

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)

2021

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

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization DELTA DENTAL OF COLORADO		D Employer identification number 83-4416613
	Doing business as		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 \$ 482,133,624.	
F Name and address of principal officer: HELEN WEISS DREXLER SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.DELTADENTALCO.COM		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		H(c) Group exemption number ▶	
L Year of formation: 2019		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 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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	268
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
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)	185,033,882.	479,817,682.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,073,654.	2,308,098.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283.	7,293.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	191,107,819.	482,133,073.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,806,312.	6,854,162.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	165,786,705.	411,440,299.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,059,225.	23,930,837.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,499,098.	37,756,230.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	198,151,340.	479,981,528.
19 Revenue less expenses. Subtract line 18 from line 12	-7,043,521.	2,151,545.	
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)	109,235,627.	119,552,355.
	22 Net assets or fund balances. Subtract line 21 from line 20	47,550,813.	56,563,880.
		61,684,814.	62,988,475.

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	Preparer's signature	Date	Check if self-employed	PTIN
	DORI J. EGGETT	DORI J. EGGETT	10/13/22	<input type="checkbox"/>	P00645252
Firm's name ▶ PLANTE & MORAN, PLLC			Firm's EIN ▶ 38-1357951		
Firm's address ▶ 8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237			Phone no. 303-740-9400		

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: 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 \$ 467,502,592. including grants of \$) (Revenue \$ 479,817,682.) 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 \$ 6,854,162. including grants of \$ 6,854,162.) (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 SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY

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 474,356,754.

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> ? See instructions		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 Rev. Proc. 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> See instructions		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 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 ID, Question Text, 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 17 regarding employee counts, tax returns, business 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 (13); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 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? (X); 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 on Schedule O the process, if any, used by the organization to review this Form 990. (X); 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 on 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); 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? (X).

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN W DREXLER PRESIDENT AND CHIEF EXECUTIVE OFFICE	35.00 10.00	X		X				801,206.	225,981.	50,502.
(2) GREGORY C VOCHIS CHIEF FINANCIAL OFFICER AND TREASURE	37.00 8.00			X				487,281.	103,362.	57,891.
(3) DAVID W GERBUS CHIEF ADMINISTRATIVE OFFICER & GENER	38.00 7.00			X				480,183.	84,738.	47,110.
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROK	40.00 5.00				X			434,020.	48,224.	50,252.
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	40.00 5.00				X			436,669.	48,519.	43,116.
(6) ADEEB A KHAN EXECUTIVE DIRECTOR OF FOUNDATION	20.00 25.00				X			164,831.	158,368.	39,453.
(7) BRAD T GUYTON CHIEF DENTAL OFFICER	22.00 2.00				X			298,542.	0.	28,348.
(8) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDE	40.00					X		274,084.	0.	46,596.
(9) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	40.00					X		262,975.	0.	38,413.
(10) BROOKE S BODART DIRECTOR OF BUSINESS PROGRAMS	40.00					X		245,763.	0.	28,535.
(11) TIMOTHY J CATRON DIRECTOR OF GROUP ADMINISTRATION, ED	40.00					X		218,821.	0.	18,725.
(12) SUNDAY A SOTOMAYOR DIRECTOR OF HUMAN RESOURCES	40.00					X		206,998.	0.	29,160.
(13) MARY MARGARET NOONAN CHAIR	3.00	X		X				57,895.	0.	0.
(14) KELLY J BROUGH DIRECTOR	2.00 5.00	X						46,748.	0.	0.
(15) ANN BLOCK DIRECTOR	2.00 5.00	X						37,877.	7,500.	0.
(16) TAMANNA TIWARI, MPH, MDS, BDS SECRETARY	2.00 3.00	X		X				40,500.	0.	0.
(17) RICHARD CALL, DMD DIRECTOR	2.00 4.00	X						35,488.	5,000.	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDREA JEAN YOUNG DIRECTOR	2.00 2.00	X						39,685.	0.	0.
(19) KIM KRETSCH, DDS DIRECTOR	2.00 3.00	X						39,300.	0.	0.
(20) NED CALONGE, MD DIRECTOR	2.00	X						36,750.	0.	0.
(21) JAMES COUSIN II DIRECTOR	2.00	X						35,850.	0.	0.
(22) LEO TOKAR VICE-CHAIR	2.00 4.00	X		X				28,051.	3,250.	1,750.
(23) ANN SOMERS, DDS DIRECTOR	2.00	X						31,500.	0.	0.
(24) HASSAN SALEM DIRECTOR	2.00	X						29,250.	0.	0.
1b Subtotal								4,770,267.	684,942.	479,851.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,770,267.	684,942.	479,851.

