	000
Form	<b>990</b>

Department of the Treasury Internal Revenue Service

### EXTENDED TO NOVEMBER 15, 2022 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.

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



<u>A</u>	For the	2021 calendar year, or tax year beginning and	ending		
	Check if applicable	c Name of organization		D Employer identif	ication number
	Addres	DELTA DENTAL OF COLORADO			
	Name change	Doing business as		83-4416613	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final return/	6465 GREENWOOD PLAZA BLVD	800-233-086	0	
	termin ated			<b>G</b> Gross receipts \$	482,133,624.
	Ameno return	CENTENNIAL, CO 80111		H(a) Is this a group	return
	Applic tion	F name and address of principal officer: Include weight breather		for subordinate	s? Yes X No
	pendin	<sup>9</sup> SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		empt status: 501(c)(3) 🗴 501(c) ( 4 )◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach a	a list. See instructions
		e: WWW.DELTADENTALCO.COM		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2019	M State of legal domicile: CO
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: <u>TO IMPP</u> THE COMMUNITIES WE SERVE.	ROVE THE	ORAL HEALTH OF	
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed in the organization disposed	ed of more	than 25% of its net as	sets
veri	3			3	1
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
<del>م</del>	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
itie	6	Total number of volunteers (estimate if necessary)			
cti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ā	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		185,033,882.	479,817,682.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,073,654.	2,308,098.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		283.	7,293.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		191,107,819.	, ,
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,806,312.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		165,786,705.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,059,225.	23,930,837.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- adx	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,499,098.	, ,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		198,151,340.	, ,
		Revenue less expenses. Subtract line 18 from line 12	1	-7,043,521.	, ,
S OF			Be	ginning of Current Year	End of Year
Assets (	20	Total assets (Part X, line 16)		109,235,627.	
et A	1	Total liabilities (Part X, line 26)		47,550,813.	, ,
ž		Net assets or fund balances. Subtract line 21 from line 20		61,684,814.	62,988,475.
Pa	art II	Signature Block			

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

	Greg Vochis		Octo	ober 17, 2022		
Sign	Signature of officer		Date	е		
Here	GREGORY VOCHIS, CPA, CFO AND TREA	ASURER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	DORI J. EGGETT	DORI J. EGGETT	10/13/22	if self-employed	P00645252	
Preparer	Firm's name 🍃 PLANTE & MORAN, PLLC		Firm	n's EIN 🕨 🛛 38	8-1357951	
Use Only	e Only Firm's address 🔊 8181 E TUFTS AVE, SUITE 600					
	DENVER, CO 80237 Phone no. 303-740-9400					
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
					- 000	(000.0)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	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	Г	
	prior Form 990 or 990-EZ?	L	Yes X No
_	If "Yes," describe these new services on Schedule O.	Г	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expe	enses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$467,502,592. including grants of \$) (Revenue)	<u> </u>	479,817,682.
+d	(Code:) (Expenses \$467,502,592. including grants of \$) (Revenue PROVISION OF RISK AND SELF-FUNDED PLANS TO SUBSCRIBERS	⇒	1,5,017,002.
	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.		
	COMMUNITY BENEFIT PROGRAMS		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS		
	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.		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS,		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING,		
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY		
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING,	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY	\$	
4c	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY (Code:)(Expenses \$ including grants of \$) (Revenue	\$	
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY (Code:)(Expenses \$ including grants of \$) (Revenue	\$	)
	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SPONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY (Code:) (Expenses \$	\$	)
4d	TO FULFILLING OUR MISSION OF IMPROVING THE ORAL HEALTH OF THE COMMUNITIES WE SERVE. DELTA DENTAL OF COLORADO PROVIDES DENTAL BENEFITS AND ORAL HEALTH INFORMATION AND SERVICES TO AS MANY PEOPLE AS POSSIBLE. OVER THE PAST SIXTEEN YEARS, DELTA DENTAL OF COLORADO HAS DEVOTED A SUBSTANTIAL AMOUNT OF ITS ADJUSTED NET GAIN TO ITS CORPORATE SOCIAL RESPONSIBILITY INITIATIVES. THESE ACTIVITIES INCLUDE DONATIONS, IN-KIND ORAL HEALTH SUPPLY DONATIONS, AND CORPORATE SONSORSHIPS WITH MANY ORGANIZATIONS INCLUDING HABITAT FOR HUMANITY, METRO CARING, VOLUNTEERS FOR OUTDOOR COLORADO, AND MILE HIGH UNITED WAY. THE COMPANY (Code:) (Expenses \$	\$	) Form <b>990</b> (202

Form	990	(2021)

Part IV Checklist of Required Schedules

DELTA DENTAL OF COLORADO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI			<u> </u>
b		11b	х	
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├───
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	 (2021)
132003	12-09-21	rorm	550	(2021)

132003 12-09-21

3 2021.04030 DELTA DENTAL OF COLORADO 115798-1

Form	990	(2021)
FUIII	990	(2021)

Pa	TIV Checklist of Required Schedules (continued)			
			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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,			
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	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	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	х	
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		N.	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a35549Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
13200			990	(2021
10200	1			,

### 10001013 147228 115798-2

2021.04030 DELTA DENTAL OF COLORADO 115798-1

Page 4

83-4416613

Form	990 (2021) DELTA DENTAL OF COLORADO 83-441661	3	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 268			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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).			
	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?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	<u>6a</u>		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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
		7c		X
	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 7f		
t a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization life of organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
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 12b			
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, any disqualified person, or mine operator 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. 12-09-21 5		000	(000 1)
132005	12-09-21 <b>D</b>	rorm	1 シスハ	(2021)

2021.04030 DELTA DENTAL OF COLORADO 115798-1

	990 (2021) DELTA DENTAL OF COLORADO 83-44166		P	age 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
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 1a1	3		
	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.			
_	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
4	of officers, directors, trustees, or key employees to a management company or other person?			x
+ 5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6		6	x	
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>i</i> a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1a</u>		
2	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	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		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	í		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	í		
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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	10-		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
ec	exempt status with respect to such arrangements?	16b		
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	)s only)	availal	hle
_		JS Officy (	avana	
_	tor nublic inspection. Indicate how you made these available. (Theck all that apply			
	for public inspection. Indicate how you made these available. Check all that apply.			
В	X       Own website       X       Upon request       Other (explain on Schedule O)	d financ	sial	
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 policy, and the organization made its governing documents.       Image: Conflict of interest policy, and the organization made its governing documents.	id financ	cial	
B 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 policy, an statements available to the public during the tax year.	nd finand	cial	
9 0	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 policy, and the organization made its governing documents.       Image: Conflict of interest policy, and the organization made its governing documents.	id financ		
B 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 policy, an 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 <ul> <li></li></ul>	1d financ		

