Form <b>990</b>
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# EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **Open to Public** Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	ending					
	Check if applicab	e: C Name of organization		D Employer identifi	cation number			
	Addre chang							
	Name			83-4416613				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er			
	Final return		900	800-233-0860	)			
	termir ated			<b>G</b> Gross receipts \$	519,246,527.			
	Amen return	CENTENNIAL, CO 80111		H(a) Is this a group r	eturn			
	Applic tion pendi			for subordinates	s? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No			
1	Tax-ex	empt status: 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1) (	or 527	lf "No," attach a	list. See instructions			
	Websi			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2019	V State of legal domicile: CO			
Р	art I	Summary						
q	1	Briefly describe the organization's mission or most significant activities: TO IMPI	ROVE THE	ORAL HEALTH OF				
Governance		THE COMMUNITIES WE SERVE.						
er n:	2	Check this box if the organization discontinued its operations or dispos		1	1			
Ň	3			<u>3</u>	13			
مع	² 4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			320			
izit	6	Total number of volunteers (estimate if necessary)			0			
Δct	7a	Total unrelated business revenue from Part VIII, column (C), line 12						
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year				
				Prior rear 0.	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)			0.			
/en	9	Program service revenue (Part VIII, line 2g)		479,817,682.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,308,098. 7,293.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		482,133,073.	519 246 527			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,854,162.	519,246,527. 556,362.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		411,440,299.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		23,930,837.	25,851,032.			
Exnenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
en en	l loa	Total fundraising expenses (Part IX, column (A), line 11e)	0.	••				
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,756,230.	42,503,236.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		479,981,528.				
	19	Revenue less expenses. Subtract line 18 from line 12		2,151,545.				
	2		Be	ginning of Current Year	End of Year			
ets o	20	Total assets (Part X, line 16)		119,552,355.	109,743,580.			
ASSE	20			56,563,880.	51,066,442.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		62,988,475.	58,677,138.			
P	art II	Signature Block		, , = . = •	1			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	y 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 of off	icer	D	Date					
GREGORY VOC								
Type or print name and title								
Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN			
DORI J. EGG	ETT	DORI J. EGGETT	09/11/23	/11/23 <sup>IT</sup> self-employed P00645				
Firm's name	PLANTE & MORAN, PLLC		Fi	irm's EIN 38-	1357951			
Only Firm's address 8181 E TUFTS AVE, SUITE 600								
DENVER, CO 80237 Phone no. 303-74								
RS discuss this	return with the preparer shown abo	ve? See instructions			X Yes	No		
	Signature of off GREGORY VOC Type or print na Print/Type prepa DORI J. EGG Firm's name Firm's address	Type or print name and title Print/Type preparer's name DORI J. EGGETT Firm's name PLANTE & MORAN, PLLC Firm's address 8181 E TUFTS AVE, SUITE 6 DENVER, CO 80237	Signature of officer         GREGORY VOCHIS, CPA, CFO AND TREASURER         Type or print name and title         Print/Type preparer's name         DORI J. EGGETT         Firm's name       PLANTE & MORAN, PLLC         Firm's address       8181 E TUFTS AVE, SUITE 600	Signature of officer     D       GREGORY VOCHIS, CPA, CFO AND TREASURER     Type or print name and title       Print/Type preparer's name     Preparer's signature       DORI J. EGGETT     DORI J. EGGETT       Firm's name     PLANTE & MORAN, PLLC       Firm's address     8181 E TUFTS AVE, SUITE 600       DENVER, CO 80237     P	Signature of officer     Date       GREGORY VOCHIS, CPA, CFO AND TREASURER     Type or print name and title       Print/Type preparer's name     Preparer's signature       DORI J. EGGETT     DORI J. EGGETT       Firm's name     PLANTE & MORAN, PLLC       Firm's address     8181 E TUFTS AVE, SUITE 600       DENVER, CO 80237     Phone no.303-74	Signature of officer       Date         GREGORY VOCHIS, CPA, CFO AND TREASURER       Type or print name and title         Print/Type preparer's name       Preparer's signature         DORI J. EGGETT       DORI J. EGGETT         Firm's name       PLANTE & MORAN, PLLC         Firm's address       8181 E TUFTS AVE, SUITE 600         DENVER, CO 80237       Phone no.303-740-9400		

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	rt 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	Yes X No
	prior Form 990 or 990-EZ?	
3	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 m	peasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	, the total expenses, and
4a		e\$ 515,021,062.)
	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.	
41	(Code:) (Expenses \$ 556, 362. including grants of \$ 556, 362. ) (Revenue	
4b	(Code:) (Expenses \$	e\$)
	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 17 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, COMMUNITY FIRST FOUNDATION, COLORADO MISSION OF MERCY, AND	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 509,020,720.	
		Form <b>990</b> (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	
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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)? Х If "Yes," complete Schedule A ..... 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV ..... 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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? If "Yes," complete Schedule D, Part VII Х 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 х or more? If "Yes," complete Schedule F, Parts I and IV ..... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21

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Pa	rt IV Checklist of Required Schedules (continued)			uge
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
h	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		А
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt 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	<u></u>		
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38786			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	DELTA DENTAL OF COLORADO 83-442 Tr V Statements Regarding Other IRS Filings and Tax Compliance (continued)	6613	Р	age <b>5</b>
. ai			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
	filed for the calendar year ending with or within the year covered by this return <b>2a</b>	320		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? <b>7a</b>		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	∕, and for a "N	0" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
ec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
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?		'a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	17	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	:			
а	The governing body?		Ba	Х	
b	Each committee with authority to act on behalf of the governing body?		ßb	Х	
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		9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
Da	Did the organization have local chapters, branches, or affiliates?		0a		Х
b	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?	11	0b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ə form?	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		2c	Х	
3	Did the organization have a written whistleblower policy?	[1	3	Х	
4	Did the organization have a written document retention and destruction policy?	1	4	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent	ít 🛛			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		5a	X	
b	Other officers or key employees of the organization		5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	<u>1</u> "	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n 📘			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	10	6b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	า 501(c)(3)s or	nly) a	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.				
-		1			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)	1			
B			anc	ial	
8 9	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)		anc	ial	
9	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		anc	ial	
В	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records         GREGORY VOCHIS, CPA - 720-489-4718		ianc	sial	
9	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	policy, and fin			
)	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records         GREGORY VOCHIS, CPA - 720-489-4718	policy, and fin		bial 990	(2022

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or w	vithin the organization's t	ax year.