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 56

	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
CORVESTA, INC 4818 STARKEY RD SW, ROANOKE, VA 24018	IT SUPPORT & CLAIMS PROCESSING	6,183,449.
WYSSTA SERVICES INC P.O BOX 86, STEVENS POINT, WI 54481	3RD PARTY INSURANCE PROCESSING	3,235,619.
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY STE 760, CENTENNIAL, CO 80111	BUSINESS MANAGEMENT CONSULTANT	2,537,564.
ENCARA INC. 4818 STARKEY ROAD, ROANOKE, VA 24018	SALES AND MARKETING SERVICES	1,621,187.
FISERV P.O. BOX 979, BROOKFIELD, WI 53008	PRINTING AND MAILING SERVICES	1,120,000.

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 27

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	261,621,736.	261,621,736.		
	b	RISK PLAN PREMIUMS	524114	199,571,859.	199,571,859.		
	c	ADMIN - SELF FUND PLAN	524298	17,068,427.	17,068,427.		
	d	RISK SHARING	524298	1,555,660.	1,555,660.		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		479,817,682.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,236,741.		1,236,741.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(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	(i) Securities				
			(ii) Other				
				1,071,908.			
	b	Less: cost or other basis and sales expenses	7b	0.	551.		
c	Gain or (loss)	7c	1,071,908.	-551.			
d	Net gain or (loss)		1,071,357.		1,071,357.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
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						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
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	7,293.		7,293.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		7,293.				
12	Total revenue. See instructions		482,133,073.	479,817,682.	0.	2,315,391.	

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 ...	6,854,162.	6,854,162.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	411,440,299.	411,440,299.		
5 Compensation of current officers, directors, trustees, and key employees	3,966,961.	3,887,622.	79,339.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,941,081.	14,642,259.	298,822.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,136,272.	1,113,547.	22,725.	
9 Other employee benefits	2,683,235.	2,629,570.	53,665.	
10 Payroll taxes	1,203,288.	1,179,222.	24,066.	
11 Fees for services (nonemployees):				
a Management	3,301,141.	2,640,913.	660,228.	
b Legal	466,290.	373,032.	93,258.	
c Accounting	127,585.	102,068.	25,517.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	148,002.		148,002.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	980,544.	686,381.	294,163.	
12 Advertising and promotion	2,223,842.	2,223,842.		
13 Office expenses	884,614.	619,230.	265,384.	
14 Information technology	4,766,236.	3,812,989.	953,247.	
15 Royalties				
16 Occupancy	1,615,815.	1,292,652.	323,163.	
17 Travel	28,751.	5,750.	23,001.	
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	1,639,085.	901,497.	737,588.	
23 Insurance	276,728.	221,382.	55,346.	
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	9,594,227.	9,594,227.		
b OUTSOURCING/CONSULTING	4,149,114.	3,319,291.	829,823.	
c FEES, LICENSES, & DUES	3,738,657.	3,738,657.		
d POSTAGE AND MAILING	2,199,961.	1,759,969.	439,992.	
e All other expenses	1,615,638.	1,318,193.	297,445.	
25 Total functional expenses. Add lines 1 through 24e	479,981,528.	474,356,754.	5,624,774.	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	2,298,090.	1	7,491,912.
	2 Savings and temporary cash investments	293,448.	2	3,811,336.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	27,291,083.	4	29,219,302.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,890,268.	9	1,939,139.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,705,066.		
	b Less: accumulated depreciation	10b 3,644,218.	12,785,702.	10c 14,060,848.
	11 Investments - publicly traded securities	9,423,989.	11	10,819,962.
	12 Investments - other securities. See Part IV, line 11	54,628,356.	12	51,080,080.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	624,691.	15	1,129,776.
16 Total assets. Add lines 1 through 15 (must equal line 33)	109,235,627.	16	119,552,355.	
Liabilities	17 Accounts payable and accrued expenses	7,316,592.	17	19,461,346.
	18 Grants payable	5,000,000.	18	6,000,000.
	19 Deferred revenue	6,233,230.	19	1,826,194.
	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	29,000,991.	25	29,276,340.
	26 Total liabilities. Add lines 17 through 25	47,550,813.	26	56,563,880.
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	61,684,814.	27	62,988,475.
	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	61,684,814.	32	62,988,475.
33 Total liabilities and net assets/fund balances	109,235,627.	33	119,552,355.	

