

Return of Organization Exempt From Income Tax

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: DELTA DENTAL OF COLORADO
D Employer identification number: 83-4416613
E Telephone number: 800-233-0860
F Name and address of principal officer: HELEN W. DREXLER
G Gross receipts \$: 553,602,319
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.DELTADENTALCO.COM
K Form of organization: Corporation
L Year of formation: 2019
M State of legal domicile: CO

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22) with columns for Prior Year and Current Year.

Part II Signature Block

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

Signature of officer: HELEN W. DREXLER, PRESIDENT AND CEO
Date
Print/Type preparer's name: DORI J. EGGETT
Preparer's signature: DORI J. EGGETT
Date: 09/25/24
PTIN: 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 [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 548,306,039. including grants of \$) (Revenue \$ 550,920,096.) 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 \$ 928,218. including grants of \$ 928,218.) (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 18 YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS COMMUNITY IMPACT INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY PROGRAMS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, COLORADO GIVES FOUNDATION, COLORADO MISSION OF MERCY, 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 549,234,257.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

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, and excess benefit transactions.

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 columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

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... 13; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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: 8a The governing body? X; 8b 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 on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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? 15a The organization's CEO, Executive Director, or top management official X; 15b 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?

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
MICHAEL THORNLEY, CPA - 303-889-8634
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, box 6 of 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 & CEO	28.00 17.00	X		X				697,868.	375,775.	49,492.
(2) GREGORY C. VOCHIS, CPA TREASURER & CFO	37.00 8.00			X				480,594.	109,765.	63,384.
(3) ROBERT M. THOMPSON CHIEF GROWTH OFFICER	31.00 14.00				X			336,431.	144,185.	55,069.
(4) KELLI C. OGUNSANYA CHIEF OPERATING OFFICER	42.00 3.00				X			405,209.	30,500.	48,531.
(5) ADEEB A. KHAN CHIEF IMPACT OFFICER - THRU 6/23/23	17.00 28.00				X			177,714.	266,572.	28,712.
(6) BRAD T. GUYTON, DDS, MBA, MPH CHIEF DENTAL OFFICER	21.00 2.00				X			300,658.	22,630.	32,706.
(7) STACY L. ABEL CHIEF PEOPLE OFFICER	40.00 5.00				X			258,691.	35,276.	29,693.
(8) DEVIN W. FARRELL SR. DIRECTOR - GROWTH STRATEGY	40.00 5.00					X		236,397.	29,218.	44,386.
(9) ALLISON MELUN SR. DIRECTOR-MARKETING & COR. COMM.	31.00 14.00					X		159,168.	68,215.	41,657.
(10) BROOKE S. BODART, RDH, MPA SR. DIR.-CLAIMS, CLINICAL & PROV. MG	45.00 0.00					X		235,184.	0.	33,558.
(11) MICHAEL R. THORNLEY, CPA CORPORATE CONTROLLER	30.00 15.00					X		152,127.	81,914.	28,136.
(12) PATRICK A. CORDOVA DIRECTOR-IT INFRASTRUC. & DATA SYS.	38.00 7.00					X		178,152.	31,439.	40,666.
(13) DAVID W. GERBUS FORMER COO	0.00 0.00						X	106,681.	13,185.	0.
(14) NED CALONGE, MD, MPH CHAIR	2.00 0.00	X		X				74,250.	0.	0.
(15) TAMANNA TIWARI, MPH, MDS, BDS SECRETARY	2.00 3.00	X		X				66,000.	0.	0.
(16) ANDREA YOUNG TRUSTEE	4.00 2.00	X						52,708.	11,500.	0.
(17) JAMES L. COUSIN, II TRUSTEE	4.00 2.00	X						50,800.	3,750.	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) KIM KRETSCH, DDS, MBA TRUSTEE	2.00 3.00	X						51,750.	0.	0.
(19) ANN BLOCK TRUSTEE	4.00 2.00	X						43,028.	7,750.	0.
(20) ANN SOMERS, DDS TRUSTEE	2.00 0.00	X						49,500.	0.	0.
(21) RICHARD CALL, DMD, MS TRUSTEE	4.00 2.00	X						47,328.	0.	0.
(22) MARK GOODMAN TRUSTEE	2.00 0.00	X						24,422.	0.	22,500.
(23) LEO TOKAR VICE-CHAIR	4.00 2.00	X		X				21,001.	12,750.	12,750.
(24) DON ORTEGA TRUSTEE	4.00 0.00	X						42,750.	0.	0.
(25) JOSEPH GARCIA TRUSTEE	4.00 0.00	X						42,000.	0.	0.
1b Subtotal								4,290,411.	1,244,424.	531,240.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,290,411.	1,244,424.	531,240.

