

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLORADO DENTAL SERVICE INC		D Employer identification number 84-0568337
	Doing business as DELTA DENTAL OF COLORADO		E Telephone number 800-233-0860
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6465 GREENWOOD PLAZA BLVD		900
	City or town, state or province, country, and ZIP or foreign postal code CENTENNIAL, CO 80111		G Gross receipts \$ 233,393,351.
F Name and address of principal officer: HELEN WEISS DREXLER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.DELTADENTALCO.COM		L Year of formation: 1958	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE ORAL HEALTH OF THE COMMUNITIES WE SERVE.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	282.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464,909,728.	230,803,927.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,623,521.	2,589,142.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,704.	282.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	469,534,953.	233,393,351.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,635,410.	4,411,766.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	403,568,026.	189,395,952.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	20,729,890.	12,709,170.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,887,487.	18,573,392.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	462,820,813.	225,090,280.
19 Revenue less expenses. Subtract line 18 from line 12	6,714,140.	8,303,071.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	143,965,290.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,024,496.	0.
		104,940,794.	0.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GREGORY VOCHIS, CPA, CFO AND TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DORI J. EGGETT	Preparer's signature DORI J. EGGETT	Date 09/29/21	Check if self-employed <input type="checkbox"/>	PTIN P00645252
	Firm's name ▶ PLANTE & MORAN, PLLC	Firm's EIN ▶ 38-1357951	Phone no. 303-740-9400		
	Firm's address ▶ 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: COLORADO DENTAL SERVICES (DBA DELTA DENTAL OF COLORADO) 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

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 \$ 217,493,763. including grants of \$) (Revenue \$ 230,803,927.) 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 \$ 4,368,021. including grants of \$ 4,411,766.) (Revenue \$) COMMUNITY BENEFIT PROGRAMS

AS A NONPROFIT, COLORADO DENTAL SERVICES (DBA 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, INCLUDING \$1.4 MILLION IN 2019. 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

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 221,861,784.

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 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? <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 ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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, gross income, foreign accounts, prohibited transactions, 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 of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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? (X); 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? (X); 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 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				0.	750,751.	50,627.
(2) GREGORY C VOCHIS, CPA CHIEF FINANCIAL OFFICER AND TREASURE	45.00			X				0.	455,328.	56,199.
(3) DAVID W GERBUS CHIEF ADMIN OFFICER, GENERAL COUNSEL	45.00			X				0.	443,745.	45,319.
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROK	45.00				X			0.	368,931.	47,269.
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	45.00				X			0.	358,829.	40,222.
(6) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDE	45.00					X		0.	250,321.	45,210.
(7) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	45.00					X		0.	238,388.	43,452.
(8) ADEEB A KHAN EXECUTIVE DIRECTOR OF FOUNDATION AND	22.00 23.00				X			0.	227,213.	25,441.
(9) BRAD T GUYTON, DDS, MBA, MPH CHIEF DENTAL OFFICER	22.00			X				0.	231,548.	20,278.
(10) BROOKE S BODART, RDH, MPA DIRECTOR OF BUSINESS PROGRAMS	45.00					X		0.	195,409.	26,694.
(11) SUNDAY A SOTOMAYOR DIRECTOR OF HUMAN RESOURCES	45.00					X		0.	189,937.	28,328.
(12) TIMOTHY J CATRON DIRECTOR OF GROUP ADMINISTRATION, ED	45.00					X		0.	195,307.	17,072.
(13) MARY MARGARET NOONAN CHAIR	3.00	X		X				58,559.	35,750.	0.
(14) ANN BLOCK TRUSTEE	2.00	X						36,734.	31,167.	0.
(15) LEO TOKAR VICE CHAIR	2.00	X		X				30,093.	35,190.	0.
(16) RICHARD CALL, DMD TRUSTEE	2.00	X						35,759.	28,793.	0.
(17) MARK WEHRLE, CPA (RETIRED) TRUSTEE	2.00	X						45,724.	18,407.	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 TRUSTEE	2.00	X						39,000.	23,250.	0.
(19) ANDREA JEAN YOUNG TRUSTEE	2.00	X						33,750.	21,750.	0.
(20) NED CALONGE, MD TRUSTEE	2.00	X						34,500.	20,250.	0.
(21) KELLY J BROUGH TRUSTEE	2.00	X						33,000.	21,517.	0.
(22) JAMES COUSIN II TRUSTEE	2.00	X						30,750.	22,450.	0.
(23) TAMANNA TIWARI, MPH, MDS, BDS SECRETARY	2.00	X		X				30,750.	19,500.	0.
(24) HASSAN SALEM TRUSTEE	2.00	X						30,000.	18,750.	0.
(25) ANN SOMERS, DDS TRUSTEE	2.00	X						30,000.	18,750.	0.
(26) WALT VOGL, DDS TRUSTEE	2.00	X						33,750.	12,750.	0.
1b Subtotal								502,369.	4,233,981.	446,111.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								502,369.	4,233,981.	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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 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
DDP OF VIRGINIA, 4818 STARKEY RD SOUTHWEST, ROANOKE, VA 24014	IT SUPPORT & CLAIMS PROCESSING	2,068,249.
WYSSTA SERVICES INC P.O BOX 86, STEVENS POINT, WI 54481	3RD PARTY INSURANCE PROCESSING	1,592,090.
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY STE. 760, CENTINNIAL, CO 80111	BUSINESS VALIDATION AND TECHNOLOGY	1,110,201.
POINTB INC P O BOX 45527, SAN FRANCISCO, CA 94145	STRATEGIC CONSULTING SERVICES	1,056,044.
RAND CONSTRUCTION CORPORATION 1029 N. ROYAL STREET, ALEXANDRIA, VA 22134	CONSTRUCTION SERVICES	909,835.