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	482,133,073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	479,981,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,151,545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,684,814.
5	Net unrealized gains (losses) on investments	5	-847,884.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	62,988,475.

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 on 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** (2021)

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

2021

Open to Public Inspection

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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Schedule D (Form 990) 2021

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 3 rows (3a(i), 3a(ii), 3b) and 2 columns (Yes, No).

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	50,076,984.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTED ASSETS	1,003,096.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	51,080,080.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PROVISION FOR UNPAID CLAIMS	13,934,473.
(3) ACCRUED EMPLOYEE BENEFITS	8,100,428.
(4) ACCRUED RISK RESERVES	462,041.
(5) OTHER ACCRUED LIABILITIES	5,806,196.
(6) DEFERRED RENT	973,202.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,276,340.

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.

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

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

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANY AND

RECOGNIZE A TAX LIABILITY IF THE COMPANY HAS TAKEN AN UNCERTAIN POSITION

THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE

IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE

TAX POSITIONS TAKEN BY THE COMPANY AND HAS CONCLUDED THAT, AS OF DECEMBER

31, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN

THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE

FINANCIAL STATEMENTS. THE COMPANY IS SUBJECT TO ROUTINE AUDITS BY TAXING

JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS

IN PROGRESS.

**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

2021

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHILDREN'S ORGANIZATION
AMERICAN CANCER SOCIETY 10065 E HARVARD AVE, STE 400 DENVER, CO 80231	13-1788491	501C3	12,500.	0.			FUNDING TO SUPPORT LOCAL HEALTH ORGANIZATION
AMERICAN RED CROSS 444 SHERMAN ST DENVER, CO 80203	53-0196605	501C3	15,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ASSOCIATION OF FUNDRAISING PROFESSIONALS CO CHAPTER - PO BOX 24745 - DENVER, CO 80221	74-2256322	501C3	7,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
B: CIVIC 789 SHERMAN STREET, SUITE 260 DENVER, CO 80203	46-5262657	501C3	9,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
CHARITY GLOBAL INC 40 WORTH STREET, SUITE 330 NEW YORK, NY 10013	22-3936753	501C3	6,000.	0.			FUNDING TO SUPPORT GLOBAL CHARITABLE ORGANIZATION