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer ar I	id a di	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HELEN W. DREXLER	33.00				-		4			
PRESIDENT AND CHIEF EXECUT	12.00	х		х				787,939.	286,522.	59,348.
(2) GREGORY C. VOCHIS, CPA	38.00									
CHIEF FINANCIAL OFFICER AN	7.00			х				505,478.	93,115.	60,329.
(3) ROBERT M. THOMPSON	40.00									
CHIEF GROWTH OFFICER	5.00				X			517,924.	64,741.	55,146.
(4) DAVID W. GERBUS	38.00									
CHIEF ADMINISTRATIVE OFFICER & GENER	7.00			х				354,629.	65,326.	18,167.
(5) ADEEB A. KHAN	22.00									
CHIEF IMPACT OFFICER	23.00				Х			189,256.	197,858.	48,890.
(6) BRAD T. GUYTON, DDS, MBA, MPH	23.00									
CHIEF DENTAL OFFICER	0.00				Х			320,083.	0.	31,770.
(7) DEVIN W. FARRELL	45.00									
SR. DIRECTOR - SALES & CLIENT SERVIC						X		263,436.	0.	48,144.
(8) KATHLEEN S. JACOBY	45.00									
VICE PRESIDENT MARKETING AND MEMBER	0.00				Х			286,062.	0.	13,056.
(9) KELLI C. OGUNSANYA	45.00									
CHIEF OPERATING OFFICER					Х			238,643.	0.	20,263.
(10) PATRICK A. CORDOVA	38.00									
DIRECTOR OF IT INFRASTRUCTURE & DATA	7.00					X		183,205.	33,748.	40,423.
(11) ALLISON MELUN	34.00									
SR. DIRECTOR - MARKETING & COMMUNICA	11.00					X		161,408.	52,221.	40,803.
(12) MICHAEL R. THORNLEY, CPA	36.00									
SR. DIRECTOR - CORPORATE CONTROLLER	9.00					X		172,335.	43,084.	26,721.
(13) BROOKE S. BODART, RDH, MPA	45.00									
SR. DIRECTOR - CLAIMS & PROVIDER REL						X		205,685.	0.	29,891.
(14) NED CALONGE, MD	2.00									
CHAIR		х		х				68,250.	0.	0.
(15) TAMANNA TIWARI, MPH, MDS, BDS	2.00									_
SECRETARY	3.00	X		х				46,659.	10,500.	0.
(16) ANN BLOCK	4.00									
DIRECTOR	2.00	х						40,500.	14,379.	0.
(17) KELLY J. BROUGH	2.00									
DIRECTOR	5.00	Х						44,952.	9,750.	0. Form <b>990</b> (2022)

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F	;)
Name and title	Average	(do			sitior			Reportable	Reportable	Estim	ated
	hours per	box	, unles	ss pe	erson i	than d is both	n an	compensation	compensation	amou	int of
	week	offi	cer an	id a c	directo	or/trus	tee)	from	from related	oth	ner
	(list any	ector						the	organizations	compe	nsation
	hours for	r dire				fed		organization	(W-2/1099-MISC/	from	the
	related	tee o	ustee			ensai		(W-2/1099-MISC/	1099-NEC)	organi	zation
	organizations	al trus	nal tr		oyee	e om		1099-NEC)		and re	
	below	Individual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	Former			organiz	ations
	line)	Indi	Inst	Officer	Key	Higle	For				
(18) KIM KRETSCH, DDS	2.00								0 ==0		
DIRECTOR	3.00	х			<u> </u>	<u> </u>		42,129.	9,750.		0.
(19) ANDREA JEAN YOUNG	2.00							10.050	0 500		
DIRECTOR	4.00	х			-	-		43,252.	8,500.		0.
(20) RICHARD CALL, DMD	4.00								0.050		
DIRECTOR	2.00	Х						47,754.	2,250.		0.
(21) JAMES COUSIN II	4.00										
DIRECTOR	2.00	Х						46,300.	1,500.		0.
(22) ANN SOMERS, DDS	2.00										
DIRECTOR		Х						45,000.	0.		0.
(23) MARK GOODMAN	2.00										
DIRECTOR		Х						44,071.	0.		0.
(24) HASSAN SALEM	2.00										
DIRECTOR		Х						36,750.	0.		0.
(25) LEO TOKAR	4.00										
VICE-CHAIR	2.00	Х		х				19,725.	11,163.		0.
1b Subtotal         4,711,425.         904,407.							49	492,951.			
c Total from continuation sheets to Part VII, Section A 0. 0.								0.			
d Total (add lines 1b and 1c)		<u></u>						4,711,425.	904,407.	49	2,951.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d al	oove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											61
										Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emp	loye	e, or	hig	ghest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual									3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	•		•						•	4 X	
5 Did any person listed on line 1a receive or a											
rendered to the organization? <i>If "Yes." com</i>										5	х
Section B. Independent Contractors		<u></u>	01 00		00/0	.011 .					
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compensation	ation from	
the organization. Report compensation for t											
(A)				0				(B)		(C)	
Name and business	address							Description of s	ervices	Compensa	ition
NORTHWINDS TECHNOLOGY SOLUTIONS LLC											
111 SHUMAN BLVD., NAPERVILLE , IL 605	563							IT SUPPORT & CLAIM	S PROCESSING	5,90	7,265.
WYSSTA SERVICES INC.										,	,
P.O BOX 86, STEVENS POINT, WI 54481								3RD PARTY INSURANC	E PROCESSING	3,61	2,791.
ENCARA INC.											
4818 STARKEY ROAD, ROANOKE, VA 24018								SALES AND MARKETIN	G SERVICES	1,69	3,778.
NPN360, INC.											
2801 LAKESIDE DRIVE, BANNOCKBURN, IL 60015 PRINTING AND MAILING SERVICES 1,283,274.							3,274.				
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY											
STE 760, CENTENNIAL, CO 80111 BUSINESS MANAGEMENT CONSULTANT 1,172,404.											
2 Total number of independent contractors (ir	•	ot lin	nitec	d to			ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	zation				3	б					