10001013 1	L47228	115798-2
------------	--------	----------

Form 990 (2	2021) DELTA DENTAL OF COLORADO	83-4416613	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
	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	within the organization's	s tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per weak finance         Description model         Description product and sector town and sector vision from finance         Reportable compensation from related organization         Estimated aunual of town and restrict organization         Estimated aunual of town and restrict organization         Estimated aunual of town and restrict organization         Estimated aunual of town and restrict organization           (1)         HELEN W DREXLER         35,00         x         x         801,266,225,981.         50,502.           (1)         HELEN W DREXLER         35,00         x         x         801,266,225,981.         50,502.           (2)         ORBOOK C WORHS         37,00         x         x         440,183.         84,738.         47,110.           (4)         ROBERT M THOMPSOFICER AUD TREASURE (5)         X         440,183.         84,738.         47,110.           (4)         ROBERT M THOMPSOFICER & GENER (7)         7,00         x         430,669.         48,519.         43,116.           (6)         ADEER M THOMPSOFICER (7)         BALE MARTINER (7)         164,831.         158,368.         33,453.           (7)         BRAD G UPTON (7)         BRAD G UPTON (7)         X         226,975.         0.         38,431.           (10)         BROCK S BODAR (10)         BROCK S BODAR (10) <th>(A)</th> <th>(B)</th> <th colspan="3">(C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veck, view week, (list any hours for week, (list any hours for veltated organizations, the main week, (list any hours for veltated organization, below, uncertainty, below,	Name and title	Average	(do			ne	Reportable	Reportable	Estimated		
Week (ist ary ours for related organizations below line)         Work ist ary but store state organizations (W2/1099-MISC/ 1099-MEC)         More and organizations (W2/1099-MISC/ 1099-MEC)         Compensation organizations (W2/1099-MISC/ 1099-MEC)         Compensation from the organizations (W2/1099-MISC/ 1099-MEC)           (1) HELEN W DREXLER         35.00         x         801,206.         225,981.         50,502.           (2) ORECORY C VOCHIS         37.00         x         801,206.         225,981.         50,502.           (4) ROBERT M TRANSPORT B 8.00         x         480,183.         84,738.         47,110.           (4) ROBERT M TRANSPORT B 38.00         x         434,020.         48,224.         50,252.           (5) XATHLEEN J JACOBY         40.00         x         436,669.         48,519.         43,116.           (6) ADEED A KHAN         20.00         x         164,831.         158,368.         39,453.           (7) BRAD T GUYTON         22.00         x         248,448.         0.         46,559.           (8) DEVIN W FARRELL         40.00         x         262,975.         0.         38,413.           (1) BRAD T GUYTON         22.00         x         262,975.         0.         38,413.           (10) BRAD W FARRELL         40.00         x         262,975.         0.<		hours per	box, unless		ss pei	rson i	s both	an	compensation	compensation	amount of
(1)       HELEN W DREXLER       35.00       X       X       801,206.       225,981.       50,502.         PRESIDENT AND CHIEFF EXECUTIVE OFFICE       10.00       X       X       801,206.       225,981.       50,502.         CHIEF FINANCIAL OFFICER AND TREASURE       8.00       X       487,281.       103,362.       57,891.         (3)       DAVID W GEREUS       38.00       X       480,183.       84,738.       47,110.         (4)       ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5)       KATHEEN S JALES AND CLIENT/BOOK       5.00       X       436,669.       48,519.       43,116.         (5)       KATHEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEED A KIAN       22.00       X       298,542.       0.       28,348.         (7)       BRAD T GUYTON       22.00       X       226,975.       0.       38,413.         (8)       DURECTOR, SALES STRATEGY AND PROVIDE       X       262,975.       0.       38,413.         (9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROURD S GROWA M						Irecto	r/trus	ee)			
(1)       HELEN W DREXLER       35.00       X       X       801,206.       225,981.       50,502.         PRESIDENT AND CHIEFF EXECUTIVE OFFICE       10.00       X       X       801,206.       225,981.       50,502.         CHIEF FINANCIAL OFFICER AND TREASURE       8.00       X       487,281.       103,362.       57,891.         (3)       DAVID W GEREUS       38.00       X       480,183.       84,738.       47,110.         (4)       ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5)       KATHEEN S JALES AND CLIENT/BOOK       5.00       X       436,669.       48,519.       43,116.         (5)       KATHEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEED A KIAN       22.00       X       298,542.       0.       28,348.         (7)       BRAD T GUYTON       22.00       X       226,975.       0.       38,413.         (8)       DURECTOR, SALES STRATEGY AND PROVIDE       X       262,975.       0.       38,413.         (9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROURD S GROWA M			recto							J.	
(1)       HELEN W DREXLER       35.00       X       X       801,206.       225,981.       50,502.         PRESIDENT AND CHIEFF EXECUTIVE OFFICE       10.00       X       X       801,206.       225,981.       50,502.         CHIEF FINANCIAL OFFICER AND TREASURE       8.00       X       487,281.       103,362.       57,891.         (3)       DAVID W GEREUS       38.00       X       480,183.       84,738.       47,110.         (4)       ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5)       KATHEEN S JALES AND CLIENT/BOOK       5.00       X       436,669.       48,519.       43,116.         (5)       KATHEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEED A KIAN       22.00       X       298,542.       0.       28,348.         (7)       BRAD T GUYTON       22.00       X       226,975.       0.       38,413.         (8)       DURECTOR, SALES STRATEGY AND PROVIDE       X       262,975.       0.       38,413.         (9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROURD S GROWA M			or di	ee			ated		, , , , , , , , , , , , , , , , , , ,	•	
(1)       HELEN W DREXLER       35.00       X       X       801,206.       225,981.       50,502.         PRESIDENT AND CHIEFF EXECUTIVE OFFICE       10.00       X       X       801,206.       225,981.       50,502.         CHIEF FINANCIAL OFFICER AND TREASURE       8.00       X       487,281.       103,362.       57,891.         (3)       DAVID W GEREUS       38.00       X       480,183.       84,738.       47,110.         (4)       ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5)       KATHEEN S JALES AND CLIENT/BOOK       5.00       X       436,669.       48,519.       43,116.         (5)       KATHEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEED A KIAN       22.00       X       298,542.       0.       28,348.         (7)       BRAD T GUYTON       22.00       X       226,975.       0.       38,413.         (8)       DURECTOR, SALES STRATEGY AND PROVIDE       X       262,975.       0.       38,413.         (9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROURD S GROWA M			rustee	trust		ee	npens			1099-NEC)	•
(1)       HELEN W DREXLER       35.00       X       X       801,206.       225,981.       50,502.         PRESIDENT AND CHIEFF EXECUTIVE OFFICE       10.00       X       X       801,206.       225,981.       50,502.         CHIEF FINANCIAL OFFICER AND TREASURE       8.00       X       487,281.       103,362.       57,891.         (3)       DAVID W GEREUS       38.00       X       480,183.       84,738.       47,110.         (4)       ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5)       KATHEEN S JALES AND CLIENT/BOOK       5.00       X       436,669.       48,519.       43,116.         (5)       KATHEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEED A KIAN       22.00       X       298,542.       0.       28,348.         (7)       BRAD T GUYTON       22.00       X       226,975.       0.       38,413.         (8)       DURECTOR, SALES STRATEGY AND PROVIDE       X       262,975.       0.       38,413.         (9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROURD S GROWA M		, s	dual ti	utiona		nploy	st cor	L.	1000 NEO)		
(1) HELEN W DERKLER       35.00       x       x       801,206.       225,981.       50,502.         PRESIDENT AND CHLEF EXECUTIVE OFFICE       10.00       x       x       801,206.       225,981.       50,502.         (2) GREGORY C VOCHIS       37.00       x       487,281.       103,362.       57,891.         (3) DAVID W GERBUS       38.00       x       480,183.       84,738.       47,110.         (4) ROBERT M TUOMESON       40.00       x       4344,020.       48,224.       50,252.         (5) KATHLERN S JACOSY       40.00       x       4346,669.       48,519.       43,116.         (5) KATHLEN S JACOSY       40.00       x       436,669.       48,519.       43,116.         (6) ADEEB A KHAN       20.00       x       164,831.       158,368.       39,453.         (7) BRAD T GUYTON       22.00       x       298,542.       0.       28,348.         (8) DEVIN FERLEL       40.00       x       262,975.       0.       38,413.         (10) BROKE S BODART       40.00       x       214,084.       0.       46,596.         (11) TIMOTHY J CATRON       40.00       x       218,281.       0.       18,725.         (12) SUNDAY A SOTOMAYOR			Indivi	Institu	Office	Key ei	Highe	Forme			
(2)       GREGORY C VOCHIS       37.00       X       487,281       103,362       57,891         (3)       DAYID W GERBUG       38.00       X       480,183       84,738       47,110         (4)       ROBERT M TROMPSON       40.00       X       480,183       84,738       47,110         (4)       ROBERT M TROMPSON       40.00       X       480,183       84,738       47,110         (4)       ROBERT M TROMPSON       40.00       X       436,669       48,224       50,252         (5)       KATHLEEN S JACOBY       40.00       X       436,669       48,519       43,116         (6)       ADEES A KHAN       20.00       X       436,669       48,519       43,116         (6)       ADEES COTIVE DIRECTOR OF FOUNDATION       25.00       X       298,542       0       28,348         (7)       BRAD T GUYON       22.00       X       298,542       0       28,348         (9)       BRIN L STEELE       40.00       X       262,975       0       38,413         (10)       BROCK S BODART       40.00       X       245,763       0       28,555         (11)       TIMPH J CATRON       40.00       X       218,821	(1) HELEN W DREXLER	35.00									
CHIEF FINANCIAL OFFICER AND TREASURE         8.00         X         487,281         103,362         57,891.           (3) DAVID W GERBUS         38.00         X         480,183.         84,738.         47,110.           (4) ROBERT M THOMPSON         40.00         X         480,183.         84,738.         47,110.           VICE PRESIDENT SALES AND CLIENT/BROK         5.00         X         434,020.         48,224.         50,252.           (5) KATHLEEN S JACOBY         40.00         X         436,669.         48,519.         43,116.           (6) ADEEB A KHAN         20.00         X         436,669.         48,519.         43,116.           (7) BRAD T GUYTON         22.00         X         164,831.         158,368.         39,453.           (7) BRAD T GUYTON         22.00         X         298,542.         0.         28,348.           (8) DEVIN W FARELL         40.00         X         274,084.         0.         46,596.           (9) BRIAN L STEELE         40.00         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         218,821.	PRESIDENT AND CHIEF EXECUTIVE OFFICE	10.00	х		х				801,206.	225,981.	50,502.
(3) DAVID W GERBUS       38.00       X       480,183.       84,738.       47,110.         (4) ROBERT M THOMPSON       40.00       X       480,183.       84,738.       47,110.         (4) ROBERT M THOMPSON       40.00       X       434,020.       48,224.       50,252.         (5) KATHLENS JACOBY       40.00       X       436,669.       48,519.       43,116.         (6) ADEEB A RHAN       20.00       X       436,669.       48,519.       43,116.         (6) ADEEB A RHAN       20.00       X       164,831.       158,368.       39,453.         (7) BRAD T GUYTON       22.00       X       298,542.       0.       28,348.         (8) DEVIN W FARRELL       40.00       X       274,084.       0.       46,596.         (9) BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10) BROKE S BODART       40.00       X       245,763.       0.       28,535.         (11) THOTHY J CATRON       40.00       X       218,821.       0.       18,725.         (12) SUNDAY A SOTOMAYOR       40.00       X       218,821.       0.       18,725.         (13) MARY MARGARET NOONAN       3.00       X       X       206,99	(2) GREGORY C VOCHIS	37.00									
CHIEF ADMINISTRATIVE OFFICER & GENER         7.00         X         480,183.         84,738.         47,110.           (4) ROBERT M THOMPSON         40.00         X         434,020.         48,224.         50,252.           VICE PRESIDENT SALES AND CLIENT/BROK         5.00         X         436,669.         48,224.         50,252.           (5) KATHLERS S JACOBY         40.00         X         436,669.         48,519.         43,116.           (6) ADEEB A KHAN         20.00         X         164,831.         158,368.         39,453.           (7) BRAD T GUYTON         22.00         X         298,542.         0.         28,348.           (8) DEVIN W FARREL         40.00         X         262,975.         0.         38,413.           (9) BRIAN L STEELE         40.00         X         262,975.         0.         38,413.           (10) FROCKE S BODAT         40.00         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         218,821.         0.         18,725.           (11) TIMOTHY J CATRON         40.00         X         206,998.         0.         29,160.           DIRECTOR OF BUSINESS PROGRAMS         X         206,998.         0.	CHIEF FINANCIAL OFFICER AND TREASURE	8.00			х				487,281.	103,362.	57,891.
(4)         ROBERT M THOMPSON         40.00         x         434,020         48,224         50,252           (5)         KATHLEEN S JACOBY         40.00         x         436,669         48,519         43,116           (5)         KATHLEEN S JACOBY         40.00         x         436,669         48,519         43,116           (6)         ADEEB A KHAN         20.00         x         164,831         158,368         39,453           (7)         BRAD T GUYTON         22.00         x         298,542         0         28,348           (8)         DEVICOR RS STRATEGY AND PROVIDE         40.00         x         274,084         0         46,596           (9)         BRIAN L STEELE         40.00         x         262,975         0         38,413           (10)         BROOKE S BODART         40.00         x         218,621         0         28,535           (11)         THMAN RESORCES         x         245,763         0         28,535           (12)         SUNDAY A SOTOMAYOR         40.00         x         218,621         0         18,725           (13)         MARGARET NOONN         30.00         x         206,998         0         29,160	(3) DAVID W GERBUS	38.00									
VICE PRESIDENT SALES AND CLIENT/BROK         5.00         X         434,020.         48,224.         50,252.           (5)         KATHLEEN S JACOBY         40.00         X         436,669.         48,519.         43,116.           (6)         ADEB A KHAN         20.00         X         164,831.         158,368.         39,453.           (7)         BRAD T GUTYON         22.00         X         298,542.         0.         28,348.           (8)         DEVIN W FARRELL         40.00         X         298,542.         0.         28,348.           (9)         BRIAN L STELE         40.00         X         262,975.         0.         38,413.           DIRECTOR OF DUBTINES PROGRAMS         X         245,763.         0.         28,535.           (10)         BROOKE S BODART         40.00         X         218,821.         0.         18,725.           (11)         IMORY J CARON         40.00         X         218,821.         0.         28,535.           (11)         TIMORY J CARON         40.00         X         218,821.         0.         18,725.           (11)         MORY MARGRET NOONAN         X         X         206,998.         0.         29,160.           <	CHIEF ADMINISTRATIVE OFFICER & GENER	7.00			X				480,183.	84,738.	47,110.
(5)       KATHLEEN S JACOBY       40.00       X       436,669.       48,519.       43,116.         (6)       ADEEB A KHAN       20.00       X       436,669.       48,519.       43,116.         (7)       BRAD T GUYTON       22.00       X       164,831.       158,368.       39,453.         (7)       BRAD T GUYTON       22.00       X       298,542.       0.       28,348.         (8)       DEVIN W FARRELL       40.00       X       274,084.       0.       46,596.         (9)       BRIAN L STEELE       40.00       X       245,763.       0.       28,535.         (10)       ROOKE S BODART       40.00       X       218,821.       0.       18,725.         DIRECTOR OF GROUP ADMINISTRATION, ED       X       218,821.       0.       18,725.         (12)       SUNDAY A SOTOMAYOR       40.00       X       206,998.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       X       X       57,895.       0.       0.       0.         (13)       MARN MARGARET NONAN       3.00       X       37,877.       7,500.       0.         DIRECTOR       5.00       X       37,877.       7,500.       0.       0	(4) ROBERT M THOMPSON										
VICE PRESIDENT MARKETING AND MEMBER         5.00         X         436,669.         48,519.         43,116.           (6) ADEEB A KHAN         20.00         X         164,831.         158,368.         39,453.           (7) BRAD T GUYTON         22.00         X         298,542.         0.         28,348.           (8) DEVIN W FARRELL         40.00         X         262,975.         0.         38,413.           (10) BROKE S BODART         40.00         X         262,975.         0.         38,413.           DIRECTOR OF BUSINESS PROGRAMS         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         X         218,821.         0.         18,725.           (11) TIMOTHY J CATRON         40.00         X         206,998.         0.         29,160.           (12) SUNDAY A SOTOMAYOR         40.00         X         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         X         X         37,877.         7,500.         0.           DIRECTOR         5.00         X         37,877.         7,500.         0. <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td>434,020.</td> <td>48,224.</td> <td>50,252.</td>		-				Х			434,020.	48,224.	50,252.
