GROWTH AND RETURN ON REVENUE  
 FACTOR. THE LONG-TERM INCENTIVE PROGRAM HAS THREE-YEAR TARGETS AND  
 PAYOUTS, AND IN MARCH OF 2021 THE PLAN YEAR ENDING DECEMBER 31, 2020  
 WAS PAID.

PART I, LINE 6:

SEE NARRATIVE FOR LINE 5A ABOVE.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

# Transactions With Interested Persons

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

## 2020

▶ **Attach to Form 990 or Form 990-EZ.**

**Open To Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROCKY VIEW DENTAL CARE	WALT VOGL, DIRECTOR	70,381.	CLAIMS PAID		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROCKY VIEW DENTAL CARE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WALT VOGL, DIRECTOR OF DELTA DENTAL OF COLORADO

(D) DESCRIPTION OF TRANSACTION: CLAIMS PAID FOR DENTAL SERVICES PROVIDED

FORM 990 SCHEDULE L PART IV

CLAIMS PAID TO ROCKY VIEW DENTAL CARE ARE MADE UNDER A STANDARD

PROVIDER AGREEMENT.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY AFFORDABLE DENTAL INSURANCE TO AS MANY COLORADANS AS POSSIBLE.

UNFORTUNATELY, THERE ARE MANY PEOPLE FOR WHOM DENTAL INSURANCE IS NOT

POSSIBLE. FOR THESE PEOPLE, DELTA DENTAL HAS A NUMBER OF DIFFERENT

PROGRAMS ESTABLISHED TO PROVIDE THEM WITH ORAL HEALTH EDUCATION, DIRECT

PATIENT DENTAL SERVICES, AND FREE DENTAL INSURANCE SO THAT GOOD ORAL

HEALTH WILL ALSO BE ACHIEVABLE FOR THEM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ORAL HEALTH ITEMS REACHING MORE THAN 129,000 PEOPLE THROUGHOUT

COLORADO. A PORTION OF THE FUNDING SUPPORT GOES TO DELTA DENTAL OF

COLORADO FOUNDATION, WHICH RECEIVED \$5.5 MILLION IN 2020 TO ADVANCE

ORAL HEALTH EQUITY THROUGH GRANT MAKING. THE COMPANY SUPPORTS

ENGAGEMENT IN THE COMMUNITY THROUGH ITS VOLUNTEER PROGRAM WITH 116 OF

ITS 200 EMPLOYEES CONTRIBUTING THEIR TIME IN 2020.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE VOTING MEMBER, WHICH IS ENSEMBLE INNOVATION

VENTURES, A COLORADO NONPROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ENSEMBLE INNOVATION VENTURES HAS THE AUTHORITY TO ELECT THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

WE ENGAGE AN INDEPENDENT CPA TAX PROFESSIONAL TO PREPARE OUR FORM 990, AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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BOARD MEMBERS GENERALLY FEEL THIS IS THE APPROPRIATE FIDUCIARY PROCESS. THE  
 AUDIT, INVESTMENT AND FINANCE COMMITTEE'S ROLE THEN IS TO EVALUATE THE FIRM  
 HIRED TO PREPARE THE RETURN AND TO DETERMINE IT IS APPROPRIATELY FILED. WE  
 HAVE TAKEN THOSE STEPS WITH OUR AUDIT, INVESTMENT, AND FINANCE COMMITTEE.  
 THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 PRIOR TO FILING WITH  
 THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD DIRECTORS ARE REQUIRED TO COMPLETE AN ELECTRONIC  
 CONFLICT OF INTEREST SURVEY AND AN INDEPENDENT/DEPENDENT DIRECTOR SURVEY.  
 COMPLETED SURVEYS ARE REVIEWED BY BOARD COUNSEL. ANY POTENTIAL OR PERCEIVED  
 CONFLICT OR DEPENDENCY ISSUES ARE REPORTED TO AND ADDRESSED BY THE BOARD  
 GOVERNANCE COMMITTEE. IF NECESSARY, THE IMPACTED DIRECTOR IS REMOVED FROM  
 ANY SITUATION INVOLVING THE POTENTIAL CONFLICT. COMPLIANCE PRESENTS EACH  
 QUARTER TO THE BOARD GOVERNANCE COMMITTEE, AND EACH SUCH PRESENTATION  
 INCLUDES TRAINING MATERIALS ON THE BOARD'S RESPONSIBILITIES FOR COMPLIANCE  
 OVERSIGHT AND MONITORING OF THE HEALTHCARE AND CORPORATE COMPLIANCE  
 LANDSCAPE. GOVERNANCE CHAIR IS RESPONSIBLE FOR SHARING PERTINENT CONTENTS  
 WITH THE ENTIRE BOARD AT EACH BOARD MEETING.