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		Check if Schedule O c	Jonta	ans a respor	ise (	or note to any line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclu from tax und sections 512 -
3	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
	с	Fundraising events		1c						
5	d	Related organizations		1d						
	е	Government grants (contri	ibuti	ons) <b>1e</b>						
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	abov	re <b>1f</b>						
2	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$						
3	h	Total. Add lines 1a-1f								
						Business Code				
		SELF FUNDED PLAN PR	EMI			524114	284,157,152.	284,157,152.		
D		RISK PLAN PREMIUMS				524114	210,744,717.	210,744,717.		
	-	ADMIN - SELF FUND P	LAN			524298	18,141,853.	18,141,853.		
		RISK SHARING				524298	1,977,340.	1,977,340.		
	e				_	├				
		All other program service <b>Total.</b> Add lines 2a-2f					515,021,062.			
+	<u>y</u> 3	Investment income (includ					515,011,001.			
	5					st, and	1,286,345.			1,286,3
	4	Income from investment of				Г	_,_ ,			
	5	Royalties		-	-	Г				
	-		<u> </u>	(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	<u> </u>							
L	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
L		assets other than inventory	7a	2,585,9	)2.	3,998.				
L	b	Less: cost or other basis								
L		and sales expenses	7b		0.	0.				
		( )	7c			3,998.				
L		Net gain or (loss)					2,589,900.			2,589,9
L	8 a	Gross income from fundraisin								
L		including \$								
L		contributions reported on		,						
		Part IV, line 18			8a					
L		Less: direct expenses			8b	L				
L		Net income or (loss) from		0	S	I				
L	эa	Gross income from gamin			0-					
	h	Part IV, line 19 Less: direct expenses			9a 9b					
L		Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
.		Gross sales of inventory, I								
L	4	and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
Τ						Business Code				
	11 a	VISION PREMIUMS			_	524298	342,033.		342,033.	
	b	MISCELLANEOUS REVEN	UE		_	900099	7,187.			7,1
	с				_					
	d	All other revenue								
	е	Total. Add lines 11a-11d					349,220.			
	12	Total revenue. See instruction	าทร				519,246,527.	515,021,062.	342,033.	3,883,4

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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 not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	556,362.	556,362.		
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	445,882,110.	445,882,110.		
5	Compensation of current officers, directors,				
	trustees, and key employees	4,135,172.	4,052,469.	82,703.	
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	15,900,843.	15,582,826.	318,017.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,179,517.	1,155,927.	23,590.	
9	Other employee benefits	3,298,621.	3,232,649.	65,972.	
0	Payroll taxes	1,336,879.	1,310,141.	26,738.	
1	Fees for services (nonemployees):				
	Management	2,972,539.	2,378,031.	594,508.	
	Legal	699,925.	559,940.	139,985.	
	Accounting	217,194.	173,755.	43,439.	
	Lobbying Professional fundraising services. See Part IV, line 17				
		223,143.		223,143.	
f	Investment management fees	223,143.		223,143.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1,586,830.	1,110,781.	476,049.	
~	column (A), amount, list line 11g expenses on Sch 0.)	2,984,907.	2,984,907.	470,049.	
2	Advertising and promotion	2,984,907.		87,886.	
3	Office expenses		205,067.	/	
4	Information technology	3,782,024.	3,025,619.	756,405.	
5	Royalties	1 600 056	1 250 061	220 015	
6	Occupancy	1,690,076.	1,352,061.	338,015.	
7		144,531.	28,906.	115,625.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,045,571.	1,125,064.	920,507.	
3	Insurance	356,817.	285,454.	71,363.	
.4	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 0.)				
а	COMMISSIONS	9,897,918.	9,897,918.		
b	DATA PROCESSING	7,578,664.	7,578,664.		
с	OUTSOURCING/CONSULTING	4,086,774.	3,269,419.	817,355.	
d	OTHER EXPENSES	1,246,166.	996,933.	249,233.	
е	All other expenses	2,697,204.	2,275,717.	421,487.	
5	Total functional expenses. Add lines 1 through 24e	514,792,740.	509,020,720.	5,772,020.	
<u> </u>	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)				

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,491,912.	1	12,170,178.
	2	Savings and temporary cash investments		3,811,336.	2	416,930.	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			29,219,302.	4	15,301,188.
	5	Loans and other receivables from any current or	<sup>r</sup> former	officer, director,			
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۳	9	Prepaid expenses and deferred charges			1,939,139.	9	1,482,416.
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,876,750.			
	b	Less: accumulated depreciation	10b	5,343,666.	14,060,848.	10c	12,533,084.
1	11	Investments - publicly traded securities			10,819,962.	11	16,314,594.
1	12	Investments - other securities. See Part IV, line -			51,080,080.	12	38,648,953.
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	1,129,776.	15	12,876,237.		
1	16	Total assets. Add lines 1 through 15 (must equ	119,552,355.	16	109,743,580.		
1	17	Accounts payable and accrued expenses	19,461,346.	17	11,870,360.		
1	18	Grants payable			6,000,000.	18	
1	19	Deferred revenue			1,826,194.	19	1,473,198.
2	20					20	
2	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
ο 2	22	Loans and other payables to any current or form	ner offic	er, director,			
litie		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
2   ت	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
2	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
2	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			29,276,340.	25	37,722,884.
2	26	Total liabilities. Add lines 17 through 25			56,563,880.	26	51,066,442.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
2 aŭ	27	Net assets without donor restrictions			62,988,475.	27	58,677,138.
Ba 2	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	ck here			
щ		and complete lines 29 through 33.					
0 s	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		30	
S   3	31	Retained earnings, endowment, accumulated in	come, c	r other funds		31	
Ret 9	32	Total net assets or fund balances			62,988,475.	32	58,677,138.
	33				119,552,355.	33	109,743,580.

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Form	990 (2022) DELTA DENTAL OF COLORADO	83-441661	3	Pa	<sub>ge</sub> 12		
	rt XI Reconciliation of Net Assets				9		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	519,	246,	527.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	514,792,740				
3	B Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5	-9,	065,	027.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		229,	628.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt 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: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a			2a		X		
	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?		2b	X			
	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 X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	<b>3a</b> 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?         3a         X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2022)