(6) ADEEB A KHAN       20.00       x       164,831.       158,368.       39,453.         (7) BRAD T GUYTON       22.00       x       164,831.       158,368.       39,453.         (7) BRAD T GUYTON       22.00       x       298,542.       0.       28,348.         (8) DEVIN W FARERLL       40,00       x       298,542.       0.       28,348.         (9) BRIAN L STEELE       40,00       x       262,975.       0.       38,413.         (10) BROKE S BODAT       40.00       x       245,763.       0.       28,535.         (11) TIMOTHY J CATRON       40.00       x       218,821.       0.       18,725.         (11) TIMOTHY J CATRON       40.00       x       218,821.       0.       18,725.         (12) SUNDAY A SOTOMAYOR       40.00       x       206,998.       0.       29,160.         (13) MARY MARGARET NOONAN       3.00       x       x       57,895.       0.       0.         DIRECTOR OF DUGH       2.00       x       37,877.       7,500.       0.       0.         (14) KELLY J BROUGH       2.00       x       37,877.       7,500.       0.       0.         DIRECTOR       5.00       x       37,877.											
EXECUTIVE DIRECTOR OF FOUNDATION         25.00         X         164,831.         158,368.         39,453.           (7)         BRAD T GUYTON         22.00         X         298,542.         0.         28,348.           (8)         DEVIN W FARRELL         40.00         X         298,542.         0.         28,348.           (9)         BRIAN L STEELE         40.00         X         262,975.         0.         38,413.           (10)         BROKES & BODART         40.00         X         245,763.         0.         28,535.           (11)         TIMENTS PROGRAMS         X         245,763.         0.         28,535.           (11)         TIMENTS ADTORY         40.00         X         218,821.         0.         18,725.           (12)         SUNDAY A SOTOMAYOR         40.00         X         206,998.         0.         29,160.           (13)         MARY MARGARET NOONAN         3.00         X         X         206,998.         0.         0.           DIRECTOR         5.00         X         X         206,998.         0.         0.         0.           (14)         KELLY J BROUGH         2.00         X         X         37,877.         7,500.	VICE PRESIDENT MARKETING AND MEMBER	5.00				Х			436,669.	48,519.	43,116.
(7)       BRAD T GUYTON       22.00       x       298,542.       0.       28,348.         (8)       DEVIN W FARRELL       40.00       x       274,084.       0.       46,596.         (9)       BRIAN L STEELE       40.00       x       262,975.       0.       38,413.         (10)       BROOKE S BODART       40.00       x       245,763.       0.       28,535.         (11)       TIMOTHY J CATRON       40.00       x       218,821.       0.       18,725.         (11)       TIMOTHY J CATRON       40.00       x       218,821.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       x       206,998.       0.       29,160.       0.       18,725.         (13)       MARY MARGARET NOONAN       3.00       x       x       57,895.       0.       0.         DIRECTOR       5.00 x       x       37,877.       7,500.       0.       0.         DIRECTOR       5.00 x       x       40,500.       0.       0.       0.       0.         DIRECTOR OF HUMAN RESOURCES       x       x       206,998.       0.       29,160.       0.       0.       0.         (14)       KELLY J BROUGH       2.0	(6) ADEEB A KHAN	20.00									
CHIEF DENTAL OFFICER         2.00         X         298,542.         0.         28,348.           (8) DEVIN W FARRELL         40.00         X         274,084.         0.         46,596.           DIRECTOR, SALES STRATEGY AND PROVIDE         X         274,084.         0.         46,596.           (9) BRIAN L STEELE         40.00         X         262,975.         0.         38,413.           (10) BROKE S BODART         40.00         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         X         206,998.         0.         29,160.           DIRECTOR OF HUMAN RESOURCES         X         X         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         X         X         57,895.         0.         0.           DIRECTOR         5.00         X         X         37,877.         7,500.         0.           (14) KELLY J BROUGH         2.00         X         37,877.         7,500.         0.         0.           DIRECTOR         5.00         X         40,500.         0.         0.	EXECUTIVE DIRECTOR OF FOUNDATION	25.00				Х			164,831.	158,368.	39,453.
(8)         DEVIN W FARRELL         40.00         x         274,084.         0.         46,596.           (9)         BRIAN L STEELE         40.00         x         262,975.         0.         38,413.           (10)         BROOKE S BODART         40.00         x         245,763.         0.         28,535.           (11)         TIMOTHY J CATRON         40.00         x         218,821.         0.         18,725.           (12)         SUNDAY A SOTOMAYOR         40.00         x         206,998.         0.         29,160.           (13)         MARY MARGARET NOONAN         3.00         x         x         57,895.         0.         0.           OIRECTOR         5.00         x         x         37,877.         7,500.         0.           OIRECTOR         5.00         x         3.00         x         40,500.         0.         0.	(7) BRAD T GUYTON										
DIRECTOR, SALES STRATEGY AND PROVIDE         x         274,084.         0.         46,596.           (9) BRIAN L STEELE         40.00         x         262,975.         0.         38,413.           (10) BROOKE S BODART         40.00         x         262,975.         0.         38,413.           (11) BROOKE S BODART         40.00         x         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         x         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         x         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         x         x         57,895.         0.         0.           DIRECTOR         FBOUGH         2.00          46,748.         0.         0.           (14) KELLY J BROUGH         2.00          37,877.         7,500.         0.         0.           DIRECTOR         5.00 X         37,877.         7,500.         0.         0.         0.           (14) KELLY J BROUGH         2.00          37,877.         7,500.         0.         0.           DIRECTOR         5.00 X         37,877.         7,500.	CHIEF DENTAL OFFICER	2.00				Х			298,542.	0.	28,348.
(9)       BRIAN L STEELE       40.00       X       262,975.       0.       38,413.         (10)       BROOKE S BODART       40.00       X       245,763.       0.       28,535.         (11)       TIMOTHY J CATRON       40.00       X       218,821.       0.       18,725.         (12)       SUNDAY A SOTOMAYOR       40.00       X       206,998.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       X       X       206,998.       0.       29,160.         (13)       MARY MARGARET NOONAN       3.00       X       X       57,895.       0.       0.         (14)       KELLY J BROUGH       2.00       X       37,877.       7,500.       0.       0.         DIRECTOR       5.00       X       37,877.       7,500.       0.       0.       0.         (16)       TAMANNA TIWARI, MPH, MDS, BDS       2.00       30,00       X       40,500.       0.       0.         (17)       RICHARD CALL, DMD       2.00       440,500.       0.       0.       0.         DIRECTOR       5.00       X       40,500.       0.       0.       0.         (16)       TAMANNA TIWARI, MPH, MDS, BDS       2.00	(8) DEVIN W FARRELL	40.00									
DIRECTOR OF CLIENT SERVICES         X         262,975.         0.         38,413.           (10) BROOKE S BODART         40.00         X         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         X         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         X         206,998.         0.         29,160.           DIRECTOR OF HUMAN RESOURCES         X         X         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         X         X         57,895.         0.         0.           CHAIR         X         X         57,895.         0.         0.         0.         0.           DIRECTOR         5.00         X         46,748.         0.         0.         0.           (14) KELLY J BROUGH         2.00         X         37,877.         7,500.         0.           (15) ANN BLOCK         2.00         X         37,877.         7,500.         0.           OIRECTOR         5.00         X         40,500.         0.         0.           (16) TAMANNA TIWARI, MPH, MDS, BDS         2.00         X         40,500.         0.         0.      <	,						X		274,084.	0.	46,596.
(10) BROOKE S BODART       40.00       x       245,763.       0.       28,535.         (11) TIMOTHY J CATRON       40.00       x       218,821.       0.       18,725.         (11) TIMOTHY J CATRON       40.00       x       218,821.       0.       18,725.         (12) SUNDAY A SOTOMAYOR       40.00       x       206,998.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       x       x       206,998.       0.       29,160.         (13) MARY MARGARET NOONAN       3.00       x       x       57,895.       0.       0.         (14) KELLY J BROUGH       2.00          0.       0.       0.         DIRECTOR       5.00 x        37,877.       7,500.       0.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00        0.       0.       0.       0.         SECRETARY       3.00 x       x       40,500.       0.       0.       0.       0.       0.       0.         DIRECTOR       4.00 x       4.00 x       35,488.       5,000.       0.       0.       0.	(9) BRIAN L STEELE	40.00									
DIRECTOR OF BUSINESS PROGRAMS         x         245,763.         0.         28,535.           (11) TIMOTHY J CATRON         40.00         x         218,821.         0.         18,725.           DIRECTOR OF GROUP ADMINISTRATION, ED         x         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         x         206,998.         0.         29,160.           DIRECTOR OF HUMAN RESOURCES         x         x         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         x         x         57,895.         0.         0.           (14) KELLY J BROUGH         2.00            46,748.         0.         0.           DIRECTOR         5.00         x          37,877.         7,500.         0.           (16) TAMANNA TIWARI, MPH, MDS, BDS         2.00             0.         0.           SECRETARY         3.00         x         X         40,500.         0.         0.           (17) RICHARD CALL, DMD         2.00         X         35,488.         5,000.         0.							X		262,975.	0.	38,413.
(11) TIMOTHY J CATRON       40.00       X       218,821.       0.       18,725.         (12) SUNDAY A SOTOMAYOR       40.00       X       218,821.       0.       18,725.         (12) SUNDAY A SOTOMAYOR       40.00       X       206,998.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       X       X       206,998.       0.       29,160.         (13) MARY MARGARET NOONAN       3.00       X       X       57,895.       0.       0.         CHAIR       X       X       57,895.       0.       0.       0.       0.         (14) KELLY J BROUGH       2.00       X       46,748.       0.       0.       0.         DIRECTOR       5.00       X       X       37,877.       7,500.       0.         (15) ANN BLOCK       2.00       X       X       40,500.       0.       0.         DIRECTOR       5.00       X       X       40,500.       0.       0.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       X       X       40,500.       0.       0.         (17) RICHARD CALL, DMD       2.00       X       X       40,500.       0.       0.         DIRECTOR	(10) BROOKE S BODART	40.00									
DIRECTOR OF GROUP ADMINISTRATION, ED         X         218,821.         0.         18,725.           (12) SUNDAY A SOTOMAYOR         40.00         X         206,998.         0.         29,160.           DIRECTOR OF HUMAN RESOURCES         X         X         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         X         X         206,998.         0.         29,160.           (14) KELLY J BROUGH         2.00         X         X         57,895.         0.         0.           DIRECTOR         5.00         X         X         46,748.         0.         0.           (15) ANN BLOCK         2.00         X         X         37,877.         7,500.         0.           DIRECTOR         5.00         X         X         40,500.         0.         0.           (16) TAMANNA TIWARI, MPH, MDS, BDS         2.00         X         X         40,500.         0.         0.           SECRETARY         3.00         X         X         40,500.         0.         0.           (17) RICHARD CALL, DMD         2.00         X         X         50,000.         0.         0.           DIRECTOR         4.00         X         50							X		245,763.	0.	28,535.
(12) SUNDAY A SOTOMAYOR       40.00       x       206,998.       0.       29,160.         DIRECTOR OF HUMAN RESOURCES       3.00       x       206,998.       0.       29,160.         (13) MARY MARGARET NOONAN       3.00       x       x       57,895.       0.       0.         CHAIR       x       x       x       57,895.       0.       0.         (14) KELLY J BROUGH       2.00       46,748.       0.       0.         DIRECTOR       5.00       x       46,748.       0.       0.         (15) ANN BLOCK       2.00       37,877.       7,500.       0.         DIRECTOR       5.00       x       40,500.       0.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       40,500.       0.       0.         SECRETARY       3.00       x       x       40,500.       0.       0.         (17) RICHARD CALL, DMD       2.00       40.0       35,488.       5,000.       0.       0.	(11) TIMOTHY J CATRON	40.00									
DIRECTOR OF HUMAN RESOURCES         x         206,998.         0.         29,160.           (13) MARY MARGARET NOONAN         3.00         x         x         57,895.         0.         0.           CHAIR         x         x         x         x         57,895.         0.         0.           (14) KELLY J BROUGH         2.00         x         x         x         57,895.         0.         0.           DIRECTOR         5.00         x         x         x         x         57,895.         0.         0.           DIRECTOR         5.00         x         x         x         46,748.         0.         0.           (15) ANN BLOCK         2.00         x         x         37,877.         7,500.         0.           DIRECTOR         5.00         x         x         x         40,500.         0.         0.           (16) TAMANNA TIWARI, MPH, MDS, BDS         2.00         x         x         40,500.         0.         0.           (17) RICHARD CALL, DMD         2.00         x         x         40,500.         0.         0.           DIRECTOR         4.00         x         x         x         5,000.         0. <td>DIRECTOR OF GROUP ADMINISTRATION, ED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>218,821.</td> <td>0.</td> <td>18,725.</td>	DIRECTOR OF GROUP ADMINISTRATION, ED						X		218,821.	0.	18,725.
(13) MARY MARGARET NOONAN       3.00       X       X       X       57,895.       0.       0.         CHAIR       X       X       X       57,895.       0.       0.       0.         (14) KELLY J BROUGH       2.00       X       46,748.       0.       0.         DIRECTOR       5.00       X       46,748.       0.       0.         (15) ANN BLOCK       2.00       X       37,877.       7,500.       0.         DIRECTOR       5.00       X       40,500.       0.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       X       40,500.       0.       0.         SECRETARY       3.00       X       X       40,500.       0.       0.         0IRECTOR       2.00       X       X       40,500.       0.       0.         SECRETARY       3.00       X       X       40,500.       0.       0.         0IRECTOR       4.00       X       X       40,500.       0.       0.	(12) SUNDAY A SOTOMAYOR	40.00									
CHAIR       X       X       X       X       X       57,895.       0.       0.         (14) KELLY J BROUGH       2.00       2.00       46,748.       0.       0.         DIRECTOR       5.00       X       46,748.       0.       0.         (15) ANN BLOCK       2.00       37,877.       7,500.       0.         DIRECTOR       5.00       X       37,877.       7,500.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       40,500.       0.       0.         SECRETARY       3.00       X       X       40,500.       0.       0.         (17) RICHARD CALL, DMD       2.00       40       35,488.       5,000.       0.	DIRECTOR OF HUMAN RESOURCES						X		206,998.	0.	29,160.
(14) KELLY J BROUGH       2.00       46,748.       0.       0.         DIRECTOR       5.00       x       46,748.       0.       0.         (15) ANN BLOCK       2.00       37,877.       7,500.       0.         DIRECTOR       5.00       x       37,877.       7,500.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       40,500.       0.       0.         SECRETARY       3.00       x       x       40,500.       0.       0.         (17) RICHARD CALL, DMD       2.00       1       1       1       1       1       1       1         DIRECTOR       4.00       x       35,488.       5,000.       0.       0.	(13) MARY MARGARET NOONAN	3.00									
DIRECTOR         5.00         X         46,748.         0.         0.           (15) ANN BLOCK         2.00         2.00         37,877.         7,500.         0.           DIRECTOR         5.00         X         37,877.         7,500.         0.           (16) TAMANNA TIWARI, MPH, MDS, BDS         2.00         40,500.         0.         0.           SECRETARY         3.00         X         X         40,500.         0.         0.           (17) RICHARD CALL, DMD         2.00         35,488.         5,000.         0.	CHAIR		Х		X				57,895.	0.	0.
(15) ANN BLOCK     2.00     37,877.       DIRECTOR     5.00     X     37,877.       (16) TAMANNA TIWARI, MPH, MDS, BDS     2.00     40,500.     0.       SECRETARY     3.00     X     X     40,500.     0.       (17) RICHARD CALL, DMD     2.00     35,488.     5,000.     0.											
DIRECTOR       5.00       X       37,877.       7,500.       0.         (16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       40,500.       0.       0.         SECRETARY       3.00       X       X       40,500.       0.       0.         (17) RICHARD CALL, DMD       2.00       4.00       X       35,488.       5,000.       0.	DIRECTOR	5.00	Х						46,748.	0.	0.
(16) TAMANNA TIWARI, MPH, MDS, BDS       2.00       x       x       40,500.       0.       0.         SECRETARY       3.00       x       x       40,500.       0.       0.       0.         (17) RICHARD CALL, DMD       2.00       x       x       35,488.       5,000.       0.         DIRECTOR       4.00       x       x       35,488.       5,000.       0.	(15) ANN BLOCK	2.00									
SECRETARY         3.00         X         X         40,500.         0.         0.           (17) RICHARD CALL, DMD         2.00               0.         0.         0.         0.         0.          0. </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>37,877.</td> <td>7,500.</td> <td>0.</td>	DIRECTOR		Х						37,877.	7,500.	0.
(17) RICHARD CALL, DMD     2.00     35,488.     5,000.     0.											
DIRECTOR 4.00 X 35,488. 5,000. 0.			Х		Х				40,500.	0.	0.
	·										
	DIRECTOR	4.00	Х						35,488.	5,000.	