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 **42**

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	SELF FUNDED PLAN PREMI	Business Code				
			524114	122,127,588.	122,127,588.		
	b	RISK PLAN PREMIUMS	524114	99,764,086.	99,764,086.		
	c	ADMIN - SELF FUND PLAN	524298	8,303,353.	8,303,353.		
	d	RISK SHARING	524298	549,710.	549,710.		
	e	DISCOUNT PLAN FEES	524114	59,190.	59,190.		
	f	All other program service revenue					
g	Total. Add lines 2a-2f		230,803,927.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		993,342.		993,342.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					1,595,800.		
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	1,595,800.			
	d	Net gain or (loss)		1,595,800.		1,595,800.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	VISION PREMIUMS	Business Code				
			524298	282.	282.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		282.				
12	Total revenue. See instructions		233,393,351.	230,803,927.	282.	2,589,142.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,367,221.	4,367,221.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,545.	44,545.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	189,395,952.	189,395,952.		
5 Compensation of current officers, directors, trustees, and key employees	2,580,556.	2,528,945.	51,611.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,388,728.	7,240,953.	147,775.	
7 Other salaries and wages	476,057.	466,536.	9,521.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,543,247.	1,512,382.	30,865.	
9 Other employee benefits	720,582.	706,170.	14,412.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	2,853,198.	2,282,558.	570,640.	
b Legal	234,405.	187,524.	46,881.	
c Accounting	53,606.	42,885.	10,721.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	264,562.		264,562.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	70,909.	49,636.	21,273.	
12 Advertising and promotion	604,543.	604,543.		
13 Office expenses	450,047.	315,033.	135,014.	
14 Information technology	2,498,569.	1,998,855.	499,714.	
15 Royalties				
16 Occupancy	691,450.	553,160.	138,290.	
17 Travel	47,829.	9,566.	38,263.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	660,834.	363,459.	297,375.	
23 Insurance	163,965.	131,172.	32,793.	
24 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.)				
a COMMISSIONS	5,082,729.	5,082,729.		
b CONSULTING/OUTSOURCING	2,330,533.	1,864,426.	466,107.	
c DATA PROCESSING (CLAIMS)	964,578.	964,578.		
d POSTAGE AND MAILING	933,096.	746,477.	186,619.	
e All other expenses	668,539.	402,479.	266,060.	
25 Total functional expenses. Add lines 1 through 24e	225,090,280.	221,861,784.	3,228,496.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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
Assets	1 Cash - non-interest-bearing	797,536.	1	0.
	2 Savings and temporary cash investments	16,118,173.	2	0.
	3 Pledges and grants receivable, net		3	0.
	4 Accounts receivable, net	26,558,224.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0.
	7 Notes and loans receivable, net	2,000,000.	7	0.
	8 Inventories for sale or use		8	0.
	9 Prepaid expenses and deferred charges		9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b	3,548,797.	10c 0.
	11 Investments - publicly traded securities	33,573,165.	11	0.
	12 Investments - other securities. See Part IV, line 11	47,119,615.	12	0.
	13 Investments - program-related. See Part IV, line 11		13	0.