232012 12-13-22

SC	HEDULE D	Supplemental	<b>Financial S</b>	tatements		OMB No. 15	45-0047
	n 990)	Complete if the organiz				202	77
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 1 Atta	11a, 11b, 11c, 11d, 11 ach to Form 990.	le, 11f, 12a, or 12b.		Open to	Public
	I Revenue Service	Go to www.irs.gov/Form990	for instructions and t	he latest information.		Inspection	
Nam	e of the organizatior	DELTA DENTAL OF COLORADO				identification 83-4416613	n number
Pa	rt I Organizat	ions Maintaining Donor Advised	Funds or Other S	Similar Funds or Ad	counts.	Complete if th	е
		answered "Yes" on Form 990, Part IV, line					
			(a) Donor advise	ed funds	(b) Funds and	d other accour	nts
1	Total number at end	of year					
2	Aggregate value of c	contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-	inform all donors and donor advisors in wr	-			<b>—</b>	<u> </u>
~		s property, subject to the organization's ex				Yes	└── No
6	0	inform all grantees, donors, and donor adv ses and not for the benefit of the donor or c	0 0		,		
	impermissible private				•	Yes	No
Pa		tion Easements. Complete if the organization					
1		vation easements held by the organization					
	Preservation o	f land for public use (for example, recreation	on or education)	Preservation of a histo	orically import	tant land area	
	Protection of r	natural habitat		Preservation of a cert	ified historic s	structure	
	Preservation o	f open space					
2		rough 2d if the organization held a qualified	d conservation contrib	oution in the form of a co			
	day of the tax year.					at the End of the	e Tax Year
а		servation easements	2a				
b	-	ted by conservation easements	2b				
c		tion easements on a certified historic struc			2c		
d		tion easements included in (c) acquired after					
3		ed in the National Register		torminated by the organi	2d	the tex	
3	year	tion easements mouned, transferred, relea	ised, extil iguisiled, or	terminated by the organ	ization during	ITE LAX	
4		 here property subject to conservation easer	ment is located				
5		on have a written policy regarding the period		tion, handling of			
		cement of the conservation easements it h	alda0	, C		Yes	🗌 No
6	Staff and volunteer h	nours devoted to monitoring, inspecting, ha				during the ye	ar
7	Amount of expenses	incurred in monitoring, inspecting, handlin	ng of violations, and er	nforcing conservation ea	sements durii	ng the year	
8		tion easement reported on line 2(d) above a				$\Box$	<b></b> .
•		)(B)(ii)?				Yes	└── No
9		how the organization reports conservation		-		ho	
		nclude, if applicable, the text of the footnot inting for conservation easements.	e to the organizations	S III Idiiciai Statements th	at describes t	.ne	
Pa	rt III Organizat	ions Maintaining Collections of A	Art, Historical Tre	asures, or Other S	imilar Ass	ets.	
		ne organization answered "Yes" on Form 9		·			
1a		ected, as permitted under FASB ASC 958,		enue statement and bala	ance sheet w	orks	
	•	sures, or other similar assets held for public	•				
	service, provide in P	art XIII the text of the footnote to its financi	al statements that des	scribes these items.			
b	If the organization el	ected, as permitted under FASB ASC 958,	to report in its revenu	e statement and balance	e sheet works	of	
	art, historical treasur	es, or other similar assets held for public e	xhibition, education, o	or research in furtherance	e of public ser	rvice,	
		amounts relating to these items:					
		ed on Form 990, Part VIII, line 1					
	(II) Assets included	in Form 990, Part X			\$		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	е
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$

	-	-			-						
b	Ass	sets	includ	ed	in	For	n 9	90,	Ра	rt :	х

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

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\$

\$

Sche		L OF COLORADO						83-441		P	age <b>2</b>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	r Othei	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang							, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			-							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	s or other ass	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on I	Part XIII					]
Par	rt V Endowment Funds. Complete i	f the organization an	nswered "	Yes" on Fo	orm 990, Part	IV, line 1	10.				
		(a) Current year		or year	(c) Two year		(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a	)) held as:						
а	Board designated or quasi-endowment		%		,,						
b	Permanent endowment	%									
c		<u></u> , .									
-	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses		ation that	are held ar	nd administer	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								_ 0.0		
Par	rt VI Land, Buildings, and Equipm	0		100.							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		.,	or other (other)	• •	ccumulate preciation	ed	<b>(d)</b> Boo	k valu	e
1a	Land	<u> </u>									
	Buildings										
	Leasehold improvements			5	,253,098.		10.	280.	5	,242,	818.
	Equipment				,225,691.		4,101,			,123,	
	Other				,397,961.		1,231,			166,	
	I. Add lines 1a through 1e. (Column (d) must e		V. oclum						12	,533,	
TULA	n Aud miles ta uniough te. (Column (a) must e	uuai Form 990, Part	л, columr	<u>(В). Iine 1</u>	<u>UC.)</u>			<u>  </u>			

Schedule D (Form 990) 2022

83-4416613 Page **3** 

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	38,648,953.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	38,648,953.	