132007 12-09-21

Form 990 (2021)

#### 10001013 147228 115798-2

2021.04030 DELTA DENTAL OF COLORADO 115798-1

Form 990 (2021) DELTA DENTAL									83-44	1661	3	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)												(F)	
Name and title	Average	(do			itior more	۱ than c	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensatio	on	an	nount	of
	week		cer ar I	id a d	Irecto	or/trus <sup>:</sup>	tee)	from	from related			other	
	(list any	rector						the	organization	I		pensa	
	hours for related	or di	ee e			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trustee		e	bens		(W-2/1099-MISC/	1099-NEC)		•	anizat 1 relat	
	below	ual tr	tional		ploye	vee vee	_	1099-NEC)				nizati	
	line)	In dividual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orge	i nzaci	0110
(18) ANDREA JEAN YOUNG	2.00		=		$\leq$	Ξæ	ш						
DIRECTOR	2.00	x						39,685.		٥.			٥.
(19) KIM KRETSCH, DDS	2.00							55,005.		<u>.</u>			<u> </u>
DIRECTOR	3.00	x						30 300		٥.			Ο.
		^						39,300.		<u> </u>			<u> </u>
(20) NED CALONGE, MD	2.00							26 750					•
DIRECTOR		Х						36,750.		0.			0.
(21) JAMES COUSIN II	2.00												_
DIRECTOR		Х						35,850.		٥.			0.
(22) LEO TOKAR	2.00												
VICE-CHAIR	4.00	Х		X				28,051.	3,	250.		1,	750.
(23) ANN SOMERS, DDS	2.00												
DIRECTOR		Х						31,500.		٥.			0.
(24) HASSAN SALEM	2.00												
DIRECTOR		Х						29,250.		٥.			0.
		]											
1b Subtotal								4,770,267.	684,	942.		479,	851.
c Total from continuation sheets to Part VI	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								4,770,267.	684,	942.		479,	851.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													56
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ıch ı	bers	on .		-			5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	hat received more than \$	100.000 of com	oensat	ion fro	m	
the organization. Report compensation for t	-	-											
(A)	,							(B)			(C	;)	
Name and business	address							Description of s	ervices	С	omper		n
CORVESTA, INC													
4818 STARKEY RD SW, ROANOKE, VA 24018	3							IT SUPPORT & CLAIM	S PROCESSING		6	183	449.
WYSSTA SERVICES INC									,	,	-		
P.O BOX 86, STEVENS POINT, WI 54481 3RD PARTY INSURANCE PROCESSING							3	235	619.				
REVGEN PARTNERS INC, 6300 S SYRACUSE WAY								- /	,				
STE 760, CENTENNIAL, CO 80111 BUSINESS MANAGEMENT CONSULTANT							2	537	564.				
							<u></u> ,	<u> </u>	501.				
ENCARA INC. 4818 STARKEY ROAD, ROANOKE, VA 24018 SALES AND MARKETING SERVICES							1	621	187				
4818 STARKEY ROAD, ROANOKE, VA 24018							-	DADES AND MARKETIN	G DEKATCED		±,	, ۲۷۰	187.
FISERV P.O. BOX 979, BROOKFIELD, WI 53008 PRINTING AND MAILING SERVICES								1	120	000.			
2 Total number of independent contractors (in	ncludina but no	ot lin	nited	d to	thos	se lis	_				-,	,	
\$100,000 of compensation from the organization > 27													

132008 12-09-21

Form **990** (2021)

			00111			or note to any line	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ţ	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Am	с	Fundraising events		1c						
and Other Similar Amounts	d	Related organizations		1d						
imi		Government grants (conti								
er S	f	All other contributions, gifts,								
Ê		similar amounts not included								
pd (	-	Noncash contributions included in								
a	h	Total. Add lines 1a-1f								
	0	SELF FUNDED PLAN PF	FMT			Business Code 524114	261,621,736.	261,621,736.		
	2 a					524114	199,571,859.	, ,		
ue	b	ADMIN - SELF FUND F	T.AN		_	524298	17,068,427.			
ven	с d					524298	1,555,660.	1,555,660.		
Revenue	-					524250	1,000,000.	1,000,000		
	e f	All other program service	rovo	nue	_					
		Total. Add lines 2a-2f					479,817,682.			
	3	Investment income (inclue					, ,			
		other similar amounts)	-				1,236,741.			1,236,7
	4	Income from investment								
	5	Royalties		-		Г				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	)			►				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	1,071,9	08.					
	b	Less: cost or other basis								
2		and sales expenses			0.	551.				
		Gain or (loss)				-551.				
		Net gain or (loss)			·····	▶	1,071,357.			1,071,3
	8 a	Gross income from fundraisi including \$	0	of						
		contributions reported on		-						
	_	Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from		-	ts [	▶				
	9 a	Gross income from gamir	-		0-					
	h	Part IV, line 19			9a 9b					
		Net income or (loss) from								
		Gross sales of inventory,								
	10 0	and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
						Business Code				
	11 a	VISION PREMIUMS				524298	7,293.			7,2
Revenue	b				_					
eve	с									
ğ		All other revenue								
		Total. Add lines 11a-11d					7,293.			
	12	Total revenue. See instructi					482,133,073.	479,817,682.	0.	2,315,3

