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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2009

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , 2009, and ending , 20

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name changeUse the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation

DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

Number and street (or P.O. box number if mail is not delivered to street address)

5656 WEST TALAVI BLVD

Room/suite

City or town, state, and ZIP code

GLENDALE, AZ 85306

A Employer identification number

86-0842694

B Telephone number (see page 10 of the instructions)

(602) 938-3131

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,352,123.
J Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____
(Part I, column (d) must be on cash basis.)**Part I Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)

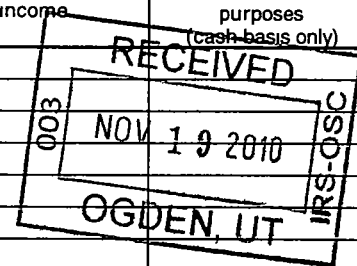
(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1	Contributions, gifts, grants, etc., received (attach schedule)	783,358.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3	Interest on savings and temporary cash investments	2,874.	2,874.		
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications			83,000.	
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	144,315.		61,315.	ATCH 1
12	Total. Add lines 1 through 11	930,547.	2,874.	144,315.	
13	Compensation of officers, directors, trustees, etc.	0.			
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	16,000.			16,000.
c	Other professional fees (attach schedule)	11,532.			9,612.
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	90.			
19	Depreciation (attach schedule) and depletion	3,498.			
20	Occupancy				
21	Travel, conferences, and meetings	4,458.			4,170.
22	Printing and publications				
23	Other expenses (attach schedule) ATCH 4	181,173.	2,289.	67,465.	108,670.
24	Total operating and administrative expenses. Add lines 13 through 23	216,751.	2,289.	67,465.	138,452.
25	Contributions, gifts, grants paid	178,108.			230,192.
26	Total expenses and disbursements. Add lines 24 and 25	394,859.	2,289.	67,465.	368,644.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	535,688.			
b	Net investment income (if negative, enter -0-)		585.		
c	Adjusted net income (if negative, enter -0-)			76,850.	



Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	898,130.	287,107.	287,107.
	2 Savings and temporary cash investments	0.	1,000,069.	1,000,069.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶	0.		
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	13,432.	26,062.	26,062.
	9 Prepaid expenses and deferred charges	195.	34,384.	34,384.
	10 a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment basis ▶	16,226.		
Less: accumulated depreciation (attach schedule) ▶	12,254.			
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶ <u>ATCH 5</u>)	0.	529.	529.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	929,227.	1,352,123.	1,352,123.	
Liabilities	17 Accounts payable and accrued expenses	10,182.	6,173.	
	18 Grants payable	53,250.	0.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	55,533.	0.	
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	118,965.	6,173.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	726,571.	1,188,135.	
	25 Temporarily restricted	83,691.	157,815.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see page 17 of the instructions)	810,262.	1,345,950.	
	31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	929,227.	1,352,123.	

ATCH 6

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	810,262.
2 Enter amount from Part I, line 27a	2	535,688.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,345,950.
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,345,950.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7 } **2**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).
If (loss), enter -0- in Part I, line 8. } **3**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	289,040.	596,864.	0.484264
2007	132,677.	440,206.	0.301398
2006	344,453.	241,727.	1.424967
2005	98,291.	25,176.	3.904155
2004	105,000.	14,768.	7.109967

2 Total of line 1, column (d) **2** 13.224751

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years **3** 2.644950

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 **4** 1,124,123.

5 Multiply line 4 by line 3 **5** 2,973,249.

6 Enter 1% of net investment income (1% of Part I, line 27b) **6** 6.

7 Add lines 5 and 6 **7** 2,973,255.

8 Enter qualifying distributions from Part XII, line 4 **8** 368,644.
 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
Date of ruling or determination letter: _____ (attach copy of ruling letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	12.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	12.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	12.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	42.	
b Exempt foreign organizations-tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	42.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	30.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax <input type="checkbox"/> 30. Refunded <input type="checkbox"/> 11	11		

Part VII-A Statements Regarding Activities

		Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> AZ, _____			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> THE ORGANIZATION	Telephone no. <input type="checkbox"/> 602-938-3131		
Located at <input type="checkbox"/> 5656 WEST TALAVI BLVD GLENDALE, AZ		ZIP + 4 <input type="checkbox"/> 85306		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/>	and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years <input type="checkbox"/>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☒ **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 7		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **NONE****Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 PROMOTING ORAL HEALTH BY DISTRIBUTING TOOTHBRUSHES, FLOSS TOOTHPASTE AND EDUCATIONAL MATERIALS.	25,032.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,080,796.
c	Fair market value of all other assets (see page 24 of the instructions)	1c	60,446.
d	Total (add lines 1a, b, and c)	1d	1,141,242.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,141,242.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	17,119.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,124,123.
6	Minimum investment return. Enter 5% of line 5	6	56,206.