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 67

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NORTHWINDS TECHNOLOGY SOLUTIONS LLC 111 SHUMAN BLVD., NAPERVILLE, IL 60563	IT SUPPORT & CLAIMS PROCESSING	6,776,833.
WYSSTA SERVICES INC. P.O. BOX 86, STEVENS POINT, WI 54481	3RD PARTY INSURANCE PROCESSING	4,099,655.
ENCARA INC. 4818 STARKEY ROAD, ROANOKE, VA 24018	SALES AND MARKETING SERVICES	1,627,429.
NPN360, INC. 2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015	PRINTING AND MAILING SERVICES	1,310,313.
FISERV, 600 VEL R. PHILLIPS AVE, MILWAUKEE, WI 53203	FINANCIAL CONSULTANT	1,275,000.

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 49

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	307,332,082.	307,332,082.			
	b	RISK PLAN PREMIUMS	524114	224,351,759.	224,351,759.			
	c	ADMIN - SELF FUND PLAN	524298	19,236,255.	19,236,255.			
	d	VISION PREMIUMS	524298	845,868.		845,868.		
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		551,765,964.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,804,065.			1,804,065.	
	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				
	b	Less: cost or other basis and sales expenses	7b	2,430,119.				
	c	Gain or (loss)	7c	-2,430,119.				
d	Net gain or (loss)		-2,430,119.			-2,430,119.		
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	MISCELLANEOUS REVENUE	Business Code					
			900099	32,290.			32,290.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d		32,290.					
12	Total revenue. See instructions		551,172,200.	550,920,096.	845,868.	-593,764.		

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 ...	928,218.	928,218.		
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	483,723,637.	483,723,637.		
5 Compensation of current officers, directors, trustees, and key employees	4,843,623.	4,746,751.	96,872.	
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	17,163,315.	16,820,049.	343,266.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,479,336.	1,449,749.	29,587.	
9 Other employee benefits	3,503,944.	3,433,865.	70,079.	
10 Payroll taxes	1,408,623.	1,380,451.	28,172.	
11 Fees for services (nonemployees):				
a Management	2,582,359.	2,065,887.	516,472.	
b Legal	517,683.	414,146.	103,537.	
c Accounting	199,061.	159,249.	39,812.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	177,623.		177,623.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,066,409.	746,486.	319,923.	
12 Advertising and promotion	2,666,177.	2,666,177.		
13 Office expenses	247,970.	173,579.	74,391.	
14 Information technology	3,903,186.	3,122,549.	780,637.	
15 Royalties				
16 Occupancy	1,767,656.	1,414,125.	353,531.	
17 Travel	181,544.	36,309.	145,235.	
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	2,073,302.	1,140,316.	932,986.	
23 Insurance	339,371.	271,497.	67,874.	
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 INCOME TAX EXPENSE	23,665.	23,665.		
b COMMISSIONS	10,297,199.	10,297,199.		
c DATA PROCESSING	7,815,728.	7,815,728.		
d OUTSOURCING/CONSULTING	4,536,266.	3,629,013.	907,253.	
e All other expenses	3,469,514.	2,775,612.	693,902.	
25 Total functional expenses. Add lines 1 through 24e	554,915,409.	549,234,257.	5,681,152.	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	12,170,178.	1	2,571,903.
	2 Savings and temporary cash investments	416,930.	2	4,446,549.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,301,188.	4	19,152,066.
	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	1,482,416.	9	1,725,783.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,732,152.		
	b Less: accumulated depreciation	10b 6,097,371.	12,533,084.	10c 10,634,781.
	11 Investments - publicly traded securities	16,314,594.	11	10,333,591.
	12 Investments - other securities. See Part IV, line 11	38,648,953.	12	39,018,180.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,876,237.	15	12,133,766.
16 Total assets. Add lines 1 through 15 (must equal line 33)	109,743,580.	16	100,016,619.	
Liabilities	17 Accounts payable and accrued expenses	11,870,360.	17	4,424,540.
	18 Grants payable		18	
	19 Deferred revenue	1,473,198.	19	3,238,673.
	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	37,722,884.	25	32,616,420.
	26 Total liabilities. Add lines 17 through 25	51,066,442.	26	40,279,633.
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	58,677,138.	27	59,736,986.
	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	58,677,138.	32	59,736,986.
33 Total liabilities and net assets/fund balances	109,743,580.	33	100,016,619.	

