

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

2019

Open to Public Inspection

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.

Part I Summary: A For the 2019 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts \$; H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

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).

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.

Signature and Preparer Information: Sign Here (Signature of officer, Date, Name and Title); Paid (Preparer's name, signature, date, PTIN); Preparer Use Only (Firm's name, address, EIN, phone number).

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 \$ 450,376,419. including grants of \$) (Revenue \$ 464,909,728.) 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 \$ 7,045,000. including grants of \$ 6,635,410.) (Revenue \$) COMMUNITY BENEFIT PROGRAMS

AS A NONPROFIT, DELTA DENTAL OF COLORADO DEVOTES SIGNIFICANT RESOURCES TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST FIFTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS COMMUNITY ENGAGEMENT PROGRAM, INCLUDING \$1.4 MILLION IN 2019. THESE ACTIVITIES INCLUDE TABLES, DONATIONS, CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING THE AMERICAN HEART ASSOCIATION AND MILE HIGH UNITED WAY. THE COMPANY ALSO SPONSORS LOCAL NONPROFIT ORGANIZATIONS AND COMMUNITY

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 457,421,419.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 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, 1b, 1c regarding Form 1096 and backup withholding.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HASSAN SALEM TRUSTEE	5.00 0.00	X					31,292.	0.	0.	
(2) JOHN PAUL HOPKINS TRUSTEE	5.00 0.00	X					41,554.	0.	0.	
(3) KELLY J BROUGH CHAIR	5.00 0.00	X		X			57,387.	0.	0.	
(4) TAMANNA TIWARI, MPH, MDS, BDS TRUSTEE	5.00 0.00	X					30,500.	0.	0.	
(5) MARK WEHRLE, CPA (RETIRED) TRUSTEE	5.00 0.00	X					48,677.	0.	0.	
(6) ANDREA JEAN YOUNG TRUSTEE	5.00 0.00	X					32,250.	0.	0.	
(7) LEO TOKAR TRUSTEE	5.00 0.00	X					33,334.	0.	0.	
(8) MARY MARGARET NOONAN VICE CHAIR	3.00 2.00	X		X			45,367.	0.	0.	
(9) RICHARD CALL, DMD TRUSTEE	3.00 2.00	X					38,160.	0.	0.	
(10) KIM KRETSCH, DDS TRUSTEE	3.00 2.00	X					41,361.	0.	0.	
(11) BRANDON OWEN, DDS TRUSTEE	5.00 0.00	X					33,806.	0.	0.	
(12) WALT VOGL, DDS SECRETARY	5.00 0.00	X		X			34,594.	0.	0.	
(13) NED CALONGE MD, MPH TRUSTEE	5.00 0.00	X					35,500.	0.	0.	
(14) ANN SOMERS, DDS TRUSTEE	5.00 0.00	X					30,405.	0.	0.	
(15) ANN BLOCK TRUSTEE	5.00 0.00	X					37,074.	0.	0.	
(16) HELEN W DREXLER CEO/PRESIDENT	43.00 2.00			X			612,357.	0.	45,894.	
(17) DAVID W GERBUS, JD CHIEF ADMINISTRATIVE OFFICER & GENER	45.00			X			394,933.	0.	40,381.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY C VOCHIS, CPA CFO/TREASURER	45.00			X				391,318.	0.	36,135.
(19) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROK	45.00				X			332,970.	0.	38,598.
(20) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	45.00				X			318,918.	0.	35,276.
(21) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	45.00					X		227,904.	0.	33,022.
(22) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDE	45.00					X		201,601.	0.	19,877.
(23) BRANDON L THALL DIRECTOR OF FP&A- FORMER	45.00					X		200,814.	0.	13,699.
(24) PAMELA PATTON, CPA CONTROLLER - FORMER	45.00					X		197,446.	0.	19,449.
(25) BROOKE S BODART, RDH, MPA DIRECTOR OF BUSINESS PROGRAMS	45.00					X		187,591.	0.	20,333.
1b Subtotal								3,637,113.	0.	302,664.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,637,113.	0.	302,664.