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	56,206.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	12.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	12.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,194.
4	Recoveries of amounts treated as qualifying distributions	4	83,000.
5	Add lines 3 and 4	5	139,194.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	139,194.

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	368,644.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	368,644.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	368,644.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				139,194.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 <u>07</u> , 20 <u>06</u> , 20 <u>05</u>				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	104,262.			
b From 2005	97,032.			
c From 2006	332,414.			
d From 2007	110,794.			
e From 2008	259,281.			
f Total of lines 3a through e	903,783.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ <u>368,644.</u>				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				139,194.
e Remaining amount distributed out of corpus	229,450.			
5 Excess distributions carryover applied to 2009 . (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,133,233.			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	104,262.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,028,971.			
10 Analysis of line 9:				
a Excess from 2005	97,032.			
b Excess from 2006	332,414.			
c Excess from 2007	110,794.			
d Excess from 2008	259,281.			
e Excess from 2009	229,450.			

Form 990-PF (2009)

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
a Paid during the year ATTACHMENT 8				
Total. ▶ 3a				230,192.
b Approved for future payment				
Total. ▶ 3b				

Form 990-PF (2009)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash 1a(1) X
- (2) Other assets 1a(2) X
- b Other transactions:
- (1) Sales of assets to a noncharitable exempt organization 1b(1) X
- (2) Purchases of assets from a noncharitable exempt organization 1b(2) X
- (3) Rental of facilities, equipment, or other assets 1b(3) X
- (4) Reimbursement arrangements 1b(4) X
- (5) Loans or loan guarantees 1b(5) X
- (6) Performance of services or membership or fundraising solicitations 1b(6) X
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c X
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.


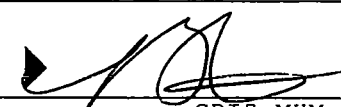
(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1A(2)	7,484.	MARICOPA COUNTY	SUPPLIES TO PROMOTE ORAL
		OFFICE OF ORAL	HEALTH.
		HEALTH	
1A(2)	1,000.	ARIZONA CORPORATION	SPONSORSHIP TO PROMOTE ORAL
		COMMISSION	HEALTH.
1C	283,513.	ARIZONA DENTAL	ARIZONA DENTAL INSURANCE
		INSURANCE SERVICE	SERVICE, INC PROVIDES THE
		INC.	ORGANIZATION FREE USE OF
			FACILITIES, OFFICE EQUIPMENT
			AND STAFF. THE AMOUNT LISTED
			DOES NOT INCLUDE FREE USE OF
			FACILITIES AS NO VALUE HAS
			BEEN ASSIGNED TO THE DONATED
			RENTS.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
ARIZONA DENTAL		
INSURANCE SERVICE,		UP TO 4 COMMON BOARD MEMBERS
INC.	501(C)(4)	AND CEO

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer or trustee		Date 11/15/10	Title VP/CFO	
	Preparer's signature 		Date 11/15/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See Signature on page 30 of the instructions)
	Firm's name (or yours if self-employed), address, and ZIP code CBIZ MHM, LLC 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012		EIN ▶ 34-1884125		Phone no. 602-264-6835

Form 990-PF (2009)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service.

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

Employer identification number

86-0842694

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization **DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST**

Employer identification number
86-0842694

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARIZONA DENTAL INSURANCE SERVICES, INC 5656 WEST TALAVI BLVD. GLENDALE, AZ 85306	\$ 662,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PHOENIX SUNS CHARITIES PO BOX 1369 PHOENIX, AZ 85001	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	USAA FEDERAL SAVINGS BANK 10750 MCDERMOTT FREEWAY SAN ANTONIO, TX 78288-0600	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FIRST EDGE SOLUTIONS 17855 N BLACK CANYON HWY PHOENIX, AZ 85023	\$ 7,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

ATTACHMENT 1

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION
GOLF TOURNAMENT - SPECIAL EVENT
RETURNED GRANTS

REVENUE
AND
EXPENSES
PER BOOKS
61,315.
83,000.
144,315.