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	551,172,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	554,915,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,743,209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,677,138.
5	Net unrealized gains (losses) on investments	5	4,804,513.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	49,854.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-51,310.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	59,736,986.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

Form **990** (2023)

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

2023

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,253,098.	1,573,269.	3,679,829.
d Equipment		10,081,093.	3,991,307.	6,089,786.
e Other		1,397,961.	532,795.	865,166.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,634,781.

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	39,018,180.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	39,018,180.	

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, line 13, col. (B))		

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) ACCRUED INTEREST	245,392.
(2) RIGHT-OF-USE ASSETS	11,248,471.
(3) INTERCOMPANY RECEIVABLE	639,903.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	12,133,766.

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	9,305,977.
(3) ACCRUED EMPLOYEE BENEFITS	5,956,107.
(4) DEPOSITS	1,555,404.
(5) UNCLAIMED PROPERTY	813,394.
(6) RIGHT-OF-USE LEASE LIABILITIES	14,985,538.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	32,616,420.

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, 2023, 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

2023

**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 80045	26-3349334	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ACTION MILE HIGH FOUNDATOIN 1620 LITTLE RAVEN ST UNIT 505 DENVER, CO 80202	82-4823081	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ALZHEIMER'S ASSOCIATION 12894 S PONY EXPRESS RD, SUITE 300 DRAPER, UT 95670	84-0908354	501C3	12,760.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
AMERICAN HEART ASSOCIATION 1777 S HARRISON STREET, SUITE 500 DENVER, CO 80216	13-5613797	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE, SUITE 1150 CHICAGO, IL 75078	13-1632524	501C3	6,400.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
B:CIVIC 789 SHERMAN STREET, SUITE 260 DENVER, CO 80204	46-5262657	501C3	15,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34.

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

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

Schedule I (Form 990) 2023

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
CIRCLE 3455 RINGSBY CT STE 130 DENVER, CO 80216	47-2199655	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
COLORADO COMPRESSIONS 7118 S LAFAYETTE WAY CENTENNIAL, CO 80122	82-4634041	501C3	9,185.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
COLORADO GIVES FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	51-0157964	501C3	100,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
COLORADO MISSION OF MERCY 1910 56TH AVE GREELEY, CO 80634	27-1586585	501C3	30,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
COLORADO WOMEN'S CHAMBER OF COMMERCE - 865 ALBION ST STE 250 - DENVER, CO 80220	84-1145793	501C3	14,350.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENTAL LIFELINE NETWORK 1800 15TH STREET, SUITE 100 DENVER, CO 80202	84-0900619	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER CENTER FOR PERFORMING ARTS 1101 13TH STREET DENVER, CO 80205	84-0407760	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80231	84-0405254	501C3	20,400.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER METRO CHAMBER LEADERSHIP FOUNDATION - 1445 MARKET ST 4TH FLOOR - DENVER, CO 80202	74-2489854	501C3	14,300.	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 PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN ST, 10TH FLOOR DENVER, CO 80204	84-1224325	501C3	20,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER URBAN GARDENS 1031 33RD ST STE 100 DENVER, CO 80205	74-2374848	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ENVIRONMENTAL LEARNING FOR KIDS PO BOX 21679 DENVER, CO 80231	84-1436605	501C3	15,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
EXECUTIVES PARTNERING TO INVEST IN CHILDREN - 711 PARK AVE WEST - DENVER, CO 80209	47-3951585	501C3	20,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
FLORENCE CRITTENTON SERVICES OF COLORADO - 96 SOUTH ZUNI STREET - DENVER, CO 80223	84-0429686	501C3	8,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
FOCUS POINTS FAMILY RESOURCE CENTER - 2501 E 48TH AVE - DENVER, CO 80216	84-1353944	501C3	29,750.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE, SUITE 250 DENVER, CO 80216	84-0410630	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
HABITAT FOR HUMANITY OF METRO DENVER INC - PO BOX 5667 - DENVER, CO 80217	74-2050021	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
HISPANIC DENTAL ASSOCIATION 421 HUGUENOT ST STE 54 NEW ROCHELLE, NY 10801	36-3719494	501C3	5,280.	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
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN INC - 5105 DTC PARKWAY STE 200 - GREENWOOD VILLAGE, CO 80111	84-0430495	501C3	60,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
MILE HIGH UNITED WAY PO BOX 5547 DENVER, CO 80217	84-0404235	501C3	256,750.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
NATIONAL KIDNEY FOUNDATION INC 1391 SPEER BLVD DENVER, CO 80204	13-1673104	501C3	10,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
PBS12 COLORADO PUBLIC TV, PO BOX 1740 DENVER, CO 80201	84-0723918	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
PROJECT WORTHMORE DBA WORTHMORE CLINIC - 1609 HAVANA STREET - AURORA, CO 80010	45-0933835	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
SISTER-TO-SISTER INTERNATIONAL INC 1001 BANNOCK ST STE 489 DENVER, CO 80204	85-1053563	501C3	5,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE RD, SUITE C CENTENNIAL, CO 80112	84-0713739	501C3	38,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
THE GREENWAY FOUNDATION 1820 PLATTE ST DENVER, CO 80202	51-0193575	501C3	6,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
VOLUNTEERS FOR OUTDOOR COLORADO P.O. BOX 100577 DENVER, CO 80250	74-2357211	501C3	26,250.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE 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