	14 Intangible assets		14	0.
	15 Other assets. See Part IV, line 11	14,249,780.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	143,965,290.	16	0.	
Liabilities	17 Accounts payable and accrued expenses	10,450,845.	17	
	18 Grants payable	5,000,000.	18	
	19 Deferred revenue	3,866,925.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,706,726.	25	0.
	26 Total liabilities. Add lines 17 through 25	39,024,496.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	104,940,794.	27	0.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	104,940,794.	32	0.
	33 Total liabilities and net assets/fund balances	143,965,290.	33	0.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	233,393,351.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,090,280.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,303,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	104,940,794.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-113,243,865.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **COLORADO DENTAL SERVICE INC** Employer identification number **84-0568337**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DELTA DENTAL OF COLORADO FOUNDATION - 6465 GREENWOOD PLAZA BLVD, SUITE 900 - CENTENNIAL, CO 80111	84-1389431	501(C)(3)	3,750,000.	0.			FUNDING TO SUPPORT DELTA DENTAL FOUNDATION AND FURTHER ITS MISSION
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	10,257.	0.			SPONSORSHIP FOR LOCAL ORGANIZATION
AMERICAN HEART ASSOCIATION 1280 S PARKER RD DENVER, CO 80231	13-5613797	501(C)(3)	75,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
COLORADO MISSION OF MERCY 712 9TH STREET PENROSE, CO 81240	74-2374672	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION'S OVERALL HEALTH EVENT
COLORADO SUCCEEDS 1390 LAWRENCE ST DENVER, CO 80204	75-3221270	501(C)(3)	11,264.	0.			FUNDING FOR LOCAL ORGANIZATION
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 80113	23-7352287	501(C)(3)	14,500.	0.			FUNDING TO SUPPORT IMPROVED ACCESS TO OVERALL HEALTH FOR COLORADANS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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
DENVER HEALTH FOUNDATION 601 BROADWAY SUITE 750 DENVER, CO 80203	84-1085196	501(C)(3)	6,000.	0.			FUNDING TO SUPPORT IMPROVED ACCESS TO OVERALL HEALTH FOR COLORADANS
DENVER METRO CHAMBER COMMERCE 1445 MARKET ST 4TH FLOOR DENVER, CO 80202	84-0186760	501(C)(6)	14,000.	0.			SUPPORT LOCAL ORGANIZATION
DENVER PUBLIC SCHOOLS FOUNDATN 1860 LINCOLN ST DENVER, CO 80203	84-6001099	501(C)(3)	15,050.	0.			FUNDING FOR LOCAL SCHOOL ORGANIZATION
METRO CARING 1100 E 18TH AVE DENVER, CO 80218	84-6116951	501(C)(3)	20,150.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
MILE HIGH BEHAVIORAL HEALTHCARE P.O BOX 919 AURORA, CO 80040	84-0512896		10,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
MILE HIGH UNITED WAY P.O BOX 5547 DENVER, CO 80217	84-0404235	501(C)(3)	58,150.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
NATIONAL KIDNEY FOUNDATION INC 500 TAYLOR ST COLUMBIA, SC 29201	13-1673104	501(C)(3)	17,000.	0.			FUNDING TO SUPPORT NATIONAL HEALTH ORGANIZATION
PROJECT WORTHMORE 1609 HAVANA ST AURORA, CO 80010	45-0933835	501(C)(3)	7,500.	0.			FUNDING FOR LOCAL ORGANIZATION
B:CIVIC 1445 MARKET ST 4TH FLOOR DENVER, CO 80202	46-5262657	501(C)(3)	8,500.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION

Schedule I (Form 990)