TOTALS

ADJUSTED .
NET
INCOME
61,315.
61,315.

ATTACHMENT 2FORM 990PF, PART I - OTHER PROFESSIONAL FEESREVENUE
AND
EXPENSES
PER BOOKSCHARITABLE
PURPOSESDESCRIPTION

PROFESSIONAL FEES

11,532.

9,612.

TOTALS

11,532.9,612.

ATTACHMENT 3FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>
FEDERAL TAXES	90.
TOTALS	<u>90.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	2,578.			582.
PROMOTION	25,310.			25,310.
POSTAGE	12,649.			12,649.
SOFTWARE	65.			65.
BANK CHARGES	2,289.	2,289.		
MEALS & ENTERTAINMENT	1,765.			1,397.
TRAINING & SEMINARS	2,916.			2,916.
TELEPHONE	2,121.			2,121.
SUPPLIES	26,246.			25,956.
OTHER EXPENSES	188.			188.
BOARD EXPENSES	12,549.			12,454.
GOLF TOURNAMENT COURSE FEES	12,363.		12,363.	
GOLF TOURNAMENT FOOD	17,836.		17,836.	
GOLF TOURNAMENT SUPPLIES	16,170.		16,170.	
GOLF TOURNAMENT VOLUNTEER	4,292.		4,292.	
GOLF TOURNAMENT PRINT & ADS	3,792.		3,792.	
GOLF TOURNAMENT RAFFLE	1,855.		1,855.	
GOLF TOURNAMENT MISC	11,157.		11,157.	
PROGRAM EXPENSE	25,032.			25,032.
TOTALS	<u>181,173.</u>	<u>2,289.</u>	<u>67,465.</u>	<u>108,670.</u>

FORM 990PF, PART II - OTHER ASSETSATTACHMENT 5

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
INTEREST RECIEVABLE DUE FROM DDA	8. 521.	8. 521.
TOTALS	<u>529.</u>	<u>529.</u>

ATTACHMENT 6FORM 990PF, PART II - LOANS FROM OFFICERS, DIRECTORS, ETC.

LENDER: ARIZONA DENTAL INSURANCE SERVICES, INC.
ORIGINAL AMOUNT: 17,891.
INTEREST RATE: 0.000000
REPAYMENT TERMS: DEMAND
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: SHORT-TERM ADVANCE TO FUND OPERATIONS

BEGINNING BALANCE DUE 55,533.

ENDING BALANCE DUE 0.

TOTAL BEGINNING LOANS FROM OFFICERS, DIRECTORS, ETC. 55,533.

TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC. 0.

DELTA DENTAL PLAN OF ARIZONA

86-0842694

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
BERNARD GLOSSY 5656 WEST TALAVI BLVD GLENDALE, AZ 85306	PRESIDENT 1.00	0.	0.	0.
JAMES P. DAVIS SAME AS ABOVE	VICE CHAIRMAN 1.00	0.	0.	0.
ROBERT GRIEGO SAME AS ABOVE	CHAIRMAN 1.00	0.	0.	0.
DAVID DISCHLER SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
KAREN BERRIGAN SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
DON HENNINGER SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
JAMES FREEMAN SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.