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 **10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DDP OF VIRGINIA, 4818 STARKEY RD SOUTHWEST, ROANOKE, VA 24014	IT SUPPORT & CLAIMS PROCESSING	3,100,614.
WYSSTA SERVICES INC P.O BOX 86, STEVENS POINT, WI 54481	3RD PARTY INSURANCE PROCESSING	2,315,391.
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY STE. 760, CENTINNIAL, CO 80111	BUSINESS VALIDATION AND TECHNOLOGY CONSU	1,377,753.
ENCARA INC, 4818 STARKEY RD SOUTHWEST, ROANOKE, VA 24014	MARKETING AND MANAGEMENT SERVICES	1,058,257.
FISERV INC PO BOX 979, BROOKFIELD, WI 53008	POSTAGE AND PRINTING	950,000.

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 **55**

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	249,876,450.	249,876,450.			
	b RISK PLAN PREMIUMS	524114	199,364,404.	199,364,404.			
	c ADMIN - SELF FUND PLAN	524298	15,699,160.	15,699,160.			
	d DISCOUNT PLAN FEES	524114	256,995.	256,995.			
	e RISK SHARING	524298	-287,281.	-287,281.			
	g Total. Add lines 2a-2f		464,909,728.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,716,011.		66,873.	2,649,138.	
	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	1,907,510.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	1,907,510.				
	d Net gain or (loss)		1,907,510.			1,907,510.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a VISION PREMIUMS	Business Code					
		524298	1,704.		1,704.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		1,704.					
12 Total revenue. See instructions			469,534,953.	464,909,728.	68,577.	4,556,648.	

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 ...	6,635,410.	6,635,410.		
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	403,568,026.	403,568,026.		
5 Compensation of current officers, directors, trustees, and key employees	4,045,427.	3,964,518.	80,909.	
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	11,523,692.	11,293,218.	230,474.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,062,781.	1,041,525.	21,256.	
9 Other employee benefits	3,099,691.	3,037,697.	61,994.	
10 Payroll taxes	998,299.	978,333.	19,966.	
11 Fees for services (nonemployees):				
a Management	4,613,799.	3,691,039.	922,760.	
b Legal	353,416.	282,733.	70,683.	
c Accounting	73,546.		73,546.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	391,211.		391,211.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	41,501.	29,051.	12,450.	
12 Advertising and promotion	2,064,604.	2,064,604.		
13 Office expenses	741,888.	519,322.	222,566.	
14 Information technology	3,127,945.	2,502,356.	625,589.	
15 Royalties				
16 Occupancy	1,103,661.	882,929.	220,732.	
17 Travel	308,767.	61,753.	247,014.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	99,431.	19,886.	79,545.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,442,566.	793,411.	649,155.	
23 Insurance				
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	9,053,367.	9,053,367.		
b DATA PROCESSING (CLAIMS	5,059,724.	5,059,724.		
c POSTAGE AND MAILING	2,014,291.	1,611,433.	402,858.	
d FEES, LICENSES, & DUES	1,026,790.	205,358.	821,432.	
e All other expenses	370,980.	125,726.	245,254.	
25 Total functional expenses. Add lines 1 through 24e	462,820,813.	457,421,419.	5,399,394.	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 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	7,623,670.	1	797,536.
	2 Savings and temporary cash investments	4,136,882.	2	16,118,173.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,507,392.	4	26,558,224.
	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	0.	7	2,000,000.
	8 Inventories for sale or use	1,163,871.	8	0.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,074,343.		
	b Less: accumulated depreciation	10b 13,525,546.	3,294,068.	10c 3,548,797.
	11 Investments - publicly traded securities	90,236,210.	11	33,573,165.
	12 Investments - other securities. See Part IV, line 11	734,388.	12	47,119,615.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	284,113.	15	14,249,780.
16 Total assets. Add lines 1 through 15 (must equal line 33)	129,980,594.	16	143,965,290.	
Liabilities	17 Accounts payable and accrued expenses	8,369,004.	17	10,450,845.
	18 Grants payable	6,440,000.	18	5,000,000.
	19 Deferred revenue	4,267,914.	19	3,866,925.
	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	18,777,523.	25	19,706,726.
	26 Total liabilities. Add lines 17 through 25	37,854,441.	26	39,024,496.
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	92,126,153.	27	104,940,794.
	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	92,126,153.	32	104,940,794.
33 Total liabilities and net assets/fund balances	129,980,594.	33	143,965,290.	