Form 990 (2021)

10001013 147228 115798-2

9

Page 9

83-4416613

83-4416613 Page 10

# 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).

Do not include amounts reported 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to c and domestic governments. See	•	6,854,162.	6,854,162.		
<ul> <li>Grants and other assistance individuals. See Part IV, line</li> </ul>	to domestic	, , -			
Grants and other assistance organizations, foreign govern individuals. See Part IV, lines	to foreign nments, and foreign				
4 Benefits paid to or for memb		411,440,299.	411,440,299.		
5 Compensation of current off trustees, and key employees	icers, directors,	3,966,961.	3,887,622.	79,339.	
6 Compensation not included abore persons (as defined under section persons described in section 49	ve to disqualified on 4958(f)(1)) and				
7 Other salaries and wages		14,941,081.	14,642,259.	298,822.	
8 Pension plan accruals and contr section 401(k) and 403(b) empl	ibutions (include	1,136,272.	1,113,547.	22,725.	
9 Other employee benefits		2,683,235.	2,629,570.	53,665.	
0 Payroll taxes		1,203,288.	1,179,222.	24,066.	
<ol> <li>Fees for services (nonemplo a Management</li> </ol>	yees):	3,301,141.	2,640,913.	660,228.	
b Legal		466,290.	373,032.	93,258.	
c Accounting		127,585.	102,068.	25,517.	
<ul> <li>d Lobbying</li> <li>e Professional fundraising service</li> </ul>					
f Investment management fee		148,002.		148,002.	
g Other. (If line 11g amount exce					
column (A), amount, list line 11		980,544.	686,381.	294,163.	
2 Advertising and promotion		2,223,842.	2,223,842.		
3 Office expenses		884,614.	619,230.	265,384.	
4 Information technology		4,766,236.	3,812,989.	953,247.	
5 Royalties					
6 Occupancy		1,615,815.	1,292,652.	323,163.	
<b>7</b> Travel		28,751.	5,750.	23,001.	
8 Payments of travel or enterta for any federal, state, or loca	ainment expenses				
9 Conferences, conventions, a	· ··· ⊢				
1 Payments to affiliates					
2 Depreciation, depletion, and		1,639,085.	901,497.	737,588.	
• I	[	276,728.	221,382.	55,346.	
4 Other expenses. Itemize expense above. (List miscellaneous expe line 24e amount exceeds 10% o amount, list line 24e expenses o	es not covered nses on line 24e. If f line 25, column (A),				
a COMMISSIONS		9,594,227.	9,594,227.		
b OUTSOURCING/CONSULTIN		4,149,114.	3,319,291.	829,823.	
c FEES, LICENSES, & DUE	ls	3,738,657.	3,738,657.		
d POSTAGE AND MAILING	_	2,199,961.	1,759,969.	439,992.	
e All other expenses		1,615,638.	1,318,193.	297,445.	
5 Total functional expenses. Add	-	479,981,528.	474,356,754.	5,624,774.	
6 Joint costs. Complete this line of reported in column (B) joint cos	ts from a combined				
educational campaign and fundr	aising solicitation.				
Check here 🕨 📗 if following So	OP 98-2 (ASC 958-720)				Form <b>990</b> (20

10

		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,298,090.	1	7,491,912
	2	Savings and temporary cash investments			293,448.	2	3,811,336
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,291,083.	4	29,219,302
	5	Loans and other receivables from any current	or former o	officer, director,			
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	lese persor	ns		5	
	6	Loans and other receivables from other disqua	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	on 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	<b>_</b>			1,890,268.	9	1,939,139
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	17,705,066.			
	b	Less: accumulated depreciation	10b	3,644,218.	12,785,702.	10c	14,060,848
	11	Investments - publicly traded securities			9,423,989.	11	10,819,962
	12	Investments - other securities. See Part IV, line	e 11		54,628,356.	12	51,080,080
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	624,691.	15	1,129,776		
	16	Total assets. Add lines 1 through 15 (must ed			109,235,627.	16	119,552,355
	17	Accounts payable and accrued expenses			7,316,592.	17	19,461,346
	18	Grants payable			5,000,000.	18	6,000,000
	19	Deferred revenue			6,233,230.	19	1,826,194
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ø	22	Loans and other payables to any current or fo	rmer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
abil		controlled entity or family member of any of th	ese persor	ns		22	
ן ב	23	Secured mortgages and notes payable to unre	elated third	parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third pa	irties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	es 17-24). (	Complete Part X			
		of Schedule D			29,000,991.	25	29,276,340
	26	Total liabilities. Add lines 17 through 25			47,550,813.	26	56,563,880
		Organizations that follow FASB ASC 958, cl	heck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions	61,684,814.	27	62,988,475		
Ba	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
let	32	Total net assets or fund balances			61,684,814.	32	62,988,475
-	33	Total liabilities and net assets/fund balances			109,235,627.	33	119,552,355

Form **990** (2021)

132011 12-09-21

Form	990 (2021) DELTA DENTAL OF COLORADO	83-441661	3	Pa	<sub>ae</sub> 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	482,	133,	073.
2	Total expenses (must equal Part IX, column (A), line 25)	2	479,	981,	528.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	151,	545.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,	684,	814.
5	Net unrealized gains (losses) on investments	5	-	847,	884.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	62,	988,	475.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		r		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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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?	l l	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

SCHEDULE I	D
------------	---

Department of the Treasury

Name of the organization

Internal Revenue Service

Part I

1

2

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.



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

Prosonyation of open space

e of the organization		Employer identification number							
DELTA DENTAL OF COLORADO		83-4416613							
I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
organization answered "Yes" on Form 990, Part IV, line 6.									
	(a) Donor advised funds	(b) Funds and other accounts							
Total number at end of year									
Aggregate value of contributions to (during year)									
Aggregate value of grants from (during year)									

3	Aggregate value of grants from (during year)
4	Aggregate value at end of year
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
	are the organization's property, subject to the organization's exclusive legal control?
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring
	impermissible private benefit?
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (for example, recreation or education)
	Protection of natural habitat

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

b	lotal acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization	during the tax	
	year 🕨			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on ease	ements during the ye	ear
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	semen	its during the year	
	▶\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	)(i)		

<b>D</b>	ut III - Ourseningtions Maintaining Callestings of Aut Historical Transmuss on Other Oinsilay Assats		-
	organization's accounting for conservation easements.		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		
	and section 170(h)(4)(B)(ii)?	s	L

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
expension elected as permitted under FACE ACC OFS, not to report in its revenue statement and belonce short works

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

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

	(I) Revenue included on Form 990, Part VIII, line 1		⇒_	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovid	le	
	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	Assets included in Form 990, Part X		\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051 10-28-21	

13				
2021.04030	DELTA	DENTAL	OF	COLORADO

No

Sche		AL OF COLORADO						83-441		<u> </u>	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignifica	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 I	Loan or exc	change progra	am					
b	Scholarly research	е			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ev further tl	ne organizatio	on's exe	mot pu	rpose 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	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			or gainzaire				ooo, : a ,			
<b>1</b> a	Is the organization an agent, trustee, custod		liary for c	ontribution	s or other as	sets not	include	h			
iu	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XII							∟		L	
D.			nowing a	1010.					Amoun	t	
~	Beginning balance							c			
c b	Additions during the year							d			
e	Distributions during the year							e			
f								lf			
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						iity: .	····· ∟			
Par							10				
		(a) Current year		rior year	(c) Two yea			ee years back	(e) Fou	r vears	hack
10	Paginning of year balance	(u) ourient you	(3)1	nor year	(0) 1 100 you		(a) !!!!		(0) 1 00	youro	buok
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
t	Administrative expenses										
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the curr		e (line 1g	, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
-	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	red for th	ne orga	nization		N	
	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		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990						
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		Accumu epreciat		( <b>d)</b> Boo	k value	е
1a	Land										
	Buildings										
	Leasehold improvements			5	,216,774.			6,168.	5	,210,	606.
	Equipment			11	,137,648.		3,44	16,628.	7	,691,	020.
	Other			1	,350,644.		19	91,422.	1	,159,	222.
	Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1	0c.)			►	14	,060,	848.
									D (F		

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BONDS	50,076,984.	END-OF-YEAR MARKET VALUE
(B) OTHER INVESTED ASSETS	1,003,096.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.) ►	51,080,080.	

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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

132053 10-28-21

Schedule D (Form 99			83-4416613	Page <b>4</b>
	nciliation of Revenue per Audited Financial State		e per Return.	
	ete if the organization answered "Yes" on Form 990, Part IV, line			
			1	
	ded on line 1 but not on Form 990, Part VIII, line 12:			
	gains (losses) on investments			
	ces and use of facilities			
	prior year grants			
d Other (Describe			20	
e Add lines 2a th	•			
	te from line 1			
		4a		
•	penses not included on Form 990, Part VIII, line 7b e in Part XIII.)			
c Add lines 4a a			4c	
	Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			
Part XII Recor	nciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return.	
	ete if the organization answered "Yes" on Form 990, Part IV, line	-		
1 Total expenses	s and losses per audited financial statements		1	
2 Amounts inclue	ded on line 1 but not on Form 990, Part IX, line 25:			
a Donated servic	ces and use of facilities	2a		
<b>b</b> Prior year adju	stments	2b		
c Other losses		2c		
d Other (Describe	e in Part XIII.)	2d		
e Add lines 2a th	nrough <b>2d</b>		2e	
3 Subtract line 2	e from line 1			
	ded on Form 990, Part IX, line 25, but not on line 1:			
a Investment exp	penses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe	e in Part XIII.)	4b		
c Add lines 4a a	nd <b>4b</b>		4c	
	s. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18	.)		
Part XIII Suppl	emental Information.			
	ions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		art V, line 4; Part X, line 2; Pa	rt XI,
lines 2d and 4b; and	Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information.		
PART X, LINE 2:				
ACCOUNTING PRING	CIPLES GENERALLY ACCEPTED IN THE UNITED STATES	OF AMERICA		
DEGUTDE MANACEM	ENM NO EVALUATE MAY DOCTATIONS MAKEN BY MUE CON			
REQUIRE MANAGEM	ENT TO EVALUATE TAX POSITIONS TAKEN BY THE COMI	ANI AND		
RECOGNIZE A TAX	LIABILITY IF THE COMPANY HAS TAKEN AN UNCERTA	IN POSITION		
THAT MORE LIKEL	Y THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINA	FION BY THE		
IRS OR OTHER AP	PLICABLE TAXING AUTHORITIES. MANAGEMENT HAS AND	ALYZED THE		
TAX POSITIONS TA	AKEN BY THE COMPANY AND HAS CONCLUDED THAT, AS	OF DECEMBER		
	ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED ?			
<u>, 2021, 1110KE</u>	THE ROOKCERING TODITIONS TREEW ON EXPECTED .			

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.