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
BROTHER JEFF'S CULTURAL CENTER 2836 WELTON ST DENVER, CO 80205	32-0034993	501(C)(3)	20,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
CARE AND SHARE INC 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	15,263.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
COLORADO COALITION FOR THE HOMELESS - P.O BOX 1560 - DENVER, CO 80201	84-0951575	501(C)(3)	20,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
DENVER RESCUE MISSION 1130 PARK AVE WEST DENVER, CO 80205	84-6038762	501(C)(3)	15,258.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
DOWNTOWN DENVER INC 1515 ARAPAHOE ST STE 100 DENVER, CO 80202	84-0449936	501(C)(3)	6,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR LOVELAND, CO 80538	74-2336171	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	84-0772672	501(C)(3)	20,200.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
THE GROWHAUS 4751 YORK ST DENVER, CO 80216	20-3533527	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
JEFFCO ACTION CENTER INC 8755 W 14TH AVE LAKEWOOD, CO 80215	23-7019679	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION

Schedule I (Form 990)

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
MENTAL HEALTH CENTER OF DENVER 4141 E DICKENSON PL DENVER, CO 80222	74-2499946		10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
NAACP EMPOWERMENT PROGRAMS 1156 15TH NW STE 915 WASHINGTON, DC 20005	13-1084135	501(C)(3)	20,000.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	84-1199481	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
SMILEMAKERS INC P.O BOX 2543 SPARTANBURG, SC 29304 2543	57-0647221	501(C)(3)	20,816.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
SO ALL MAY EAT INC 2023 E COLFAX AVE DENVER, CO 80206	20-4765519	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
VOLUNTEERS OF AMERICA 2660 LARIMER ST DENVER, CO 80205	84-1590666	501(C)(3)	15,000.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
WELD FOOD BANK 1108 H ST GREELEY, CO 80634	74-2244826	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD DENVER, CO 80222	84-0402696	501(C)(3)	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION

Schedule I (Form 990)

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
EMPLOYEE ASSISTANCE FUND	35	44,545.	0.		

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ 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

COLORADO DENTAL SERVICE INC

Employer identification number

84-0568337

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
1b		
2		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

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, DELTA DE	99,449.	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, DELTA DENTAL OF COLORADO TRUSTEE

(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 N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **COLORADO DENTAL SERVICE INC** Employer identification number **84-0568337**

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH AND CASH EQUIVALENTS	08/01/20	35,399,000.	BOOK VALUE	83-4416613	DELTA DENTAL OF COLORADO 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	501(C)(4)
	BONDS AND INVESTMENTS	08/01/20	75,380,000.	BOOK VALUE	83-4416613	DELTA DENTAL OF COLORADO 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	501(C)(4)
	FIXED ASSETS	08/01/20	6,158,000.	BOOK VALUE	83-4416613	DELTA DENTAL OF COLORADO 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	501(C)(4)
	ACCOUNT RECEIVABLES	08/01/20	27,333,000.	BOOK VALUE	83-4416613	DELTA DENTAL OF COLORADO 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	501(C)(4)
	PREPAID EXPENSES	08/01/20	1,479,000.	BOOK VALUE	83-4416613	DELTA DENTAL OF COLORADO 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	501(C)(4)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶ SEE PART III

	Yes	No
2a	X	
2b	X	
2c		X
2d		X

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

Schedule N (Form 990 or 990-EZ) 2020

Part I Liquidation, Termination, or Dissolution *(continued)*

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- 4b If "Yes," did the organization provide such notice?
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a Did the organization have any tax-exempt bonds outstanding during the year?
- 6b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?
- c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

	Yes	No
3	X	
4a	X	
4b	X	
5	X	
6a		X
6b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2 Did or will any officer, director, trustee, or key employee of the organization:
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

	Yes	No
2a		
2b		
2c		
2d		

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E:

ALL BOARD MEMBERS AND OFFICERS OF COLORADO DENTAL SERVICE INC.

PART I, LINE 2E:

ON AUGUST 1, 2020 COLORADO DENTAL SERVICE INC MERGED WITH A NEWLY CREATED

SUCCESSOR ENTITY TO FORM DELTA DENTAL OF COLORADO. THE BOARD AND EMPLOYEES

CONTINUED IN THEIR EXISTING ROLES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COLORADO DENTAL SERVICE INC

Employer identification number

84-0568337

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

ITSELF TO PROVIDING HIGH 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:

COMMUNITY EVENTS AND DONATED OVER 206,000 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
\$3.75 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 MEMBERS WHO ARE DEFINED AS PARTICIPATING DENTISTS WHO
ARE ENGAGED IN THE PRACTICE OF DENTISTRY IN THE STATE OF COLORADO. THE
PARTICIPATING DENTISTS ARE THOSE THAT HAVE SIGNED A PARTICIPATING DENTIST
AGREEMENT WITH THE ORGANIZATION AS PRESCRIBED BY THE BOARD OF TRUSTEES.