#### 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	224,694.
(2) RIGHT-OF-USE ASSETS	12,651,543.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	12,876,237.
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	10,890,976.
(3) ACCRUED EMPLOYEE BENEFITS	5,842,883.
(4) OTHER ACCRUED LIABILITIES	1,883,730.
(5) DEPOSITS	1,563,741.
(6) UNCLAIMED PROPERTY	758,862.
(7) RIGHT-OF-USE LEASE LIABILITIES	16,782,692.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,722,884.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete If the organization answered "Ves" on Form 900, Part V, line 12a.       1         1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on form 900, Part VIII, Ine 12:       2a         3       Net unsating ans (asses) in investments       2a         4       Other (Describe in Part XIII)       2d       2e         4       Amounts included on Form 900, Part VIII, line 12, but not on line 1:       3         a       Amounts included on Form 900, Part VIII, line 7b       4a         4       Amounts included on Form 900, Part VIII, line 7b       4c         5       Total arcenue. Addites 3 and 4e. (This must could Form 900, Part VI, line 7b)       4c         5       Total arcenue. Addites 3 and 4e. (This must could Form 900, Part VI, line 12a.       1         1       Total arcenue. Addites 3 and 4e. (This must could Form 900, Part VI, line 12a.       1         2       Total arcenue. Addites 3 and 4e. (This must could Form 900, Part VI, line 12a.       1         2       Total arcenue. Addites 6 fraincial Statements       1         2       Total arcenue. Addites 6 fraincial Statements       1         2       Addites 2 antough 2d       2a<	Schedule D (Form 990) 2022	DELTA DENTAL OF COLORADO		83-4416613 Page <b>4</b>
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:       2a         b       Donated services and use of facilities       2a         c       Cher (Describe in Part XIII)       2a         a       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7D       4a         b       Other (Describe in Part XIII)       4c         c       Amounts included on Form 990, Part VIII, line 7D       4a         b       Other (Describe in Part XIII)       4c         c       Add lines 3 and 4c. (Trips must equal Form 390, Part V III, line 7D       4a         d       Amounts included on Form 990, Part VIII, line 7D       4a         d       Add lines 3 and 4c. (Trips must equal Form 390, Part IV, line 72)       4a         Total expenses and losces per audited financial statements       1       1         1       Total expenses and losces per audited financial statements       1       2a         2       Amounts included on form 590, Part VII, line 7D       4a       2a         3       Amounts included on Form 590, Part VII, line 7D       4a       4a       4a	Part XI Reconciliation	n of Revenue per Audited Financial St	atements With Revenue	e per Return.
2       Amounts included on line 1 but not or form 990, Part VIII, line 12:       2a       2a         a Net unrealized gains (losses) on investments       2a       2a       2a         b Donated services and use of facilities       2a       2a       2a         c Other (Describe in Part XIII)       2a       2a       3         e Add lines 2a through 2d       3       3       3         Subtract line 2a from line 1       4a       4a       4a         a Investment expenses not included on Form 990, Part VIII, line 7D       4a       4c       5         Total revework. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)       5       5         Part XIII Proconcillation of Expenses per Audited Financial Statements with Expenses per Return.       Complete if the organization answered "ves" on Form 990, Part I, line 12.       1         1       Total revences and uses per audited financial statements       2a       2a         2       Donated sortices and use of facilities       2a       2a         4       Other (Describe in Part XIII)       2a       2a       2a         5       Donated sortices on use of Tabilities       2a       2a       2a         6       Other (Describe in Part XIII)       2a       2a       3       3         6	Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 12a.	
a Not uncellated gains (lossed) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year gains       2a         d Other (Describe in Part XIII,       2d         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         a Amounts included on Form 900, Part VII, line 12, but not on line 1:       3         a Investment expenses not included on Form 900, Part VII, line 7D       4a         b Other (Describe in Part XIII,       4c         c Add lines 3 and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12)         Part XIII       Reconcillation of Expenses per Part Add ted Financial Statements         1       Total expenses and losse of facilities         2       Amounts included on Form 990, Part IV, line 25:         a Donated services and use of facilities       2a         2       Amounts included on Form 990, Part IV, line 25:       1         a Other losses       2a       2a         b Other losses and use of facilities       2a       2a         a Other losses and line 3 of the form 990, Part IV, line 25:       2a       2a         a Other losses and line 3 of the form 990, Part IV, line 25:       2a       2a	1 Total revenue, gains, and	other support per audited financial statements		1
b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2d         2d       2d       2d         a       Add lines 2a through 2d       3         A Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII)       4c         c       Add lines 3 and 4e. (This must equal Form 930, Part VII, line 7b       4a         d       Total expenses and losses per Audited Financial Statements       4c         Total expenses and losses per audited financial statements       1       1         2 Amounts included on line 1 but not on Form 990, Part VI, line 12a.       1       1         1 Total expenses and losses per audited financial statements       1       2a         2 Amounts included on line 1 but not on Form 990, Part VI, line 25:       1       2a         3 Donated statements       2a       2a       2a         4 Add lines 2a through 2d       3       3       3         3 Subtract line 2a from line 1       3       3       3         4 Add lines 3 and 4e. (This must equal form 990, Part VIII, line 7b       4a       4b       3         4	2 Amounts included on line	∋ 1 but not on Form 990, Part VIII, line 12:	1 1	
c       Recoveries of poir year grants       2c       2d         d       Other (Describe in Part XIII)       2a       3         s       Subtract line 2e from line 1       3       3         d       Amounts included on Form 990, Part VIII, line 7b       4a       4d       4d         b       Other (Describe in Part XIII, on the sust equal Form 990, Part VIII, line 7b       4a       4d       4d       5         c       Add lines 3a and 4b       4c       5       5       5       5         Flant XIII 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       1         1       Total expenses and losses per audited financial Statements       1       1       2a	a Net unrealized gains (los	ses) on investments	2a	
d Other (Describe in Part XIII)       2d         e Add lines 2a through 2d       2e         Subtract line 2a from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4 C       5         Part XIII       Part SIII         Complete if the organization answered "Yes" on Form 990, Part I, line 12.       1         1 Total expenses and losses per audited Financial Statements       1         A mounts included on line 1 but not on Form 990, Part I, line 25:       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part I, line 25:       2a         2 Other (Describe in Part XIII)       2a       2a         2 Other (Describe in Part XIII)       2a       2a         4 Amounts included on Form 990, Part V, line 25:       2a       2a         2 Other (Describe in Part XIII)       2a       2a       2a         3 Subtract line 2a from 10 form 990, Part V, line 7b       4a       4a       4a         4 Amounts included on Form 990, Part V, line 7b       4a       4a       4a       4a       4a         4 Add lines 4a and 4b       5       5	<b>b</b> Donated services and us	e of facilities	2b	
Add lines 2a through 2d  2a    3 Subtract line 2a form line 1  2a    4 Amounts included on Form 990, Part VIII, line 7b  4a    4 4b  4c    5 Other (Describe in Part XIII)  4a    6 5 Total revenue. Add lines 3 and 4c. (This must sequal Form 960, Part I, line 12)    7 7 4a    6 5 Total revenue. Add lines 3 and 4c. (This must sequal Form 960, Part I, line 12)    7 7 7   8 7 7   8 7 <td< td=""><td></td><td></td><td> 2c</td><td></td></td<>			2c	
3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b         4       4b       4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 900, Part I, line 12.)       5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered 'Yes' on Form 900, Part IV, line 12a.       1         1       Total revenue. Add lines 3 and 4c. (This must equal Form 900, Part IV, line 12a.       1         2       Amounts included on line 1 but not on Form 900, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 900, Part IV, line 25:       2a         2       Amounts included on line 1 but not on Form 900, Part VIII, line 25:       2a         3       Subtract line 2e from line 1       2a         4       Amounts included on Form 900, Part VIII, line 7b       4a         4       Amounts included on Form 900, Part VIII, line 7b       4a         4       Amounts included on Form 900, Part VIII, line 7b       4a         4       Amounts included on Form 900, Part VIII, line 7b       4a         5       To	,	,	2d	
A Amounts included on Form 990, Part VIII, line 7b     da	•			
a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b Other (Describe in Part XIII.)       4c       5         c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Fart XII.       Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IX, line 12a.       1         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         a Donated services and use of facilities       2a         b Prior year adjustments       2c         c Other (Describe in Part XIII.)       2d         a Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a Investment expenses not included on Form 990, Part IX, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 7b       4a         lines 2d and 4b				
b Other (Describe in Part XIII.)  Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 930, Part I, line 12)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Advances and uses of facilities Drive year adjustments Advances and use of facilities Drive year adjustments Complete if the organization answered 'Yes' on Form 990, Part IV, line 25: Dented Services and use of facilities Drive year adjustments Complete if the organization answered 'Yes' on Form 990, Part IV, line 25: Dented Services and use of facilities Drive year adjustments Cother losses Cother losses Drive and Services and use of facilities Dented Services and use of facilities Cother losses Cother losses Cother losses Cother losses Cother losses Dented Services and use of facilities Cother losses Cothe			1.1	
c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   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   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 2c   c Other losses 2c   d Other (Describe in Part XIII.) 2a   e Add lines 2a through 2d 3   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3   a Investment expenses not included on Form 990, Part IVI, line 7b 4a   d Other (Describe in Part XIII.) 4a   e Add lines 4a and 4b 5   Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part II, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part II, lines 1a and 4; Part IV, line 4b and 2b; Part X, line 2; Part XI, Line 2;   Part X I LIABILITY IF THE COMPANY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE Inso on Other AppLICABLE TAXING AUTHORITIES, MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE	•			
5       Total revenue. Add lines 3 and 4c. (This must equal Form 390, Part I, line 12)       5         Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered 'Yes' on Form 390, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 390, Part IX, line 25:       2a         3       Donated services and use of facilities       2a         b       Prior year adjustments       2a         c       Other losses       2a         d       Other Chescribe in Part XIII.)       2a         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part XI, line 25, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 3 and 4c. (This must equal Form 390, Part II. line 18.)       5         Part XIII Supplemental Information.       5         Provide th descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information.<				
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 1990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 1990, Part IX, line 25:       2a       2b         2       Control services and use of facilities       2a       2b       2c         2       Control term of the resonance of the reso				
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         1       Donated services and use of facilities         2       Depring year adjustments         3       Depring year adjustments				
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:       2a         2       Donated services and use of facilities       2a         3       Subtract line 26 from line 1       2a         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         1       investment expenses not included on Form 990, Part Will, line 7D       4a         4       bother (Describe in Part XIII.)       4b       4c         5       Teat expenses. Add lines 3 and 4c: (This must equal Form 990. Part IV, line 18.)       4c         6       Teat expenses. Add lines 3 and 4c: (This must equal Form 990. Part IV, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 2; Part X, line 2; Part X, Line 2;         PART X, LINE 2:       Accounting				os per neturn.
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2a         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       4c         c       Add lines 4a and 4b       4c       5         c       Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)       4c         Fart XIII       Supplemental Information.       5         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 XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.         PART X, LINE 2:       Accountring PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA         REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMPANY AND         REQUIRE MANAGEMENT TO EVALUATE TAX POSITION THE NOT WOULD NOT BE SUSTAINED UPON EX				
a Donated services and use of facilities       2a       2b         b Prior year adjustments       2b       2b         c Other losses       2c       2d         d Other (Describe in Part XIII.)       2e       3         e Add lines 2a through 2d       2e       3         3 Subtract line 2e from line 1       3       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       4         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b Other (Describe in Part XIII.)       4a       4c         c Add lines 4a and 4b       4c       5         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)       4c         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:         Accountring 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				