DELTA DENTAL PLAN OF ARIZONA

86-0842694

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
JAMES R. JORGENSEN SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
MICHAEL RADCLIFFE SAME AS ABOVE	SECRETARY/TREASURER 1.00	0.	0.	0.
SUSAN PERKINS FRY SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
KEITH GAUZZA SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
REBECCA KENYON SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
ALISA DIGGS SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
HECTOR V GONZALES SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
PEORIA UNIFIED 6330 W THUNDERBIRD RD GLENDALE, AZ 85306	NONE GOVERNMENT		DENTAL HEALTH	8,595.
ARIZONA FOUNDATION FOR WOMEN 2828 N CENTRAL AVE STE 1200 PHOENIX, AZ 85004	NONE PUBLIC CHARITY		DENTAL HEALTH	3,500.
ARIZONA MYELOMA NETWORK 20280 N 59TH AVE STE 115 #445 GLENDALE, AZ 85308	NONE PUBLIC CHARITY		DENTAL HEALTH	2,109
CHILDRENS ACTION ALLIANCE 4001 N 3RD ST STE 160 PHOENIX, AZ 85012	NONE PUBLIC CHARITY		DENTAL HEALTH	3,080.
THE SOCIETY OF ST VINCENT DE PAUL 421 W WATKINS RD PHOENIX, AZ 85002	NONE PUBLIC CHARITY		PIPER DENTAL DENTAL CLINIC	53,375.
CATHOLIC CHARITIES 4747 N 7TH AVE PHOENIX, AZ 85013	NONE PUBLIC CHARITY		HEAD START FLOURIDE VARNISH	3,240.

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHICANOS POR LA CAUSA 1046 E BUCKEYE RD PHOENIX, AZ 85034	NONE PUBLIC CHARITY	HEAD START FLOURIDE VARNISH	. 105
THUNDERBIRD CHARITIES 7226 N 16TH ST #100 PHOENIX, AZ 85020	NONE PUBLIC CHARITY	DENTAL CLINIC	25,000
DESERT MISSIONS CHILDREN'S DENTAL CLINIC 9229 N 4TH ST PHOENIX, AZ 85020	NONE PUBLIC CHARITY	DENTAL CLINIC	3,093.
ALLIANCE OF ARIZONA NONPROFITS PO BOX 16162 PHOENIX, AZ 85011	NONE PUBLIC CHARITY	DENTAL SUPPLIES	160
MARICOPA COUNTY OFFICE OF ORAL HEALTH 4041 N CENTRAL AVE PHOENIX, AZ 85012	NONE GOVERNMENT	DENTAL SUPPLIES	7,484.
H.O.M.E - MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	NONE PUBLIC CHARITY	SCREENING VARNISH PROGRAM	1,535.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ARIZONA AUTISM UNITED 5025 E WASHINGTON ST PHOENIX, AZ 85034	NONE PUBLIC CHARITY	DENTAL SUPPLIES	79
AZ FAMILY DENTAL 658 E MINGUS AVE COTTONWOOD, AZ 86326	NONE PUBLIC CHARITY	DENTAL SUPPLIES	132.
ARIZONA SCHOOL OF DENTISTRY AND ORAL HEALTH 2850 E STILL CIRCLE MESA, AZ 85206	NONE PUBLIC CHARITY	DENTAL SUPPLIES	572.