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

2023

Open to Public
Inspection

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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 & CEO	(i)	398,798.	287,801.	11,269.	23,079.	9,091.	730,038.	0.
	(ii)	214,737.	154,970.	6,068.	12,427.	4,895.	393,097.	0.
(2) GREGORY C. VOCHIS, CPA TREASURER & CFO	(i)	299,236.	167,141.	14,217.	33,536.	18,063.	532,193.	0.
	(ii)	68,344.	38,174.	3,247.	7,659.	4,126.	121,550.	0.
(3) ROBERT M. THOMPSON CHIEF GROWTH OFFICER	(i)	205,485.	118,386.	12,560.	24,012.	14,536.	374,979.	0.
	(ii)	88,065.	50,737.	5,383.	10,291.	6,230.	160,706.	0.
(4) KELLI C. OGUNSANYA CHIEF OPERATING OFFICER	(i)	314,606.	72,989.	17,614.	30,159.	14,975.	450,343.	0.
	(ii)	23,680.	5,494.	1,326.	2,270.	1,127.	33,897.	0.
(5) ADEEB A. KHAN CHIEF IMPACT OFFICER - THRU 6/23/23	(i)	117,345.	56,907.	3,462.	6,915.	4,570.	189,199.	0.
	(ii)	176,018.	85,361.	5,193.	10,372.	6,855.	283,799.	0.
(6) BRAD T. GUYTON, DDS, MBA, MPH CHIEF DENTAL OFFICER	(i)	181,803.	110,805.	8,050.	19,735.	10,681.	331,074.	0.
	(ii)	13,684.	8,340.	606.	1,486.	804.	24,920.	0.
(7) STACY L. ABEL CHIEF PEOPLE OFFICER	(i)	235,877.	8,800.	14,014.	9,423.	16,707.	284,821.	0.
	(ii)	32,165.	1,200.	1,911.	1,285.	2,278.	38,839.	0.
(8) DEVIN W. FARRELL SR. DIRECTOR - GROWTH STRATEGY	(i)	178,730.	55,097.	2,570.	18,633.	20,871.	275,901.	0.
	(ii)	22,090.	6,810.	318.	2,302.	2,580.	34,100.	0.
(9) ALLISON MELUN SR. DIRECTOR-MARKETING & COR. COMM.	(i)	141,428.	14,917.	2,823.	13,375.	15,786.	188,329.	0.
	(ii)	60,612.	6,393.	1,210.	5,732.	6,764.	80,711.	0.
(10) BROOKE S. BODART, RDH, MPA SR. DIR.-CLAIMS, CLINICAL & PROV. MG	(i)	196,963.	32,241.	5,980.	18,711.	14,847.	268,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL R. THORNLEY, CPA CORPORATE CONTROLLER	(i)	133,553.	14,940.	3,634.	12,862.	5,426.	170,415.	0.
	(ii)	71,913.	8,045.	1,956.	6,926.	2,922.	91,762.	0.
(12) PATRICK A. CORDOVA DIRECTOR-IT INFRASTRUC. & DATA SYS.	(i)	156,265.	18,783.	3,104.	14,633.	19,933.	212,718.	0.
	(ii)	27,576.	3,315.	548.	2,582.	3,518.	37,539.	0.
(13) DAVID W. GERBUS FORMER COO	(i)	0.	106,681.	0.	0.	0.	106,681.	0.
	(ii)	0.	13,185.	0.	0.	0.	13,185.	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 4A:

ADEEB KHAN, CHIEF IMPACT OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$136,475.

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, STAKEHOLDER EXPERIENCE, AND GROUP RETENTION FACTORS. THE LONG-TERM INCENTIVE PROGRAM HAS THREE-YEAR TARGETS AND PAYOUTS, AND IN MARCH OF 2023 THE PLAN YEAR ENDING DECEMBER 31, 2022 WAS PAID.