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	469,534,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	462,820,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,714,140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,126,153.
5	Net unrealized gains (losses) on investments	5	6,061,501.
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	39,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	104,940,794.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

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

2019

Open to Public Inspection

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

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 about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. 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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,457,482.	2,144,021.	313,461.
d Equipment		1,509,113.	1,072,681.	436,432.
e Other		13,107,748.	10,308,844.	2,798,904.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,548,797.

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	38,903,762.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTED ASSETS	8,215,853.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	47,119,615.	

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) ACCRUED INTEREST	434,322.
(2) RELATED PARTY RECEIVABLES	576,978.
(3) PREPAID EXPENSES	1,899,634.
(4) INVESTMENT PROCEED RECEIVABLE	11,338,846.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,249,780.

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	12,731,206.
(3) ACCRUED EMPLOYEE BENEFITS	1,783,044.
(4) ACCRUED RISK RESERVES	517,041.
(5) OTHER ACCRUED LIABILITIES	4,375,684.
(6) DEFERRED RENT	299,751.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	19,706,726.

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	202,461,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 6,061,501.		
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	6,061,501.
3	Subtract line 2e from line 1		3	196,399,499.
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 273,135,454.		
c	Add lines 4a and 4b		4c	273,135,454.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	469,534,953.

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	197,034,000.
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	0.
3	Subtract line 2e from line 1		3	197,034,000.
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 265,786,813.		
c	Add lines 4a and 4b		4c	265,786,813.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	462,820,813.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

COST REIMBURSEMENT RECLASS	265,575,610.
GAAP TO STATUTORY ADJUSTMENT	7,559,844.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	273,135,454.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST REIMBURSEMENT RECLASS	265,575,610.
GAAP TO STATUTORY ADJUSTMENT	211,203.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	265,786,813.

**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

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CLINICA TEPEYAC 4725 HIGH STREET DENVER, CO 80216	84-1285505	501C3	155,000.	0.			FUNDING TO SUPPORT LOCAL HEALTH ORGANIZATION TO INCREASE ACCESS TO HEALTHCARE
AMERICAN HEART ASSOCIATION 1280 S PARKER RD DENVER, CO 80231	13-5613797	501C3	126,200.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
COLORADO MISSION OF MERCY 712 9TH STREET PENROSE, CO 81240	74-2374672	501C3	42,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION'S OVERALL HEALTH EVENT
NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED - 1800 15TH STREET SUITE 100 - DENVER, CO 80202	84-6129064	501C3	27,500.	0.			FUNDING TO SUPPORT NATIONAL DENTAL ORGANIZATION
MILE HIGH UNITED WAY P.O BOX 5547 DENVER, CO 80217	84-0404235	501C3	23,400.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	13-1623888	501C3	17,500.	0.			SUPPORT LOCAL HEALTH ORGANIZATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 55.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2.