16

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.

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2022

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp		Attach to Form		114, mie 21 61 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	OF COLORADO						Employer identification number 83-4416613
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records a criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	c Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEFFCO ACTION CENTER INC 8755 W 14TH AVE LAKEWOOD, CO 80220	23-7019679	501C3	20,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN ST 10TH FLOOR DENVER, CO 80204	84-1224325	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 80239	84-0405254	501C3	25,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ACLYMATE 2432 S DOWNING ST STE 200 DENVER, CO 80210	87-2105476	501C3	6,663.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
MILE HIGH UNITED WAY PO BOX 5547 DENVER, CO 80217	84-0404235	501C3	30,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ACLYMATE 2432 S DOWNING ST STE 200 DENVER, CO 80210	87-2105476		11,849.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>		•	e line 1 table				21.

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

Schedule I (Form 990) 2022

Schedule I (Form 990) DELTA DENTAL (							83-4416613 Page
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	Int II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO CARING							
1100 E 18TH AVE							FUNDING TO SUPPORT LOCAL
DENVER, CO 80226	84-6116951	501C3	30,000.	0.			CHARITABLE ORGANIZATION
COLORADO MISSION OF MERCY							
1910 56TH AVE							FUNDING TO SUPPORT LOCAL
GREELEY, CO 80634	27-1586585	501C3	44,000.	0.			CHARITABLE ORGANIZATION
AMERICAN HEART ASSOCIATION							
1777 S HARRISON ST STE 500							FUNDING TO SUPPORT LOCAL
DENVER, CO 80216	13-5613797	50102	30,200.	0.			CHARITABLE ORGANIZATION
DERVER, CO 80210	13-3013737	50105	50,200.	0.			CHARTIABLE ORGANIZATION
HABITAT FOR HUMANITY OF METRO							
DENVER - 7535 E HAMPDEN AVE STE							FUNDING TO SUPPORT LOCAL
600 - DENVER, CO 80231	74-2050021	501C3	25,000.	0.			CHARITABLE ORGANIZATION
VOLUNTEERS FOR OUTDOOR COLORADO							
PO BOX 100577							FUNDING TO SUPPORT LOCAL
DENVER, CO 80250	74-2357211	501C3	25,000.	0.			CHARITABLE ORGANIZATION
ADEGINI OLIMPICA GOLODADO							
SPECIAL OLYMPICS COLORADO							
12450 E ARAPAHOE RD STE C	84-0713739	50102	25,000.	0.			FUNDING TO SUPPORT LOCAI CHARITABLE ORGANIZATION
CENTENNIAL , CO 80112	04-0713739	50105	25,000.	0.			CHARITABLE ORGANIZATION
CHILDRENS MUSEUM OF DENVER							
2121 CHILDREN'S MUSEUM DR							FUNDING TO SUPPORT LOCAL
DENVER, CO 80217	84-0658142	501C3	25,000.	0.			CHARITABLE ORGANIZATION
,			, , ,				
VOLUNTEERS OF AMERICA OF COLORADO							
2660 LARIMER ST							FUNDING TO SUPPORT LOCAL
DENVER, CO 80205	84-0430995	501C3	30,000.	0.			CHARITABLE ORGANIZATION
AMERICAN RED CROSS							
MILE HIGH CHAPTER 444 SHERMAN ST		501 00		-			FUNDING TO SUPPORT LOCAL
DENVER, CO 80204	53-0196605	501C3	25,000.	0.			CHARITABLE ORGANIZATION

Schedule I (Form 990)