- 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 ▶

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Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA TEPEYAC 725 HIGH STREET DENVER, CO 80216	84-1285505	501C3	7,250.	0.			FUNDING TO SUPPORT LOCAL HEALTH ORGANIZATION
COLORADO MISSION OF MERCY 7615 WINDING OAKS DRIVE COLORADO SPRINGS, CO 80919	27-1586585	501C3	32,000.	0.			FUNDING TO SUPPORT LOCAL DENTAL HEALTH ORGANIZATION
COMMUNITY COLLEGE OF DENVER FOUNDATION - PO BOX 173363 CAMPUS BOX 250 - DENVER, CO 80127	45-3784543	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL EDUCATIONAL ORGANIZATION
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	51-0157964	501C3	100,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DELTA DENTAL OF COLORADO FOUNDATION - 6465 GREENWOOD PLAZA BLVD, SUITE 900 - CENTENNIAL, CO 80111	84-1389431	501C3	6,000,000.	0.			FUNDING TO SUPPORT DELTA DENTAL FOUNDATION AND FURTHER ITS MISSION
DENVER METRO CHAMBER FOUNDATION 1445 MARKET STREET 4TH FLOOR DENVER, CO 80202	74-2489854	501C3	7,700.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER PUBLIC SCHOOLS 1860 LINCOLN ST, 10TH FLOOR DENVER, CO 80203	84-1224325	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL EDUCATIONAL ORGANIZATION
DENVER SCHOLARSHIP 789 SHERMAN ST, SUITE 610 DENVER, CO 80203	20-5143175	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL EDUCATIONAL ORGANIZATION
DENVER URBAN GARDENS 1031 33RD STREET, SUITE 100 DENVER, CO 80205	74-2374848	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER ZOOLOGICAL FOUNDATION 2300 STEELE ST DENVER, CO 80205	84-0502539	501C3	150,000.	0.			FUNDING TO SUPPORT LOCAL EDUCATIONAL ORGANIZATION
DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	84-0405254	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	84-0772672	501C3	6,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE, SUITE 720 DENVER, CO 80210	84-0410630	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
HABITAT FOR HUMANITY PO BOX 5202 DENVER, CO 80217	74-2050021	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
INSURANCE MANAGEMENT ASSOCIATES FOUNDATION - 1705 17TH STREET, SUITE 100 - DENVER, CO 80202	23-7432160	501C3	5,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
METRO CARING 1100 E 18TH AVE DENVER, CO 80218	84-6116951	501C3	29,750.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
MILE HIGH UNITED WAY P.O BOX 5547 DENVER, CO 80217	84-0404235	501C3	50,400.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED - 1800 15TH STREET, SUITE 100 - DENVER, CO 80202	84-6129064	501C3	20,000.	0.			FUNDING TO SUPPORT LOCAL DENTAL HEALTH 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT WORTHMORE 1666 ELMIRA STREET AURORA, CO 80010	45-0933835	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
SPECIAL OLYMPICS OF COLORADO 12450 E ARAPAHOE RD, SUITE C CENTENNIAL, CO 80112	84-0713739	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
UNIVERSITY OF CO FOUNDATION P.O BOX 173364 DENVER, CO 80217	84-6049811	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
VOLUNTEERS FOR OUTDOOR 600 S MARION PARKWAY DENVER, CO 80209	74-2357211	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
VOLUNTEERS OF AMERICA 2660 LARIMER STREET DENVER, CO 80205	84-1590666	501C3	30,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE 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

2021

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 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 **1b**

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? **2**

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	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) 2021

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 and/or 1099-NEC 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)	396,271.	389,621.	15,314.	28,080.	11,312.	840,598.	0.
	(ii)	111,769.	109,893.	4,319.	7,920.	3,190.	237,091.	0.
(2) GREGORY C VOCHIS CHIEF FINANCIAL OFFICER AND TREASURE	(i)	259,590.	213,005.	14,686.	28,822.	18,938.	535,041.	0.
	(ii)	55,064.	45,183.	3,115.	6,114.	4,017.	113,493.	0.
(3) DAVID W GERBUS CHIEF ADMINISTRATIVE OFFICER & GENER	(i)	241,106.	221,603.	17,474.	27,978.	12,066.	520,227.	0.
	(ii)	42,548.	39,106.	3,084.	4,937.	2,129.	91,804.	0.
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROK	(i)	233,813.	183,127.	17,080.	26,474.	18,752.	479,246.	0.
	(ii)	25,979.	20,347.	1,898.	2,942.	2,084.	53,250.	0.
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	(i)	230,967.	187,784.	17,918.	26,028.	12,776.	475,473.	0.
	(ii)	25,663.	20,865.	1,991.	2,892.	1,420.	52,831.	0.
(6) ADEEB A KHAN EXECUTIVE DIRECTOR OF FOUNDATION	(i)	104,679.	51,178.	8,974.	11,490.	8,631.	184,952.	0.
	(ii)	100,574.	49,171.	8,623.	11,039.	8,293.	177,700.	0.
(7) BRAD T GUYTON CHIEF DENTAL OFFICER	(i)	191,321.	97,944.	9,277.	18,000.	10,348.	326,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDE	(i)	169,152.	101,558.	3,374.	25,980.	20,616.	320,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	(i)	185,293.	75,044.	2,638.	20,947.	17,466.	301,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BROOKE S BODART DIRECTOR OF BUSINESS PROGRAMS	(i)	158,081.	84,378.	3,304.	13,261.	15,274.	274,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TIMOTHY J CATRON DIRECTOR OF GROUP ADMINISTRATION, ED	(i)	170,097.	41,450.	7,274.	16,211.	2,514.	237,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUNDAY A SOTOMAYOR DIRECTOR OF HUMAN RESOURCES	(i)	162,458.	40,933.	3,607.	15,231.	13,929.	236,158.	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 MEMBERSHIP GROWTH, RETURN ON REVENUE, AND STAKEHOLDER
 EXPERIENCE FACTORS. 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)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ 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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