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CO FOUNDATION P.O BOX 173364 DENVER, CO 80217	84-6049811	501C3	15,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
WOMENS FOUNDATION OF COLORADO 1901 E ASBURY AVE DENVER, CO 80208	84-1039305	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION
METRO CARING 1100 E 18TH AVE DENVER, CO 80218	84-6116951	501C3	10,500.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
NATIONAL KIDNEY FOUNDATION INC 500 TAYLOR ST COLUMBIA, SC 29201	13-1673104	501C3	10,500.	0.			FUNDING TO SUPPORT NATIONAL HEALTH ORGANIZATION
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 80113	23-7352287	501C3	10,250.	0.			FUNDING TO SUPPORT IMPROVED ACCESS TO OVERALL HEALTH FOR COLORADANS
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE RD STE C CENTENNIAL, CO 80112	84-0713739	501C3	10,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501C3	10,000.	0.			SPONSORSHIP FOR LOCAL ORGANIZATION
BOYS AND GIRLS CLUBS IN COLORADO 2017 W 9TH AVE DENVER, CO 80204	47-1955928	501C3	10,000.	0.			FUNDING TO SUPPORT ORGANIZATION'S YOUTH EMPOWERMENT EFFORTS
CIRCLE 128 S ULSTER STREET DENVER, CO 80230	47-2199655	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO HEALTH INSTITUTE 303 E 17TH AVE SUITE 930 DENVER, CO 80203	74-3082235	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL HEALTH ORGANIZATION IN ITS EFFORT TO INCREASE ACCESS TO OVERALL
COLORADO STATE UNIVERISTY FOUNDATION - 410 UNIVERSITY SERVICES CENTER - FORT COLLINS, CO 80523	23-7098397	501C3	10,000.	0.			FUNDING TO SUPPORT EDUCATION AND HUNGER RELIEF PROGRAM
FLORENCE CRITTENTON SERVICES OF COLORADO - 55 SOUTH ZUNI STREET - DENVER, CO 80223	84-0429686	501C3	10,000.	0.			SUPPORT LOCAL ORGANIZATION
FOOTHILLS ART CENTER 809 15TH ST GOLDEN, CO 80401	84-0612999	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CULTURE AND HUMANITIES ORGANIZATION
NATIONAL CIVIC LEAGUE OF COLORADO 190 EAST 9TH #200 DENVER, CO 80203	84-1255845	501C3	10,000.	0.			FUNDING TO SUPPORT NATIONAL ORGANIZATION
THE DENVER POST COMMUNITY FOUNDATION - 5990 WASHINGTON ST - DENVER, CO 80216	27-4328521	501C3	10,000.	0.			FUNDING FOR LOCAL ORGANIZATION
COLO WOMENS CHAMBER OF COMM 1350 17TH ST DENVER, CO 80202	84-1145793	501C3	9,800.	0.			FUNDING TO SUPPORT LOCAL ORGANIZATION
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	13-1632524	501C3	8,650.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE DENVER, CO 80210	84-0410630	501C3	8,500.	0.			FUNDING TO SUPPORT ORGANIZATION'S YOUTH EMPOWERMENT EFFORTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUDI'S HOUSE 1741 GAYLORD STREET DENVER, CO 80206	84-1600797	501C3	7,750.	0.			SUPPORT LOCAL ORGANIZATION
COLORADO DENTAL ASSOCIATION 8301 E PRENTICE AVE STE 400 GREENWOOD VILLAGE, CO 80111	84-6031478	501C6	7,500.	0.			SPONSORSHIP FOR ORAL HEALTH ORGANIZATION
PROJECT WORTHMORE 1609 HAVANA ST AURORA, CO 80010	45-0933835	501C3	7,500.	0.			FUNDING FOR LOCAL ORGANIZATION
TRAILHEAD INSTITUTE 1385 S COLORADO BLVD STE 622/A DENVER, CO 80222	84-1267213	501C3	7,500.	0.			FUNDING FOR LOCAL ORGANIZATION
DENVER METRO CHAMBER COMMERCE 1445 MARKET ST 4TH FLOOR DENVER, CO 80202	84-0186760	501C6	7,050.	0.			SUPPORT LOCAL ORGANIZATION
AMERICAN CANCER SOCIETY 2255 S ONEIDA ST DENVER, CO 80224	13-1788491	501C3	7,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
DENVER AREA COUNCIL BOY SCOUTS OF AMERICA - 10455 WEST 6TH AVE SUITE 100 - DENVER, CO 80215	84-0404225	501C3	6,500.	0.			SUPPORT LOCAL ORGANIZATION
COLORADO NONPROFIT ASSOCIATION 789 SHERMAN ST STE 240 DENVER, CO 80203	84-0942908	501C3	6,000.	0.			SPONSORSHIP FOR HEALTH ORGANIZATION