83-4416613 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADANS FOR AFFORDABLE HOUSING							
656 ROCK RIDGE DRIVE							FUNDING TO SUPPORT LOCAL
LAFAYETTE, CO 80026	88-2183220	501C3	10,000.	0.			CHARITABLE ORGANIZATION
A PRECIOUS CHILD							
7151 W. 118TH AVENUE							FUNDING TO SUPPORT LOCAL
BROOMFIELD, CO 80045	26-3349334	501C3	10,000.	0.			CHARITABLE ORGANIZATION
COMMUNITY FIRST FOUNDATION							
5855 WADSWORTH BYPASS, UNIT A							FUNDING TO SUPPORT LOCAL
ARVADA, CO 80003	51-0157964	501C3	100,000.	0.			CHARITABLE ORGANIZATION
DENVER URBAN GARDENS							
1031 33RD STREET, SUITE 100							FUNDING TO SUPPORT LOCAL
DENVER, CO 80205	74-2374848	501C3	10,000.	0.			CHARITABLE ORGANIZATION
GIRL SCOUTS OF COLORADO							
3801 E. FLORIDA AVENUE, SUITE 720							FUNDING TO SUPPORT LOCAL
DENVER, CO 80216	84-0410630	501C3	10,000.	0.			CHARITABLE ORGANIZATION
FOCUS POINTS FAMILY RESOURCE							
CENTER - 2501 EAST 48TH AVENUE -							FUNDING TO SUPPORT LOCAL
DENVER, CO 80216	84-1353944	501C3	6,500.	0.			CHARITABLE ORGANIZATION
							1

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	<b>(e)</b> 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.

83-4416613

Page 2

sc	SCHEDULE J Compensation Information					47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•	
	rtment of the Treasury	Attach to Form 990.			Open to Public Inspection		
	al Revenue Service ne of the organizatior	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide			mbor	
man	le of the organization	DELTA DENTAL OF COLORADO	83-441		Jii nui	linger	
Pa	rt I Question	s Regarding Compensation	00 111	0015			
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
		ation and gross-up payments Health or social club dues or initiation fee					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if ar	w, of the following the organization used to establish the compensation of the organization's					
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							
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		ompensation consultant					
		ther organizations X Approval by the board or compensation of	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 re	lated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a		X	
b	-	eive payment from a supplemental nonqualified retirement plan?		4b		X	
С	•	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
~		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation evenues of:	лт				
а	contingent on the re The organization?			5a	х		
	•	ation?		5a 5b		x	
5		or 5b, describe in Part III.		00			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
•	contingent on the n						
а	-			6a	х		
b	Any related organiz	ation?		6b		x	
		r 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		x	
8							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section			9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forr	n <b>990</b> )	) 2022	

232111 10-18-22

83 - 4416613

### 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.

(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-N compensation			C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HELEN W. DREXLER	(i)	407,823.	365,556.	14,560.	33,269.	10,253.	831,461.	٥.
PRESIDENT AND CHIEF EXECUT	(ii)	148,299.	132,929.	5,294.	12,098.	3,728.	302,348.	0.
(2) GREGORY C. VOCHIS, CPA	(i)	276,897.	189,514.	39,067.	31,506.	19,438.	556,422.	0.
CHIEF FINANCIAL OFFICER AN	(ii)	51,007.	34,911.	7,197.	5,804.	3,581.	102,500.	0.
(3) ROBERT M. THOMPSON	(i)	245,325.	160,390.	112,209.	28,212.	20,807.	566,943.	٥.
CHIEF GROWTH OFFICER	(ii)	30,666.	20,049.	14,026.	3,526.	2,601.	70,868.	٥.
(4) DAVID W. GERBUS	(i)	108,816.	177,459.	68,354.	10,064.	5,277.	369,970.	٥.
CHIEF ADMINISTRATIVE OFFICER & GENER	(ii)	20,045.	32,690.	12,591.	1,854.	972.	68,152.	0.
(5) ADEEB A. KHAN	(i)	110,259.	62,185.	16,812.	12,883.	11,019.	213,158.	٥.
CHIEF IMPACT OFFICER	(ii)	115,271.	65,011.	17,576.	13,468.	11,520.	222,846.	٥.
(6) BRAD T. GUYTON, DDS, MBA, MPH	(i)	196,607.	114,438.	9,038.	20,250.	11,520.	351,853.	٥.
CHIEF DENTAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEVIN W. FARRELL	(i)	186,911.	72,024.	4,501.	25,060.	23,084.	311,580.	0.
SR. DIRECTOR - SALES & CLIENT SERVIC	(ii)	0.	0.	٥.	0.	0.	0.	0.
(8) KATHLEEN S. JACOBY	(i)	96,233.	183,365.	6,464.	9,902.	3,154.	299,118.	0.
VICE PRESIDENT MARKETING AND MEMBER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(9) KELLI C. OGUNSANYA	(i)	206,895.	20,000.	11,748.	8,300.	11,963.	258,906.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(10) PATRICK A. CORDOVA	(i)	154,145.	26,564.	2,496.	15,139.	18,996.	217,340.	0.
DIRECTOR OF IT INFRASTRUCTURE & DATA	(ii)	28,395.	4,893.	460.	2,789.	3,499.	40,036.	0.
(11) ALLISON MELUN	(i)	135,468.	21,456.	4,484.	13,062.	17,767.	192,237.	0.
SR. DIRECTOR - MARKETING & COMMUNICA	(ii)	43,828.	6,942.	1,451.	4,226.	5,748.	62,195.	٥.
(12) MICHAEL R. THORNLEY, CPA	(i)	143,412.	24,643.	4,280.	13,960.	7,417.	193,712.	٥.
SR. DIRECTOR - CORPORATE CONTROLLER	(ii)	35,853.	6,161.	1,070.	3,490.	1,854.	48,428.	٥.
(13) BROOKE S. BODART, RDH, MPA	(i)	172,793.	29,248.	3,644.	15,125.	14,766.	235,576.	0.
SR. DIRECTOR - CLAIMS & PROVIDER REL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

PART I, LINE 5:

THE COMPANY HAS AN INCENTIVE COMPENSATION PLAN AND A SALES INCENTIVE

PLAN WHICH PROVIDES AN ANNUAL BONUS FOR ALL ELIGIBLE EMPLOYEES IF THE

COMPANY REACHES CERTAIN GOALS, INCLUDING A MINIMUM NET GAIN GOAL. ALL

ACTIVE FULL-TIME EMPLOYEES ARE ELIGIBLE FOR ONE OF THE INCENTIVE PLANS.

THE COMPANY ALSO HAS A LONG-TERM INCENTIVE PROGRAM FOR EXECUTIVES.