132054 10-28-21

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SCHEDULE I (Form 990)		arants and Oth vernments, ar					OMB No. 1545-0047
		ete if the organizatio					<b>202 I</b>
Department of the Treasury			Attach to Formation	m 990.			Open to Public
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization DELTA DENTAL O	OF COLORADO						Employer identification number 83-4416613
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?						on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	<b>c Governments.</b> C	Complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) 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
A PRECIOUS CHILD INC 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501C3	10,000.	0.			FUNDING TO SUPPORT LOCAL CHILDREN'S ORGANIZATION
AMERICAN CANCER SOCIETY 10065 E HARVARD AVE, STE 400 DENVER, CO 80231	13-1788491	501C3	12,500.	0.			FUNDING TO SUPPORT LOCAL HEALTH ORGANIZATION
AMERICAN RED CROSS 444 SHERMAN ST DENVER, CO 80203	53-0196605	501C3	15,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
ASSOCIATION OF FUNDRAISING PROFESSIONALS CO CHAPTER - PO BOX 24745 - DENVER, CO 80221	74-2256322	501C3	7,500.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
B:CIVIC 789 SHERMAN STREET, SUITE 260 DENVER, CO 80203	46-5262657	501C3	9,000.	0.			FUNDING TO SUPPORT LOCAL CHARITABLE ORGANIZATION
CHARITY GLOBAL INC 40 WORTH STREET, SUITE 330 NEW YORK, NY 10013	22-3936753		6,000.	0.			FUNDING TO SUPPORT GLOBAL CHARITABLE ORGANIZATION
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>		,					

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) 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
CLINICA TEPEYAC							
725 HIGH STREET							FUNDING TO SUPPORT LOCAL
DENVER, CO 80216	84-1285505	501C3	7,250.	0.			HEALTH ORGANIZATION
COLORADO MISSION OF MERCY							FUNDING TO SUPPORT LOCAI
7615 WINDING OAKS DRIVE							DENTAL HEALTH
COLORADO SPRINGS, CO 80919	27-1586585	501C3	32,000.	0.			ORGANIZATION
COMMUNITY COLLEGE OF DENVER							
FOUNDATION - PO BOX 173363 CAMPUS							FUNDING TO SUPPORT LOCAI
BOX 250 - DENVER, CO 80127	45-3784543	501C3	10,000.	0.			EDUCATIONAL ORGANIZATION
COMMUNITY FIRST FOUNDATION							
5855 WADSWORTH BYPASS UNIT A							FUNDING TO SUPPORT LOCAL
ARVADA, CO 80003	51-0157964	50103	100,000.	0.			CHARITABLE ORGANIZATION
DELTA DENTAL OF COLORADO							
FOUNDATION - 6465 GREENWOOD PLAZA							FUNDING TO SUPPORT DELTA
BLVD, SUITE 900 - CENTENNIAL, CO							DENTAL FOUNDATION AND
80111	84-1389431	501C3	6,000,000.	0.			FURTHER ITS MISSION
DENVER METRO CHAMBER FOUNDATION							
1445 MARKET STREET 4TH FLOOR							FUNDING TO SUPPORT LOCAL
DENVER, CO 80202	74-2489854	501C3	7,700.	0.			CHARITABLE ORGANIZATION
,							
DENVER PUBLIC SCHOOLS							
1860 LINCOLN ST, 10TH FLOOR	04 1004005	501.02	05 000	^			FUNDING TO SUPPORT LOCAL
DENVER, CO 80203	84-1224325	50103	25,000.	0.			EDUCATIONAL ORGANIZATION
DENVER SCHOLARSHIP							
789 SHERMAN ST, SUITE 610							FUNDING TO SUPPORT LOCAL
DENVER, CO 80203	20-5143175	501C3	25,000.	0.			EDUCATIONAL ORGANIZATION
DENVER URBAN GARDENS							
1031 33RD STREET, SUITE 100							FUNDING TO SUPPORT LOCAL
DENVER, CO 80205	74-2374848	501C3	10,000.	0.			CHARITABLE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) 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
DENVER ZOOLOGICAL FOUNDATION							
2300 STEELE ST							FUNDING TO SUPPORT LOCAL
DENVER, CO 80205	84-0502539	501C3	150,000.	0.			EDUCATIONAL ORGANIZATION
DUMB FRIENDS LEAGUE							
2080 S QUEBEC ST							FUNDING TO SUPPORT LOCAL
DENVER, CO 80231	84-0405254	501C3	25,000.	0.			CHARITABLE ORGANIZATION
FOOD BANK OF THE ROCKIES							
10700 E 45TH AVE							FUNDING TO SUPPORT LOCAL
DENVER, CO 80239	84-0772672	501C3	6,000.	0.			CHARITABLE ORGANIZATION
GIRL SCOUTS OF COLORADO							
3801 E FLORIDA AVE, SUITE 720							FUNDING TO SUPPORT LOCAI
DENVER, CO 80210	84-0410630	501C3	10,000.	0.			CHARITABLE ORGANIZATION
HABITAT FOR HUMANITY							
PO BOX 5202							FUNDING TO SUPPORT LOCAL
DENVER, CO 80217	74-2050021	501C3	25,000.	0.			CHARITABLE ORGANIZATION
INSURANCE MANAGEMENT ASSOCIATES							
FOUNDATION - 1705 17TH STREET,							FUNDING TO SUPPORT LOCAL
SUITE 100 - DENVER, CO 80202	23-7432160	501C3	5,500.	0.			CHARITABLE ORGANIZATION
METRO CARING							
1100 E 18TH AVE							FUNDING TO SUPPORT LOCAI
DENVER, CO 80218	84-6116951	501C3	29,750.	0.			CHARITABLE ORGANIZATION
			· · · ·			l .	
MILE HIGH UNITED WAY							
P.O BOX 5547							FUNDING TO SUPPORT LOCAL
DENVER, CO 80217	84-0404235	501C3	50,400.	0.			CHARITABLE ORGANIZATION
NATIONAL FOUNDATION OF DENTISTRY							FUNDING TO SUPPORT LOCAI
FOR THE HANDICAPPED - 1800 15TH STREET, SUITE 100 - DENVER, CO							DENTAL HEALTH
80202	84-6129064	504 00	20,000.	0.			ORGANIZATION

(a) Name and address of organization or government	(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
PROJECT WORTHMORE							
1666 ELMIRA STREET							FUNDING TO SUPPORT LOCAL
AURORA, CO 80010	45-0933835	501C3	10,000.	0.			CHARITABLE ORGANIZATION
SPECIAL OLYMPICS OF COLORADO							
L2450 E ARAPAHOE RD, SUITE C							FUNDING TO SUPPORT LOCAL
CENTENNIAL, CO 80112	84-0713739	501C3	25,000.	0.			CHARITABLE ORGANIZATION
UNIVERSITY OF CO FOUNDATION							
P.O BOX 173364							FUNDING TO SUPPORT LOCAL
DENVER, CO 80217	84-6049811	501C3	10,000.	0.			CHARITABLE ORGANIZATION
VOLUNTEERS FOR OUTDOOR							
600 S MARION PARKWAY							FUNDING TO SUPPORT LOCA
DENVER, CO 80209	74-2357211	501C3	25,000.	0.			CHARITABLE ORGANIZATION
VOLUNTEERS OF AMERICA							
2660 LARIMER STREET							FUNDING TO SUPPORT LOCA
DENVER, CO 80205	84-1590666	501C3	30,000.	0.			CHARITABLE ORGANIZATION

#### Schedule I (Form 990) 2021

# Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

22

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

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.