COLORADO SUCCEEDS 1390 LAWRENCE ST DENVER, CO 80204	75-3221270	501C3	6,000.	0.			FUNDING FOR LOCAL ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD FOR THOUGHT DENVER 5288 COORS ST ARVADA, CO 80002	81-2971428	501C3	5,800.	0.			FUNDING FOR LOCAL ORGANIZATION'S EFFORTS TO INCREASE ACCESS TO HEALTHY FOOD OPTIONS
MILE HIGH BEHAVIORAL HEALTHCARE P.O BOX 919 AURORA, CO 80040	84-0512896	501C3	5,500.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
INSURANCE MANAGEMENT ASSOCIATES FOUNDATION - P.O BOX 2992 - WICHITA, KS 67201	23-7432160	501C3	5,300.	0.			SUPPORT LOCAL DENTAL ORGANIZATION
AORN FOUNDATION 2170 S PARKER RD STE 400 DENVER, CO 80231	84-1193583	501C3	5,000.	0.			DONATION TO LOCAL HEALTH ORGANIZATION
BOYS & GIRLS CLUBS OF METRO DENVER 2017 W 9TH AVE DENVER, CO 80204	84-0510404	501C3	5,000.	0.			FUNDING TO SUPPORT ORGANIZATION'S YOUTH EMPOWERMENT EFFORTS
CENTER FOR AFRICAN AMER HEALTH 3601 MARTIN LUTHER KING, JR. BLVD DENVER, CO 80205	84-1477546	501C3	5,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
COLORADO BLACK HEALTH COLLABORATIVE - 17815 E POWERS DR. - CENTENNIAL, CO 80015	27-0803976	501C3	5,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
COLORADO CHILDRENS CAMPAIGN 1580 LINCOLN ST SUITE 420 DENVER, CO 80203	74-2374672	501C3	5,000.	0.			FUNDING TO SUPPORT LOCAL CHILDREN'S BENEFIT ORGANIZATION
COMITIS CRISIS CENTER INC P.O BOX 919 AURORA, CO 80040	74-2348147	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER CENTER FOR PERF ARTS 1101 13TH ST DENVER, CO 80204	84-0407760	501C3	5,000.	0.			FUNDING TO SUPPORT LOCAL CULTURE AND HUMANITIES ORGANIZATION
DENVER HEALTH FOUNDATION 601 BROADWAY SUITE 750 DENVER, CO 80203	84-1085196	501C3	5,000.	0.			FUNDING TO SUPPORT IMPROVED ACCESS TO OVERALL HEALTH FOR COLORADANS
DENVER PUBLIC SCHOOLS 1860 LINCOLN ST DENVER, CO 80203	84-6001099	501C3	5,000.	0.			FUNDING FOR LOCAL SCHOOL ORGANIZATION
DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN ST DENVER, CO 80203	84-6001099	501C3	5,000.	0.			FUNDING FOR LOCAL SCHOOL ORGANIZATION
DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN ST DENVER, CO 80203	20-5143175	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION
GRAND VALLEY CATHOLIC OUTREACH 245 S 1ST GRAND JUNCTION, CO 81501	20-0064007	501C3	5,000.	0.			FUNDING TO LOCAL CHURCH ORGANIZATION
HISPANIC CHAMBER OF COMMERCE 924 W COLFAX AVE SUITE 201 DENVER, CO 80204	84-0845219	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION
LIVE WELL COLORADO 1490 LAFAYETTE ST #404 DENVER, CO 80218	26-2464764	501C3	5,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION
MENTAL HEALTH COLORADO 1120 LINCOLN ST SUITE 1606 DENVER, CO 80203	84-0446365	501C3	5,000.	0.			SUPPORT LOCAL HEALTH ORGANIZATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORAL HEALTH COLORADO 4950 S YOSEMITE ST GREENWOOD VILLAGE, CO 80111	90-0137772	501C3	5,000.	0.			INCREASE TO ACCESS TO ORAL HEALTHCARE
PARENT POSSIBLE 800 GRANT ST STE 200 DENVER, CO 80203	84-1169805	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION
ROCKY MOUNTAIN YOUTH MEDICAL AND NURSING CONSULTANTS INC - 9197 GRANT STREET STE 100 - THORNTON, CO 80229	84-1321485	501C3	5,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
TRANSPLANT FOUNDATION INC 600 17TH STREET STE 2515 SOUTH DENVER, CO 80202	02-0744032	501C3	5,000.	0.			FUNDING TO SUPPORT HEALTH ORGANIZATION
WOMEN'S LEADERSHIP FOUNDATION P.O BOX 3004 DENVER, CO 80201	32-0248696	501C3	5,000.	0.			FUNDING FOR LOCAL ORGANIZATION
DELTA DENTAL OF COLORADO FOUNDATION - 4582 S ULSTER STREET #800 - DENVER, CO 80237	84-1389431	501C3	5,000,000.	0.			SUPPORTED ORGANIZATION OF THE COMPANY