BACK TO SCHOOL CLOTHING DRIVE ASSN PO BOX 99 GLENDALE, AZ 85211	NONE PUBLIC CHARITY	DENTAL SUPPLIES & SPONSORSHIP	5,579.
ARIZONA METH PROJECT, INC PO BOX 364456 PHOENIX, AZ 85067	NONE PUBLIC CHARITY	METH AWARENESS	10,000
ST ELIZABETH HEALTH CENTER 140 W SPEEDWAY BLVD #100 TUCSON, AZ 85705	NONE PUBLIC CHARITY	DENTAL CLINIC	20,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BALSZ SCHOOL DISTRICT HEALTH FAIR - ST JOES 2927 N 7TH AVE PHOENIX, AZ 85013	NONE PUBLIC CHARITY	DENTAL SUPPLIES	310.
BROOKS ACADEMY 3146 E WIER AVE PHOENIX, AZ 85040	NONE PUBLIC CHARITY	DENTAL SUPPLIES	381.
NOAH DENTAL CLINIC - SCOTTSDALE HEALTHCARE HOSP 7400 E OSBORN RD SCOTTSDALE, AZ 85251	NONE PUBLIC CHARITY	DENTAL SUPPLIES	125
HEALTHY SMILE FOUNDATION 938 E LOIS LANE PHOENIX, AZ 85020	NONE PUBLIC CHARITY	MOLARMAN & DENTAL SUPPLIES	1,502
CHILDRENS MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE PUBLIC CHARITY	CHILDREN'S HEALTH MONTH & DENTAL SUPPLIES	49,847
CHILDHELP - KEYS COMMUNITY CNTR 2454 E BROADWAY RD PHOENIX, AZ 85040	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,425.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VOLUNTEER CENTER OF SOUTHERN ARIZONA 924 N ALVERNON WAY TUCSON, AZ 85711	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,888.
SALVATION ARMY 218 E PRINCE RD TUCSON, AZ 85705	NONE PUBLIC CHARITY	DENTAL SUPPLIES	583.
CHRISTOWN YMCA 5517 N 17TH AVE PHOENIX, AZ 85015	NONE PUBLIC CHARITY	DENTAL SUPPLIES	371.
HOMeward BOUND 2302 W COLTER ST PHOENIX, AZ 85015	NONE PUBLIC CHARITY	DENTAL CLINIC SUPPLIES	5,000.
ESPERANCA INC 1911 W EARLL DRIVE PHOENIX, AZ 85009	NONE PUBLIC CHARITY	NOGALES HEADSTART PROGRAM	3,990
WOMEN'S HEALTH COALITION 1402 S 7TH AVE PHOENIX, AZ 85007	NONE PUBLIC CHARITY	DENTAL SUPPLIES	125.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VALLEY LEADERSHIP PHOENIX 4020 N 20TH ST, SUITE 202 PHOENIX, AZ 85016	NONE PUBLIC CHARITY	DENTAL HEALTH	500
WELLCARE FOUNDATION 55 E LEXINGTON AVE PHOENIX, AZ 85012	NONE PUBLIC CHARITY	DENTAL SUPPLIES & HEALTH	2,375.
ARIZONA CORPORATION COMMISSION 1200 WEST WASHINGTON PHOENIX, AZ 85007	NONE GOVERNMENT	DENTAL HEALTH	1,000.
CHW THE CHILDREN'S DENTAL CLINIC 475 S DOBSON CHANDLER, AZ 85224	NONE PUBLIC CHARITY	DENTAL HEALTH	952
HON KACHINA COUNCIL 4201 N 24TH ST STE 100 PHOENIX, AZ 85016	NONE PUBLIC CHARITY	DENTAL HEALTH	175.
CITY OF MESA - TOYS FOR TOTS 200 S CENTER MESA, AZ 85210	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,373