PART I, LINE 6:

SEE NARRATIVE FOR LINE 5A ABOVE.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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
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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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

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
(1) POULOS & SOMERS, PC	ANN SOMERS, TRUSTEE	270,839.	CLAIMS PAID		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

(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

2023

Open to Public
Inspection

Name of the organization

DELTA DENTAL OF COLORADO

Employer identification number

83-4416613

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

QUALITY AFFORDABLE DENTAL INSURANCE TO AS MANY COLORADANS AS POSSIBLE.

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

MILE HIGH UNITED WAY. THE COMPANY ALSO SPONSORS LOCAL NONPROFIT

ORGANIZATIONS AND COMMUNITY EVENTS AND DONATED OVER 120,000 ORAL HEALTH

ITEMS REACHING MORE THAN 100,000 PEOPLE THROUGHOUT COLORADO. THE

COMPANY SUPPORTS ENGAGEMENT IN THE COMMUNITY THROUGH ITS VOLUNTEER

PROGRAM WITH 172 OF ITS 235 EMPLOYEES CONTRIBUTING THEIR TIME IN 2023.

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

THE ORGANIZATION HAS ONE VOTING MEMBER, WHICH IS ENSEMBLE INNOVATION

VENTURES, A COLORADO NONPROFIT CORPORATION.

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

ENSEMBLE INNOVATION VENTURES HAS THE AUTHORITY TO ELECT THE BOARD OF

DIRECTORS.

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

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

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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, BOARD DIRECTORS ARE REQUIRED TO COMPLETE AN ELECTRONIC

CONFLICT OF INTEREST SURVEY AND AN INDEPENDENT/DEPENDENT DIRECTOR SURVEY.

COMPLETED SURVEYS ARE REVIEWED BY BOARD COUNSEL. ANY POTENTIAL OR PERCEIVED

CONFLICT OR DEPENDENCY ISSUES ARE REPORTED TO AND ADDRESSED BY THE BOARD

GOVERNANCE COMMITTEE. IF NECESSARY, THE IMPACTED DIRECTOR IS REMOVED FROM

ANY SITUATION INVOLVING THE POTENTIAL CONFLICT. COMPLIANCE PRESENTS EACH

QUARTER TO THE BOARD GOVERNANCE COMMITTEE, AND EACH SUCH PRESENTATION

INCLUDES TRAINING MATERIALS ON THE BOARD'S RESPONSIBILITIES FOR COMPLIANCE

OVERSIGHT AND MONITORING OF THE HEALTHCARE AND CORPORATE COMPLIANCE

LANDSCAPE. GOVERNANCE CHAIR IS RESPONSIBLE FOR SHARING PERTINENT CONTENTS

WITH THE ENTIRE BOARD AT EACH BOARD MEETING.

DDCO CONDUCTS AN ANNUAL COMPLIANCE TRAINING, WHICH IS MANDATORY FOR ALL

EMPLOYEES TO ATTEND. THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT THIS

TRAINING. ON AN ANNUAL BASIS, ALL EMPLOYEES ARE REQUIRED TO COMPLETE A

CONFLICT OF INTEREST STATEMENT AND SUBMIT ANY POTENTIAL OR PERCEIVED

CONFLICT OF INTEREST. RECEIPT OF ALL SIGNED AND COMPLETED FORMS ARE

TRACKED; ORIGINAL FORMS ARE KEPT IN THE PERSONNEL FILE IN THE HUMAN

RESOURCES OFFICE. ANY REPORTED POTENTIAL OR PERCEIVED CONFLICTS OF

INTEREST ARE REVIEWED AND, IF NECESSARY, EMPLOYEES AND THEIR MANAGER ARE

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.

Name of the organization DELTA DENTAL OF COLORADO	Employer identification number 83-4416613
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

POST-RETIREMENT ACTUARIAL LOSSES	-51,310.
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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

2023

Open to Public Inspection

Name of the organization <p align="center">DELTA DENTAL OF COLORADO</p>	Employer identification number <p 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

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, SUITE 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, SUITE 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) 2023

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	J	60,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	O	216,216.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	224,614.	FMV
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BETA HEALTH ASSOCIATION

PRIMARY ACTIVITY: PROVIDES NON-INSURED DENTAL BENEFITS TO SUPPORT DENTAL

INSURANCE CARRIERS

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. DELTA DENTAL OF COLORADO	Taxpayer identification number (TIN) 83-4416613
	Number, street, and room or suite no. If a P.O. box, see instructions. 6465 GREENWOOD PLAZA BLVD, 900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CENTENNIAL, CO 80111	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MICHAEL THORNLEY, CPA
 6465 GREENWOOD PLAZA BLVD #900 - CENTENNIAL, CO 80111

Telephone No. 303-889-8634 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.