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

2019

Open to Public Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HELEN W DREXLER CEO/PRESIDENT	(i)	442,014.	168,021.	2,322.	37,000.	8,894.	658,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID W GERBUS, JD CHIEF ADMINISTRATIVE OFFICER & GENERAL COUNSEL	(i)	282,014.	110,192.	2,727.	37,102.	3,279.	435,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY C VOCHIS, CPA CFO/TREASURER	(i)	282,600.	108,325.	393.	27,171.	8,964.	427,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT M THOMPSON VICE PRESIDENT SALES AND CLIENT/BROKER	(i)	241,644.	89,793.	1,533.	34,553.	4,045.	371,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN S JACOBY VICE PRESIDENT MARKETING AND MEMBER	(i)	231,561.	85,013.	2,344.	31,527.	3,749.	354,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRIAN L STEELE DIRECTOR OF CLIENT SERVICES	(i)	158,409.	68,954.	541.	25,647.	7,375.	260,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEVIN W FARRELL DIRECTOR, SALES STRATEGY AND PROVIDER	(i)	147,673.	53,718.	210.	16,352.	3,525.	221,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRANDON L THALL DIRECTOR OF FP&A- FORMER	(i)	170,323.	30,313.	178.	12,420.	1,279.	214,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAMELA PATTON, CPA CONTROLLER - FORMER	(i)	168,065.	28,939.	442.	11,022.	8,427.	216,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BROOKE S BODART, RDH, MPA DIRECTOR OF BUSINESS PROGRAMS	(i)	143,761.	43,645.	185.	14,639.	5,694.	207,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

PAMELA PATTON AND BRANDON THALL RECEIVED \$33,462 & \$31,922 OF SEVERANCE
RESPECTIVELY.

PART I, LINE 5:

THE COMPANY HAS AN INCENTIVE COMPENSATION PLAN AND A SALES INCENTIVE
PLAN WHICH PROVIDES AN ANNUAL BONUS FOR ALL ELIGIBLE EMPLOYEES IF THE
COMPANY REACHES CERTAIN GOALS, INCLUDING A MINIMUM NET GAIN GOAL. ALL
ACTIVE FULL-TIME EMPLOYEES ARE ELIGIBLE FOR ONE OF THE INCENTIVE PLANS.
THE COMPANY ALSO HAS A LONG-TERM INCENTIVE PROGRAM FOR EXECUTIVES,
WHICH IS BASED ON BOTH A MEMBERSHIP GROWTH AND RETURN ON REVENUE
FACTOR. THE LONG-TERM INCENTIVE PROGRAM HAS THREE-YEAR TARGETS AND
PAYOUTS, AND IN MARCH OF 2020 THE PLAN ENDING DECEMBER 31, 2019 WAS
PAID.

PART I, LINE 6:

SEE NARRATIVE FOR LINE 5A ABOVE.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROCK VIEW DENTAL CARE	WALT VOGL, DELTA DE	230,347.	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: ROCK VIEW DENTAL CARE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WALT VOGL, DELTA DENTAL OF COLORADO TRUSTEE

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

COLORADO DENTAL SERVICE INC

Employer identification number

84-0568337

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

QUALITY AFFORDABLE DENTAL INSURANCE TO AS MANY COLORADANS AS POSSIBLE.