Page 2

(Form 990)         For creatin Officers, Directors, Trustees, Key Employees, and Highest         Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Lattact to Form 990.         Lo to wow in gov/Form990 for instructions and the latest information.         Low more in the organization         Low more integration         Low more integratintegration         Low more integration	SC	HEDULE J	Compens	sation Information	1	OMB No. 1	1545-004	47
begin the lowest begin the integration answered "Yes" on Form 990, Part N, line 23.     Open to Public Inspection     Section 2, Section 2	(Fo	rm 990)	-			20	91	
Description of the Treasure international factor is the second of the organization provided any of the following to or for a person listed on Form 990, Part III Questions Regarding Compensation         Description         Description           Image different regarding the organization provided any of the following to or for a person listed on Form 990, Part III, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.         Image different regarding these items.						20		I
Name of the organization         Exployer identification number           DLTA BENTAL OF COLORADO         83-4415613           Part I         Questions Regarding Compensation         83-4415613           Image: Coloration of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes           Image: Coloration of all of the expanses described above? If No. <sup>2</sup> complete Part III to personal residence         1           Tax indemnification and gross up payments         Heath or social club dues or initiation frees           Discretionary spending account         Personal services (such as maid, chauffeur, cleft)           b         flam of officer, including the CEO/Executive Director, regarding payment or reimbursement or provision of all of the expanization require substantiation prior to reimbursing or allowing sexpenses incurred by all directors, trustes, and officer, including the CEO/Executive Director, regarding the times checked on line 1a <sup>2</sup> ?         2           2         Indicate which, if any, of the following the organization used to establish the compensation committee         Written employment contract         2           X         Independent compensation committee         Written employment contract         4         X           A porroal by the board or compensation committee         Approval by the board or compensation committee         4         X           During the y	Depa	tment of the Treasury	A	ttach to Form 990.				ic
DELTA Depth DC COLORADO         83-4416613           Part I         Questions Regarding Compensation           Is Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items.         Yes         No           Track of companions         Payments for business use of personal residence         Busing allowance or residence for personal use Payments for business use of personal residence         Image: Complete Part III to personal residence         Image: Complete Part III to personal residence           Bit ary of the boxes on line 1a are checked, did the organization follow a writen policy regarding payment or reimbusment or provision of all of the expanization follow 24 If No <sub>2</sub> <sup>1</sup> complete Part III to explain         Image: Complete Part III to personal residence         Image: Complete Part III to personal services Such as mad, chauffeur, cher)           9         If ary of the boxes on line 1a are checked, did the organization follow 24 If No <sub>2</sub> <sup>1</sup> complete Part III to explain         Image: Complete Part III to explain         Image: Complete Part III to explain           2         Indicate which, if any, of the following the organization used to establish the compensation or nomittee         Image: Compensation committee         Image: Compensation         Image: Compensation				90 for instructions and the latest information.	Energia de la composición			
Part 1       Questions Regarding Compensation       Image: Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Compensation Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Compensation Part VII, Section A, line 1a. Complete Part III to provide any relevant information participation of the oxpanse of personal use personal residence of personal residence of personal use personal residence in the oxpanse of personal use personal residence personal residence of the oxpanse of the oxpanse of personal residence of personal use personal residence on the action factor personal exercises (section as pending account)       Image: Compensation of the oxpanse of the oxpanse of personal use personal residence of personal use personal residence on the action factor personal personal residence on the action factor personal personal residence on the personal action require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Compensation or the CEO/Executive Director, personal methods used by a related organization to estabilish normation compensation or analtation prior to check any boxes for methods used by a related organization to estabilish organizations       Image: Compensation or Compensation committee       Image: Compensation or the CEO/Executive Director, but explain in Part III.       Image: Compensation or analtation person isted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or arelated organization:       Image: Compensation organization:       Image: Compensation committee <td< th=""><th>Narr</th><th>le of the organization</th><th></th><th></th><th></th><th></th><th>on nui</th><th>nber</th></td<>	Narr	le of the organization					on nui	nber
1a       Check the appropriate box(es) if the organization provided any of the tollowing to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items.       Privet Cass or charter travel       Housing allowance or residence for personal residence         Tax Indemnification and gross-up payments       Health or social club dues or initiation fees       Personal services (such as maid, charifeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reindoursenes described above? If 'No,' complete Part III to provide any relevant information requires substantiation prior to reimbursing or allowing expanses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       10         2       Indicate which, if any, of the following the organization used to establish the compensation or the organization to establish compensation committee       Written employment contract       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       5       5         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a,	Pa	rt I Question			03-44	10013		
1a       Check the appropriate box(se) if the organization provide any relevant information regarding these terms.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Prest-class or charter travel         Prist-class or charter travel       Housing allowance or residence for personal use         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expense described above? If "No," complete Part III to explain       1b         c       Did the organization requires ubstantiation prior to reimbursing or allowing exponses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation and the CEO/Executive Director, the explain in Part III.       X         Compensation committee       Written employment contract       X       Approval by the board or compensation to establish to ecompensation any or study         E houring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, w	14	att Question	s negariting compensation				Vac	No
Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the companion of the companication require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a?       10         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a?       10         3 Indicate which, if any, of the following the organization used to establish the compensation of the companization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       10       10         1 Diaring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations or a related organizations       10       10         2 Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4 Daring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations or a related organizations       10       X         2 Participate in or receive payment from a supplemental nonqualified retirement plan?       4a	10	Check the appropri	ate box(es) if the organization provided any	of the following to or for a person listed on Form	000		res	NO
Image: Prist-class or charter travel       Image: Ima	Id				990,			
Trave for companions       Payments for business use of personal residence         Image: Tax indemnification and gross-up payments       Heath or social club dues or initiation fees         Image: Tax indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemnification and gross-up payments       Personal services (such as maid, chauffeur, chef)         Image: Tax indemnification require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Trustees, and officers, including the CEO/Executive Director, tut explain In Part III.         Image: Tax indemnification or a related organization to establish compensation comsultant       Image: Trustee Tax indemnification to the organization to establish compensation comsultant       Image: Tax indemnification to the companization to establish the compensation or the organization to establish compensation consultant       Image: Tax indemnification to a related organization to establish dompensation consultant       Image: Tax indemnification to a related organization to establish the compensation and or compensation committee         Image: Tax indemnification as upplementation may that the part that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Tax indemnification to a related organization to establish dompensation and compensation committee         Image: Tax indemnification as upplementation may that the part that the organization and theade or anitated organization and the trustee manter tha					naluse			
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, boxes for methods used by a related organization to establish compensation committee       2         3 Indicate which, if any of the following the organization used to establish the compensation of the CEO/Executive Director, but septian in Part III.       2         3 Indicate which, if any of the reganization       Written employment contract       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       3       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization reactive payment from anequity-based compensation arrangement?								
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation comsultant       X         X Compensation committee       Written employment contract       X         X Independent compensation consultant       X Compensation survey or study       Independent compensation:         a Receive a servance payment for an acquity-based compensation arrangement?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X         b Any related organization?       5a       X       5b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4a       X      <								
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       3         a Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person sind provide the applicable amounts for each item in Part III.       4b       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, old any persons and provide the applicable amounts for each item in Part III.       5b       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did			• • • •					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the corganization's CEO/Executive Director, but explain in Part III.       2       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       2         4       During the pendent compensation committee       Written employment contract       3       3         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in or receive payment from an equilty-based compensation arrangement?       4c       X         4       T''es' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the or		,			, ,			
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to estabilish 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 estabilish compensation committee       2         4       Independent compensation consultant       Image: Compensation consultant       Image: Compensation consultant       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Compensation or change: Control payment?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Compensation or committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       Image: Compensation arrangement?         4       During the year, did any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation organization?         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Compensation Payment or change: Commone contingent on the retearnings of:	b	If any of the boxes	on line 1a are checked, did the organizatior	n follow a written policy regarding payment or				
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Independent compensation committee       Written employment contract       X         Independent compensation consultant       X       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         d       During the search solution by the solution by the solution pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         6       The organization?       5a       X       5b       X         7       Yes" on line 6a or 6b, describe in Part III.       5a		reimbursement or p	rovision of all of the expenses described at	pove? If "No," complete Part III to explain		. 1b		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee       Witten employment contract         X       Independent compensation consultant       X Compensation survey or study         Form 990 of other organization:       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Beceive a severance payment from a supplemental nonqualified retirement plan?       4a       X         C Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         f' Yes" on line 6a or 5b, describe in Part III.       6b       X       5b <td>2</td> <td>Did the organization</td> <td>n require substantiation prior to reimbursing</td> <td>or allowing expenses incurred by all directors,</td> <td></td> <td></td> <td></td> <td></td>	2	Did the organization	n require substantiation prior to reimbursing	or allowing expenses incurred by all directors,				
GEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation organization organization organization committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or companizations       Image: Compensation committee       Image: Compensation committee         Image: Compensation or companization or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation:       Image: Compensation committee       Image: Compensation committee       Image: Committee       Image: Committee		trustees, and office	rs, including the CEO/Executive Director, re	egarding the items checked on line 1a?		. 2		
GEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation organization organization organization committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or and the compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation:       Image: Compensation committee       Image: Compensation committee       Image: Committee         Image: Compens								
establish compensation of the CEO/Executive Director, but explain in Part III.       X         Compensation committee       Written employment contract         X       Independent compensation consultant       X         Compensation or granizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b       Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         b       Any related organization?       6a       X       5b       X         c	3	Indicate which, if a	ny, of the following the organization used to	establish the compensation of the organization's				
X       Compensation committee       Written employment contract         X       Independent compensation consultant       X         Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change of control payment?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         b       Any related organization?       6a       X       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       5b       X         contingent on the net earnings of:       a       The organization?       6a       X       5b		CEO/Executive Dire	ctor. Check all that apply. Do not check an	y boxes for methods used by a related organization	on to			
X       Independent compensation consultant       X       Compensation survey or study         Approval by the board or compensation committee       4         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       7       X       6b       X       7       X         for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X       7       X         b Any rel		·		plain in Part III.				
Image: Porm 990 of other organizations       Image: Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4b       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         6 Ary related organization?       6a       X       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       5b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X       5b       X       5b       X		Compensatior	committee					
<ul> <li>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>a Receive a severance payment or change of-control payment?</li> <li>b Participate in or receive payment from an equity-based compensation arrangement?</li> <li>c Participate in or receive payment from an equity-based compensation arrangement?</li> <li>if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>c A</li> <li>c B</li> <li>x</li> <li>d B</li> <li>x</li> </ul>								
organization or a related organization:       Image: constraint of the second or the sec		Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
organization or a related organization:       4a       x         a Receive a severance payment or change-of-control payment?       4a       x         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       x         c Participate in or receive payment from an equity-based compensation arrangement?       4c       x         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       x         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X       5b       X         b Any related organization?       5b       X       5b       X         c The organization?       6a       X       5b       X         b Any related organization?       5b       X       5b       X         b Any related organization?       6a       X       5b       X         b Any related organization?       6a       X       5b       X       5b       X         c The organization?       6a       X       5b       X       5b       X       5b <td>л</td> <td>During the year did</td> <td>any person listed on Form 990 Part VII S</td> <td>action A line 12 with respect to the filing</td> <td></td> <td></td> <td></td> <td></td>	л	During the year did	any person listed on Form 990 Part VII S	action A line 12 with respect to the filing				
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         c The organization?       6a       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6b       X         c The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organ	-			ection A, line Ta, with respect to the himg				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         f< "Yes" on line 6a or 6b, describe in Part III.	а	-	-			4a		x
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Comparization Sol(c)(3), Sol(c)(4), and Sol(c)(29) organizations must complete lines 5-9.       Image: Comparization Sol (c)(3), Sol(c)(4), and Sol(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Comparization?       Image:								x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control (Control (Co								X
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>								
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>								
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6b       X       10         f "Yes" on line 6a or 6b, describe in Part III.       6b       X       10         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       10		Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization	ns must complete lines 5-9.				
a The organization?       5a X         b Any related organization?       5b X         If "Yes" on line 5a or 5b, describe in Part III.       5b X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a X         a The organization?       6a X         b Any related organization?       6b X         f "Yes" on line 6a or 6b, describe in Part III.       7 X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7 X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8 X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       1	5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	d the organization pay or accrue any compensatio	n			
<ul> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>		•						
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         ff "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							Х	<u> </u>
<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b					. 5b		X
contingent on the net earnings of:       6       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       Image: Contract the contract			-					
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       Image: Contract Contrel Contract Contract Contract Contract Contract Contract Contract	6	-		d the organization pay or accrue any compensatio	n			
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       Image: Contract Con								
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							X	
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> </ul>	b					. 6b		X
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in       Image: Contract Contrect Contrect Contract Contract Contract Contract Contra	_		-	d Maria and a state of the stat				
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li></ul>	7	-				-		v
initial contract exception 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	~					. 7		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8							x
	0					8		~
	Э					. 9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021	ΙНΔ						n 990)	2021

132111 11-02-21

#### 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>(B)</b> Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) 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	(i)	396,271.	389,621.	15,314.	28,080.	11,312.	840,598.	0.
PRESIDENT AND CHIEF EXECUTIVE OFFICE	ii)	111,769.	109,893.	4,319.	7,920.	3,190.	237,091.	0.
(2) GREGORY C VOCHIS	(i)	259,590.	213,005.	14,686.	28,822.	18,938.	535,041.	0.
CHIEF FINANCIAL OFFICER AND TREASURE (i	ii)	55,064.	45,183.	3,115.	6,114.	4,017.	113,493.	0.
(3) DAVID W GERBUS (i	(i)	241,106.	221,603.	17,474.	27,978.	12,066.	520,227.	0.
CHIEF ADMINISTRATIVE OFFICER & GENER	ii)	42,548.	39,106.	3,084.	4,937.	2,129.	91,804.	0.
(4) ROBERT M THOMPSON (i	(i)	233,813.	183,127.	17,080.	26,474.	18,752.	479,246.	0.
VICE PRESIDENT SALES AND CLIENT/BROK	ii)	25,979.	20,347.	1,898.	2,942.	2,084.	53,250.	0.
(5) KATHLEEN S JACOBY (i	(i)	230,967.	187,784.	17,918.	26,028.	12,776.	475,473.	0.
VICE PRESIDENT MARKETING AND MEMBER (i	ii)	25,663.	20,865.	1,991.	2,892.	1,420.	52,831.	0.
(6) ADEEB A KHAN (i	(i)	104,679.	51,178.	8,974.	11,490.	8,631.	184,952.	0.
EXECUTIVE DIRECTOR OF FOUNDATION (i	ii)	100,574.	49,171.	8,623.	11,039.	8,293.	177,700.	0.
(7) BRAD T GUYTON (i	(i)	191,321.	97,944.	9,277.	18,000.	10,348.	326,890.	0.
	ii)	٥.	Ο.	0.	0.	0.	0.	0.
(8) DEVIN W FARRELL (i	(i)	169,152.	101,558.	3,374.	25,980.	20,616.	320,680.	0.
DIRECTOR, SALES STRATEGY AND PROVIDE (i	ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(9) BRIAN L STEELE (i	(i)	185,293.	75,044.	2,638.	20,947.	17,466.	301,388.	0.
DIRECTOR OF CLIENT SERVICES (i	ii)	Ο.	Ο.	0.	0.	Ο.	0.	0.
(10) BROOKE S BODART	(i)	158,081.	84,378.	3,304.	13,261.	15,274.	274,298.	0.
DIRECTOR OF BUSINESS PROGRAMS (i	ii)	Ο.	Ο.	0.	Ο.	0.	0.	0.
(11) TIMOTHY J CATRON (i	(i)	170,097.	41,450.	7,274.	16,211.	2,514.	237,546.	0.
DIRECTOR OF GROUP ADMINISTRATION, ED (i	ii)	٥.	Ο.	0.	0.	0.	0.	0.
(12) SUNDAY A SOTOMAYOR (i	(i)	162,458.	40,933.	3,607.	15,231.	13,929.	236,158.	0.
	ii)	٥.	Ο.	0.	0.	0.	0.	0.
(i	(i)							
	ii)							
(i	(i)							
	ii)							
(i	(i)							
	ii)							
(i	(i)							
	ii)							

#### Part III Supplemental Information

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

PART I, LINE 5:

THE COMPANY HAS AN INCENTIVE COMPENSATION PLAN AND A SALES INCENTIVE

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

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

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

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

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

EXPERIENCE FACTORS. THE LONG-TERM INCENTIVE PROGRAM HAS THREE-YEAR

TARGETS AND PAYOUTS, AND IN MARCH OF 2021 THE PLAN YEAR ENDING DECEMBER

31, 2020 WAS PAID.