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

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
POULOS & SOMERS, PC	ANN SOMERS, DIRECTO	259,093.	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: POULOS & SOMERS, PC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ANN SOMERS, DIRECTOR

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

FORM 990 SCHEDULE L PART IV

CLAIMS PAID TO POULOS & SOMERS, P.C. ARE MADE UNDER A STANDARD PROVIDER

AGREEMENT.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

FORM 990 PART I, LINE 12

ON AUGUST 1, 2020 COLORADO DENTAL SERVICES MERGED INTO DELTA DENTAL OF
COLORADO. THIS RESULTED IN THE 2020 RETURN FOR DELTA DENTAL OF COLORADO
ONLY REPORTING A PARTIAL YEAR OF FINANCIAL ACTIVITY.

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

QUALITY AFFORDABLE DENTAL INSURANCE TO AS MANY COLORADANS AS POSSIBLE.

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

ALSO SPONSORS LOCAL NONPROFIT ORGANIZATIONS AND COMMUNITY EVENTS AND
DONATED OVER 252,000 ORAL HEALTH ITEMS REACHING MORE THAN 150,000
PEOPLE THROUGHOUT COLORADO. A PORTION OF THE FUNDING SUPPORT GOES TO
DELTA DENTAL OF COLORADO FOUNDATION, WHICH RECEIVED \$6.0 MILLION IN
2021 TO ADVANCE ORAL HEALTH EQUITY THROUGH GRANT MAKING. THE COMPANY
SUPPORTS ENGAGEMENT IN THE COMMUNITY THROUGH ITS VOLUNTEER PROGRAM WITH
129 OF ITS 225 EMPLOYEES CONTRIBUTING THEIR TIME IN 2021.

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.

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

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

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 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

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

OUR CORPORATE OFFICES UPON REQUEST". DOCUMENTS ARE AVAILABLE FOR THE SAME

PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Multiple horizontal lines for text entry.

**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

2021

Open to Public Inspection

Name of the organization <p style="text-align: center;">DELTA DENTAL OF COLORADO</p>	Employer identification number <p style="text-align: center;">83-4416613</p>
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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
ENSEMBLE COMMUNITY IMPACT FUND - 83-4416613 6465 GREENWOOD PLAZA BLVD, SUITE 900 CENTENNIAL, CO 80111	INVESTS IN HEALTH AND WELLNESS COMPANIES FOCUSING EARLY-STAGE VENTURES	COLORADO	0.	0.	ENSEMBLE INNOVATION VENTURES
DIRECT DENTAL ALLIANCE - 87-2105156 6465 GREENWOOD PLAZA BLVD, SUIT 900 CENTENNIAL, CO 80111	MARKET AND ADMINISTER A NON-INSURED DENTAL PRODUCT	COLORADO			ENSEMBLE INNOVATION VENTURES

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

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

Schedule R (Form 990) 2021

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	6,000,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	J	50,952.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	O	848,867.	FMV
(4) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	286,347.	FMV
(5)			
(6)			

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	