DDCO CONDUCTS AN ANNUAL COMPLIANCE TRAINING, WHICH IS MANDATORY FOR ALL  
 EMPLOYEES TO ATTEND. THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT THIS  
 TRAINING. ON AN ANNUAL BASIS, ALL EMPLOYEES ARE REQUIRED TO COMPLETE A  
 CONFLICT OF INTEREST STATEMENT AND SUBMIT ANY POTENTIAL OR PERCEIVED  
 CONFLICT OF INTEREST. RECEIPT OF ALL SIGNED AND COMPLETED FORMS ARE  
 TRACKED; ORIGINAL FORMS ARE KEPT IN THE PERSONNEL FILE IN THE HUMAN  
 RESOURCES OFFICE. ANY REPORTED POTENTIAL OR PERCEIVED CONFLICTS OF  
 INTEREST ARE REVIEWED AND, IF NECESSARY, EMPLOYEES AND THEIR MANAGER ARE

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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ADVISED TO REMOVE THEMSELVES FROM ANY SITUATION INVOLVING THE POTENTIAL  
CONFLICT. ADDITIONALLY, ALL NEW EMPLOYEES RECEIVE COMPLIANCE TRAINING AND  
ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. EMPLOYEES ARE  
INSTRUCTED TO COMPLETE A NEW CONFLICT OF INTEREST STATEMENT DURING THE  
COURSE OF THE YEAR, SHOULD THEIR SITUATION CHANGE. THE CONFLICT OF INTEREST  
POLICY AND STATEMENT FORMS ARE POSTED ON THE COMPANY INTRANET.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS  
THAT IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT AND CEO.  
THE COMMITTEE ENGAGES THE SERVICES OF A THIRD PARTY TO PROVIDE RANGES OF  
COMPENSATION THAT ARE APPROPRIATE FOR THE DUTIES REQUIRED BY THE POSITION  
OF THE PRESIDENT, AS WELL AS THE POSITION OF THE VICE PRESIDENTS. THE CEO  
AND PRESIDENT OF THE CORPORATION IS RESPONSIBLE FOR THE COMPENSATION  
PROCESS OF THE REMAINING EXECUTIVES OF THE ORGANIZATION. THE ORGANIZATION  
ENGAGES A THIRD PARTY TO PROVIDE RANGES OF ACCEPTABLE INCREASES AND  
COMPENSATION LEVELS OF AVERAGE SALARIES BY SALARY GRADE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAINTAINS COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS THAT ARE AVAILABLE FOR PUBLIC  
INSPECTION. THE ORGANIZATION HAS A STATEMENT ON ITS WEBSITE,  
WWW.DELTADENTALCO.COM, THAT INFORMS THE PUBLIC THAT THESE DOCUMENTS ARE  
AVAILABLE FOR PUBLIC INSPECTION AT ITS CORPORATE HEADQUARTERS. THE  
ORGANIZATION'S ANNUAL REPORT IS ALSO POSTED ON ITS WEBSITE, WHICH STATES  
THAT "COMPLETE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION AT  
OUR CORPORATE OFFICES UPON REQUEST". DOCUMENTS ARE AVAILABLE FOR THE SAME  
PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER FROM COLORADO DENTAL SERVICES, INC.	113,243,865.
DIVIDEND TO ENSEMBLE INNOVATION VENTURES	-38,000,000.
UNRECOGNIZED ACTUARIAL LOSS	-101,499.
TOTAL TO FORM 990, PART XI, LINE 9	75,142,366.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **DELTA DENTAL OF COLORADO** Employer identification number **83-4416613**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DELTA DENTAL PLAN OF COLORADO FOUNDATION - 84-1389431, 6465 GREENWOOD PLAZA BLVD, SUIT 900, CENTENNIAL, CO 80111	DENTAL HEALTH AND EDUCATION	COLORADO	501(C)(3)	LINE 12A, I	DELTA DENTAL OF COLORADO	X	
ENSEMBLE INNOVATION VENTURES - 83-4432148 6465 GREENWOOD PLAZA BLVD, SUIT 900 CENTENNIAL, CO 80111	INVESTMENTS IN COMPANIES THAT IMPROVE COMMUNITY HEALTH	COLORADO	501(C)(4)				X
COLORADO DENTAL SERVICE INC. - 84-0568337 6465 GREENWOOD PLAZA BLVD, SUIT 900 CENTENNIAL, CO 80111	DENTAL INSURANCE - PREDECESSOR COMPANY	COLORADO	501(C)(4)			X	

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DELTA DENTAL PLAN OF COLORADO FOUNDATION	B	5,500,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	J	19,270.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	O	366,860.	FMV
(4) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	44,760.	FMV
(5) ENSEMBLE INNOVATION VENTURES	R	38,000,000.	FMV
(6) COLORADO DENTAL SERVICE INC.	S	113,243,865.	FMV

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII Supplemental Information**

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

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