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

THE MEMBERS OF THE ORGANIZATION HAVE THE AUTHORITY TO ELECT THE BOARD OF
TRUSTEES AT THE ANNUAL MEETING OF THE MEMBERS.

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 COLORADO DENTAL SERVICE INC	Employer identification number 84-0568337
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FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN MATTERS OF THE ORGANIZATION ARE SUBJECT TO A VOTE OF THE MEMBERS. A QUORUM OF 15% OF MEMBERSHIP, OR 500 MEMBERS, WHICHEVER IS GREATER, IS REQUIRED.

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

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

Name of the organization COLORADO DENTAL SERVICE INC	Employer identification number 84-0568337
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CDS 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 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 TRUSTEES 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

Name of the organization COLORADO DENTAL SERVICE INC	Employer identification number 84-0568337
---	--

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).

FORM 990, PART VII

COLORADO DENTAL SERVICES MERGED INTO DELTA DENTAL OF COLORADO ON AUGUST 1, 2020, AN ENTITY FORMED TO CONTINUE THE OPERATIONS AND ASSUME THE CONTRACTUAL RELATIONSHIPS OF COLORADO DENTAL SERVICES. THE EMPLOYEES OF COLORADO DENTAL SERVICES BECAME EMPLOYEES OF DELTA DENTAL OF COLORADO AND RECEIVED FORM W-2 FOR 2020 SOLELY FROM DELTA DENTAL OF COLORADO.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER TO DELTA DENTAL OF COLORADO	-113,243,865.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **COLORADO DENTAL SERVICE INC** Employer identification number **84-0568337**

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, CENTENNIAL, CO 80111	DENTAL HEALTH AND EDUCATION	COLORADO	501(C)(3)	LINE 12A, I	DELTA DENTAL OF COLORADO	X	
DELTA DENTAL OF COLORADO - 83-4416613 6465 GREENWOOD PLAZA BLVD CENTENNIAL, CO 80111	DENTAL INSURANCE-SUCCESSOR COMPANY TO COLORADO DENTAL SERVICES ON 8/1/2020	COLORADO	501(C)(4)		DELTA DENTAL OF COLORADO	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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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	3,750,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	J	23,124.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	O	427,956.	FMV
(4) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	53,712.	FMV
(5) DELTA DENTAL OF COLORADO	R	113,243,865.	FMV
(6)			

Electronic Filing PDF Attachment

Document processing fee
If document is filed on paper \$150.00
If document is filed electronically Currently Not Available

Fees & forms/cover sheets are subject to change.

To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Domestic Entity)

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number	19871140986 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	COLORADO DENTAL SERVICE, INC.		
Form of entity	NONPROFIT CORPORATION		
Jurisdiction	COLORADO		
Street address	4582 S. ULSTER STREET, SUITE 800 <i>(Street number and name)</i>		
	DENVER <i>(City)</i>	CO <i>(State)</i>	80237 <i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	USA <i>(Country)</i>	
Mailing address <i>(leave blank if same as street address)</i>	P.O. BOX 5468 <i>(Street number and name or Post Office Box information)</i>		
	DENVER <i>(City)</i>	CO <i>(State)</i>	80217 <i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	USA <i>(Country)</i>	

ID Number	 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	 		
Form of entity	 		
Jurisdiction	 		

Street address

(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

20191317942
(Colorado Secretary of State ID number)

Entity name or true name

DELTA DENTAL OF COLORADO

Form of entity NONPROFIT CORPORATION

Jurisdiction Colorado

Street address 4582 S. ULSTER STREET, SUITE 800
(Street number and name)

DENVER CO 80237
(City) (State) (ZIP/Postal Code)

USA
(Province – if applicable) (Country)

Mailing address P.O. BOX 5468
(leave blank if same as street address) (Street number and name or Post Office Box information)

DENVER CO 80217
(City) (State) (ZIP/Postal Code)

USA
(Province – if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking the box.)*

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____
 Document number _____
 Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

7. **(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)**

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are 08/01/2020 12:00 am
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