PART I, LINE 6:

SEE NARRATIVE FOR LINE 5A ABOVE.

SCHEDULE I	
------------	--

## (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.

OM	3 No.	154	5-004	47
	0		0	4

	<u>1</u> U	Ζ	
Open	То	Pub	lic

	Name	of the	organization
--	------	--------	--------------

Department of the Treasury Internal Revenue Service		Go to	► Atta www.irs.gov/Fo				Form 990-EZ ions and the		st information.			Open To Public Inspection			
Name of the organizati		NTAL (	OF COLORADO									r <b>ident</b> i 16613	ificatio	on nu	mber
Part I Excess	Benefit Trar	nsacti	ons (section 5	01(c)(3	3), secti	on 501	(c)(4), and see	ctior	1 501(c)(29) orgar	nizatio	ons on	ly).			
Complete	if the organizati	on ansv	vered "Yes" on I	Form §	990, Pa	ırt IV, lir	ne 25a or 25b	, or	Form 990-EZ, Pa	ırt V, I	ine 40	b.			
1 (a) Name of disqua	alified person	(b) F	Relationship bet			ified	fied (c) Description of trans				saction			Corre	cted?
(-)			person and o	ganiza	alion			-, -						es	No
													-		
													+		
			• ·····				·		•						
3 Enter the amount						ganizati	on				▶ \$				
Part II Loans t	to and/or Fro	om Int	erested Pers	sons	•										
•	•					Part V	, line 38a or F	orm	990, Part IV, line	e 26;	or if th	e orga	nizatio	n	
reported : (a) Name of	an amount on Fo (b) Relat		í	ŕ	2. pan to or	(0)	Original	1.4	Deleves due	1		(h) Ap	proved	(:) \	ritten
interested perso					from the		pal amount	a	) Balance due		) In ault?	by boa	ard or	101 arroamont	
					From					Yes	No	Yes	No	Yes	No
				-								┨──┤	<u> </u>		
													<b> </b>		
				<b> </b>									┝───		
													├───		
				-								+			
Total							▶ \$				1		·		I
Part III Grants	or Assistanc		-												
(a) Name of inter	if the organizati						Amount of		<b>(d)</b> Type	of			) Purp	000.01	
(a) Name of Inter	ested person		interested pers the organiza	son an			assistance		assistand				assista		
											-+				
LHA For Paperwork	Reduction Act N	Notice.	see the Instruc	tions	for For	m 990	or 990-EZ.				Sche	edule L	. (Forr	n 990	2021

Schedule L	(Form 990	) 202
------------	-----------	-------

# **Business Transactions Involving Interested Persons.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No DIRECTO 259,093. CLAIMS PAID POULOS & SOMERS, PCANN SOMERS, Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: POULOS & SOMERS, PC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ANN SOMERS, DIRECTOR (D) DESCRIPTION OF TRANSACTION: CLAIMS PAID FOR DENTAL SERVICES PROVIDED FORM 990 SCHEDULE L PART IV CLAIMS PAID TO POULOS & SOMERS, P.C. ARE MADE UNDER A STANDARD PROVIDER AGREEMENT.

Schedule L (Form 990) 2021

132132 11-02-21

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 I, LINE 12

ON AUGUST 1. 2020 COLORADO DENTAL SERVICES MERGED INTO DELTA DENTAL OF

COLORADO. THIS RESULTED IN THE 2020 RETURN FOR DELTA DENTAL OF COLORADO

ONLY REPORTING A PARTIAL YEAR OF FINANCIAL ACTIVITY.

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

QUALITY AFFORDABLE DENTAL INSURANCE TO AS MANY COLORADANS AS POSSIBLE

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

ALSO SPONSORS LOCAL NONPROFIT ORGANIZATIONS AND COMMUNITY EVENTS AND

DONATED OVER 252,000 ORAL HEALTH ITEMS REACHING MORE THAN 150,000

PEOPLE THROUGHOUT COLORADO. A PORTION OF THE FUNDING SUPPORT GOES TO

DELTA DENTAL OF COLORADO FOUNDATION, WHICH RECEIVED \$6.0 MILLION IN

2021 TO ADVANCE ORAL HEALTH EQUITY THROUGH GRANT MAKING. THE COMPANY

SUPPORTS ENGAGEMENT IN THE COMMUNITY THROUGH ITS VOLUNTEER PROGRAM WITH

129 OF ITS 225 EMPLOYEES CONTRIBUTING THEIR TIME IN 2021.

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

THE ORGANIZATION HAS ONE VOTING MEMBER, WHICH IS ENSEMBLE INNOVATION

VENTURES, A COLORADO NONPROFIT CORPORATION.

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

ENSEMBLE INNOVATION VENTURES HAS THE AUTHORITY TO ELECT THE BOARD OF

DIRECTORS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021 Name of the organization DELTA DENTAL OF COLORADO	Employer identification numbe 83-4416613
	03-4410013
ORM 990, PART VI, SECTION B, LINE 11B:	
VE ENGAGE AN INDEPENDENT CPA TAX PROFESSIONAL TO PREPARE OUR FORM 990, AND	
BOARD MEMBERS GENERALLY FEEL THIS IS THE APPROPRIATE FIDUCIARY PROCESS. THE	
AUDIT, INVESTMENT AND FINANCE COMMITTEE'S ROLE THEN IS TO EVALUATE THE FIRM	
HIRED TO PREPARE THE RETURN AND TO DETERMINE IT IS APPROPRIATELY FILED. WE	
HAVE TAKEN THOSE STEPS WITH OUR AUDIT, INVESTMENT, AND FINANCE COMMITTEE.	
THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 PRIOR TO FILING WITH	
THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS, BOARD DIRECTORS ARE REQUIRED TO COMPLETE AN ELECTRONIC	
CONFLICT OF INTEREST SURVEY AND AN INDEPENDENT/DEPENDENT DIRECTOR SURVEY.	
COMPLETED SURVEYS ARE REVIEWED BY BOARD COUNSEL. ANY POTENTIAL OR PERCEIVED	
CONFLICT OR DEPENDENCY ISSUES ARE REPORTED TO AND ADDRESSED BY THE BOARD	
GOVERNANCE COMMITTEE. IF NECESSARY, THE IMPACTED DIRECTOR IS REMOVED FROM	
ANY SITUATION INVOLVING THE POTENTIAL CONFLICT. COMPLIANCE PRESENTS EACH	
QUARTER TO THE BOARD GOVERNANCE COMMITTEE, AND EACH SUCH PRESENTATION	
INCLUDES TRAINING MATERIALS ON THE BOARD'S RESPONSIBILITIES FOR COMPLIANCE	
OVERSIGHT AND MONITORING OF THE HEALTHCARE AND CORPORATE COMPLIANCE	
LANDSCAPE. GOVERNANCE CHAIR IS RESPONSIBLE FOR SHARING PERTINENT CONTENTS	
WITH THE ENTIRE BOARD AT EACH BOARD MEETING.	
DDCO CONDUCTS AN ANNUAL COMPLIANCE TRAINING, WHICH IS MANDATORY FOR ALL	
, EMPLOYEES TO ATTEND. THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT THIS	
RAINING. 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	Schedule O (Form 990) 202

29 2021.04030 DELTA DENTAL OF COLORADO 115798-1

Name of the organization DELTA DENTAL OF COLORADO	Employer identification numbe 83-4416613
RESOURCES OFFICE. ANY REPORTED POTENTIAL OR PERCEIVED CONFLICTS OF	
INTEREST ARE REVIEWED AND, IF NECESSARY, EMPLOYEES AND THEIR MANAGER ARE	
ADVISED TO REMOVE THEMSELVES FROM ANY SITUATION INVOLVING THE POTENTIAL	
CONFLICT. ADDITIONALLY, ALL NEW EMPLOYEES RECEIVE COMPLIANCE TRAINING AND	
ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT. EMPLOYEES ARE	
INSTRUCTED TO COMPLETE A NEW CONFLICT OF INTEREST STATEMENT DURING THE	
COURSE OF THE YEAR, SHOULD THEIR SITUATION CHANGE. THE CONFLICT OF INTEREST	
POLICY AND STATEMENT FORMS ARE POSTED ON THE COMPANY INTRANET.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS	
THAT IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE PRESIDENT AND CEO.	
THE COMMITTEE ENGAGES THE SERVICES OF A THIRD PARTY TO PROVIDE RANGES OF	
COMPENSATION THAT ARE 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 132212 11-11-21	Schedule O (Form 990) 202

2021.04030 DELTA DENTAL OF COLORADO 115798-1

Name of the organization	Employer identification number
DELTA DENTAL OF COLORADO	83-4416613
IR CORPORATE OFFICES UPON REQUEST". DOCUMENTS ARE AVAILABLE FOR THE S	AME
ERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
32212 11-11-21 31	Schedule O (Form 990) 20

SCHE	DULE	R
( <b>F</b>	000	

(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.

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

OMB No. 1545-0047

**ZUZ I** Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 83-4416613

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	(f) 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, SUIT 900	MARKET AND ADMINISTER A				ENSEMBLE INNOVATION
CENTENNIAL, CO 80111	NON-INSURED DENTAL PRODUCT	COLORADO			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		<b>3)</b> o12(b)(13) olled ity?
				501(c)(3))		Yes	No
DELTA DENTAL PLAN OF COLORADO FOUNDATION -							
84-1389431, 6465 GREENWOOD PLAZA BLVD, SUIT	DENTAL HEALTH AND				DELTA DENTAL OF		
900, CENTENNIAL, CO 80111	EDUCATION	COLORADO	501(C)(3)	LINE 12A, I	COLORADO	x	
ENSEMBLE INNOVATION VENTURES - 83-4432148	INVESTMENTS IN COMPANIES						
6465 GREENWOOD PLAZA BLVD, SUIT 900	THAT IMPROVE COMMUNITY						
CENTENNIAL, CO 80111	HEALTH	COLORADO	501(C)(4)				х
	-						
	-						

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

# 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)	(1	h)	(i)	(i)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income			ortionate tions?		General or P managing partner?		ercentage wnership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		
										$\vdash$		

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.

<b>(a)</b> 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	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s   1
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	x	
	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		Ŧ
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
	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		
	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		
	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		ľ
	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	В	6,000,000.	FMV
(2) DELTA DENTAL PLAN OF COLORADO FOUNDATION	J	50,952.	FMV
(3) DELTA DENTAL PLAN OF COLORADO FOUNDATION	0	848,867.	FMV
(4) DELTA DENTAL PLAN OF COLORADO FOUNDATION	Q	286,347.	FMV
<u>(5)</u>			
<u>(6)</u>			

#### Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
											$\square$		

### Part VII Supplemental Information

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

132165 11-17-21