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

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

PROGRAMS ESTABLISHED TO PROVIDE THEM WITH ORAL HEALTH EDUCATION, DIRECT

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

HEALTH WILL ALSO BE ACHIEVABLE FOR THEM.

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

EVENTS AND DONATED OVER 206,000 ORAL HEALTH ITEMS REACHING MORE THAN

129,000 PEOPLE THROUGHOUT COLORADO. THROUGH THESE COMMUNITY BENEFIT

EFFORTS, A PORTION OF THE FUNDING SUPPORT GOES TO DELTA DENTAL OF

COLORADO FOUNDATION, WHICH RECEIVED \$5.0 MILLION IN 2019 TO ADVANCE

ORAL HEALTH EQUITY THROUGH GRANT MAKING. THE COMPANY SUPPORTS

ENGAGEMENT IN THE COMMUNITY THROUGH IT'S VOLUNTEER PROGRAM WITH 111 OF

ITS 200 EMPLOYEES CONTRIBUTING THEIR TIME IN 2019.

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

THE ORGANIZATION HAS MEMBERS WHO ARE DEFINED AS PARTICIPATING DENTISTS WHO

ARE ENGAGED IN THE PRACTICE OF DENTISTRY IN THE STATE OF COLORADO. THE

PARTICIPATING DENTISTS ARE THOSE THAT HAVE SIGNED A PARTICIPATING DENTIST

AGREEMENT WITH THE ORGANIZATION AS PRESCRIBED BY THE BOARD OF TRUSTEES.

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

THE MEMBERS OF THE ORGANIZATION HAVE THE AUTHORITY TO ELECT THE BOARD OF

TRUSTEES AT THE ANNUAL MEETING OF THE MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2019)

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

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

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

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

WE ENGAGE AN INDEPENDENT CPA TAX PROFESSIONAL TO PREPARE OUR FORM 990, AND BOARD MEMBERS GENERALLY FEEL THIS IS THE APPROPRIATE FIDUCIARY PROCESS. THE AUDIT, INVESTMENT AND FINANCE COMMITTEE'S ROLE THEN IS TO EVALUATE THE FIRM HIRED TO PREPARE THE RETURN AND TO DETERMINE IT IS APPROPRIATELY FILED. WE HAVE TAKEN THOSE STEPS WITH OUR AUDIT, INVESTMENT, AND FINANCE COMMITTEE. THE BOARD OF TRUSTEES REVIEWS AND APPROVES FORM 990 PRIOR TO FILING WITH THE IRS.

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

DSCO CONDUCTS AN ANNUAL COMPLIANCE TRAINING, WHICH IS MANDATORY FOR ALL EMPLOYEES TO ATTEND. THE CONFLICTS 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 IN AN EXCEL FILE; 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

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

COURSE OF THE YEAR, SHOULD THEIR SITUATION CHANGE. THE CONFLICT OF INTEREST

POLICY AND STATEMENT FORMS ARE POSTED ON THE COMPANY INTRANET.

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

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

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

THE ORGANIZATION MAINTAINS COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF 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:

UNRECOGNIZED ACTUARIAL GAINS	39,000.
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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

2019

**Open to Public
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DELTA DENTAL PLAN OF COLORADO FOUNDATION - 84-1389431, 4582 S ULSTER ST #800, DENVER, CO 80237	DENTAL HEALTH AND EDUCATION	COLORADO	501(C)(3)	LINE 12A, I	DELTA DENTAL OF COLORADO	X	
SPRINGROCK DENTAL INC - 47-5247650 4582 S ULSTER ST #800 DENVER, CO 80237	DELIVERING QUALITY ORAL HEALTHCARE TO UNDERSERVED PATIENTS	COLORADO	501(C)(3)	LINE 10	DELTA DENTAL OF COLORADO	X	

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

Schedule R (Form 990) 2019

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	5,000,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	O	373,701.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	697,324.	FMV
(4) SPRINGROCK DENTAL, INC.	R	652,515.	FMV
(5)			
(6)			