WHICH IS BASED ON MEMBERSHIP GROWTH, RETURN ON REVENUE, STAKEHOLDER

EXPERIENCE, AND GROUP RETENTION FACTORS. THE LONG-TERM INCENTIVE

PROGRAM HAS THREE-YEAR TARGETS AND PAYOUTS, AND IN MARCH OF 2022 THE

PLAN YEAR ENDING DECEMBER 31, 2021 WAS PAID.

PART I, LINE 6:

SEE NARRATIVE FOR LINE 5A ABOVE.

SCH	ED	ULE	L

(Form 990)

### **Transactions With Interested Persons**

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

ch to Ec m 990 or Eo 

OMB No.	1545-0047
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2022	
Open To Public	

Department of the Treasury       Attach to Form 990 or Form 990-E∠.         Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.										Open To Public Inspection					
Name of the	e organization									Em	ploye	r ident	ificati	on nu	mber
		ELTA DENTAL										6613			
Part I	Excess Bene														
	Complete if the c						or 25b	, or	Form 990-EZ, P	art V, I	ine 40	b.	100		
1 (a) Nar	ne of disqualified p	person (b) l	Relationship bety person and o			ified	(c	c) De	escription of trar	sactio	n				cted?
				94									T (	es	No
													_		
													-		
2 Enter t	the amount of tax i	ncurred by the o	roanization man	aders	or disa	ualified perso	ns duri	ina t	he vear under						
			•	-				-	-		\$				
3 Enter t	the amount of tax,														
Destu															
Part II	Loans to and														
	Complete if the c	•				, Part V, line 3	8a or F	orm	990, Part IV, lin	e 26;	or if th	e orga	nizatio	n	
	reported an amo Name of	(b) Relationship	i	1	2. ban to or	(a) Origin	al	/ 6	Palanaa dua	(0	) In	<b>(h)</b> Ap	proved	(i) \/	/ritten
•	ested person	with organization	ration of loan		d) Loan to or (e) Original (f) Ba from the principal amount				) Balance due	) In ault?	I by board or			ment?	
					From					Yes	No	Yes	No	Yes	No
				To						1.00	110	1.00			1.10
															-
Tatal							<u>م</u>				<u> </u>				
Total	Grants or As	sistance Ber	nefitina Inter	este	d Per	sons.	\$								
	Complete if the c		•												
(a) Na	ame of interested p	-	(b) Relationship			(c) Amo	unt of		<b>(d)</b> Type	of		(e	) Purp	ose o	f
( )			interested pers	son an	d	assista			assistan				assista		
			the organiza	ation											
									<u> </u>				(=		1 000

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L	(Form 990	) 2022
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# Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No ANN SOMERS, TRUSTEE 218,236. CLAIMS PAID POULOS & SOMERS, PCХ 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 L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

### 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.



Employer identification number 83-4416613

DELTA DENTAL OF COLORADO

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 170,000 ORAL HEALTH

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

COMPANY SUPPORTS ENGAGEMENT IN THE COMMUNITY THROUGH ITS VOLUNTEER

PROGRAM WITH 152 OF ITS 250 EMPLOYEES CONTRIBUTING THEIR TIME IN 2022.

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 27 Schedule O (Form 990) 2022

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Name of the organization

DELTA DENTAL OF COLORADO

Page 2 Employer identification number 83-4416613

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

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POLICY AND STATEMENT FORMS ARE POSTED ON THE COMPANY INTRANET.

232212 10-28-22

Name of the organization

DELTA DENTAL OF COLORADO

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 APPROPRIATEFOR THE DUITIES 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 GAINS

229,628.

29

232212 10-28-22

Schedule O (Form 990) 2022

### (Form 990)

### **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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

83-4416613

Department of the Treasury Internal Revenue Service

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

Name of the organization

DELTA DENTAL OF COLORADO

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
ENSEMBLE COMMUNITY IMPACT FUND - 83-4416613	INVESTS IN HEALTH AND				
6465 GREENWOOD PLAZA BLVD, SUITE 900	WELLNESS COMPANIES FOCUSING				ENSEMBLE INNOVATION
CENTENNIAL, CO 80111	EARLY-STAGE VENTURES	COLORADO	0.	0.	VENTURES
DIRECT DENTAL ALLIANCE - 87-2105156					
6465 GREENWOOD PLAZA BLVD, SUITE 900	MARKET AND ADMINISTER A				ENSEMBLE INNOVATION
CENTENNIAL, CO 80111	NON-INSURED DENTAL PRODUCT	COLORADO	0.	0.	VENTURES
	-				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
DELTA DENTAL PLAN OF COLORADO FOUNDATION -							
84-1389431, 6465 GREENWOOD PLAZA BLVD, SUITE	DENTAL HEALTH AND				DELTA DENTAL OF		
900, CENTENNIAL, CO 80111	EDUCATION	COLORADO	501(C)(3)	LINE 12A, I	COLORADO	х	
ENSEMBLE INNOVATION VENTURES - 83-4432148	INVESTMENTS IN COMPANIES						
6465 GREENWOOD PLAZA BLVD, SUITE 900	THAT IMPROVE COMMUNITY						
CENTENNIAL, CO 80111	HEALTH	COLORADO	501(C)(4)				х

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

Schedule R (Form 990) 2022

## 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)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	t controlling Predominant income Share of total Share of Disproportionate		Code V-UBI	Genera	I or Percentage			
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	partn	al or Percentage <sup>jing</sup> er?
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	No
				,							
										+	<u> </u>
										+	

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction (b)(13) rolled tity?
		country)						Yes	No
BETA HEALTH ASSOCIATION - 84-1146388	PROVIDES NON-INSURED								
6465 GREENWOOD PLAZA BLVD, SUITE 900	DENTAL BENEFITS TO								
CENTENNIAL, CO 80111	SUPPORT DENTAL	CO	N/A	C CORP	N/A	N/A	N/A		Х
EMBER ASSURANCE - 87-4622205	MARKET AND ADMINISTER								
6465 GREENWOOD PLAZA BLVD, SUITE 900	VISION INSURANCE								
CENTENNIAL, CO 80111	PRODUCTS	со	N/A	C CORP	N/A	N/A	N/A		x

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		T
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	_
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10	X	_
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q	X	_
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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>(b)</b> Transaction type (a-s)	<b>(c)</b> 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	0	149,733.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	223,954.	FMV
<u>(4)</u>			
(5)			
<u>(6)</u>			

### Schedule R (Form 990) 2022 DELTA DENTAL OF COLORADO

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

### 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

Schedule R (Form 990) 2022

232165 09-14-22