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITIES IN SCHOOLS 4520 N CENTRAL, RM 560 PHOENIX, AZ 85012	NONE PUBLIC CHARITY	DENTAL SUPPLIES	142.
COMMUNITY DENTAL FOUNDATION 2375 E CAMELBACK RD PHOENIX, AZ 85016	NONE PUBLIC CHARITY	DENTAL SUPPLIES	492.
COMMUNITY HEALTH MANAGEMENT SERVICES, INC 8683 E PINCHOT AVE SCOTTSDALE, AZ 85251	NONE PUBLIC CHARITY	DENTAL SUPPLIES	262
COPPER RIDGE ELEMENTARY 10101 E THOMPSON PEAK PARKWAY SCOTTSDALE, AZ 85255	NONE GOVERNMENT	DENTAL SUPPLIES	222
DESERT SCHOOLS - CHILDREN'S MIRACLE NETWORK 1046 E BUCKEYE RD PHOENIX, AZ 85034	NONE PUBLIC CHARITY	DENTAL SUPPLIES	34.
EDISON ELEMENTARY SCHOOL 804 N 18TH ST PHOENIX, AZ 85006	NONE GOVERNMENT	DENTAL SUPPLIES	182.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FAITH HOUSE 8581 N 61ST AVE GLENDALE, AZ 85302	NONE PUBLIC CHARITY	DENTAL SUPPLIES	, 185.
GREATER PHOENIX YOUTH AT RISK, INC 1001 E PIERCE ST PHOENIX, AZ 85006	NONE PUBLIC CHARITY	DENTAL SUPPLIES	184.
INTERFAITH COOPERATIVE MINISTRIES 501 S 9TH AVE PHOENIX, AZ 85007	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,777
MARICOPA COMMUNITY COLLEGE FOUNDATION 1025 N COUNTRY CLUB MESA, AZ 85201	NONE PUBLIC CHARITY	DENTAL SUPPLIES	341.
MARICOPA INTEGRATED HEALTH SYSTEM 2525 E ROOSEVELT ST PHOENIX, AZ 85008	NONE PUBLIC CHARITY	DENTAL SUPPLIES	369.
MERCY HOUSING SW & MERCY COURT 2945 W. COLTER STREET PHOENIX, AZ 85017	NONE PUBLIC CHARITY	DENTAL SUPPLIES	96.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MOHAVE COMMUNITY COLLEGE 3400 HIGHWAY 95 RIVERIA, AZ 86442	NONE PUBLIC CHARITY	DENTAL SUPPLIES	320.
NATIVE AMERICAN HEALTH 4520 N CENTRAL AVE., STE 620 PHOENIX, AZ 85013	NONE PUBLIC CHARITY	DENTAL SUPPLIES	845.
NORTHERN ARIZONA UNIVERSITY / DENTAL HYGIENE PO BOX 15065 FLAGSTAFF, AZ 86011	NONE GOVERNMENT	DENTAL SUPPLIES	280
PAPAGO SCHOOL 2013 N 36TH ST PHOENIX, AZ 85008	NONE PUBLIC CHARITY	DENTAL SUPPLIES	144
PHOENIX DAY 115 E TONTO ST PHOENIX, AZ 85008	NONE PUBLIC CHARITY	DENTAL SUPPLIES	851
PHOENIX YOUTH AT RISK 1001 E. PIERCE STREET PHOENIX, AZ 85006	NONE PUBLIC CHARITY	DENTAL SUPPLIES	305.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PRESCOTT UNIFIED SCHOOL DISTRICT 2430 N SHADOW VALLEY RANCH TR PRESCOTT, AZ 85305	NONE GOVERNMENT		DENTAL SUPPLIES	203
SAN MARCOS ELEMENTARY DENTAL CLINIC 475 S. DOBSON RD CHANDLER, AZ 85224	NONE PUBLIC CHARITY		DENTAL SUPPLIES	1,260.
SCOTTSDALE HEALTHCARE NOAH PROGRAM 15833 N 29TH ST PHOENIX, AZ 85032	NONE PUBLIC CHARITY		DENTAL SUPPLIES	369
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	NONE PUBLIC CHARITY		DENTAL SUPPLIES	179
SRP-KIDS TO WORK DAY 1521 N. PROJECT DR TEMPE, AZ 85281	NONE PUBLIC CHARITY		DENTAL SUPPLIES	343
ST JOSEPH HOSPITAL 350 W THOMAS RD PHOENIX, AZ 85013	NONE PUBLIC CHARITY		DENTAL SUPPLIES	82.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 8 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUNNYSLOPE ELEMENTARY SCHOOL 245 E MOUNTAIN VIEW PHOENIX, AZ 85381	NONE GOVERNMENT		DENTAL SUPPLIES	. 125.
THE TREASURE BOX PROJECT 24651 N 41ST AVE. GLENDALE, AZ 85310	NONE PUBLIC CHARITY		DENTAL SUPPLIES	689.
VALLEY SUN UNITED WAY 1515 EAST OSBORN RD. PHOENIX, AZ 85014	NONE PUBLIC CHARITY		DENTAL SUPPLIES	805.
WASHINGTON HIGH SCHOOL 2217 W GLENDALE RD PHOENIX, AZ 85021	NONE GOVERNMENT		DENTAL SUPPLIES	273.
WESLEY COMM CNTR/CENTRO DE SALUD 1300 S. 10TH STREET PHOENIX, AZ 85034	NONE PUBLIC CHARITY		DENTAL SUPPLIES	439
LESS: ACCRUED GRANTS			DENTAL SUPPLIES	-1,166
			TOTAL CONTRIBUTIONS PAID	<u>230,192</u>

Company Name: DELTA DENTAL PLAN OF ARIZONA
EIN: 86-0842694
FYE:

FORM 990-PF, PART I, LINE 19 AND PART II, LINE 11 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements				
Equipment	16,226.	3,498.	12,254.	3,971.
Furniture & Fixtures				
Property, Plant & Equipment	<u>16,226.</u>	<u>3,498.</u>	<u>12,254.</u>	<u>3,971.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 11	<u>16,226.</u>		<u>12,254.</u>	<u>3,971.</u>
Total Depreciation Expense, line 19		<u>3,498.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization THE DELTA DENTAL ARIZONA CHARITABLE FOUNDATION	Employer identification number 86-0842694
	Number, street, and room or suite no. If a P.O. box, see instructions. 5656 WEST TALAVI BLVD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GLENDALE, AZ 85306	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **THE ORGANIZATION**

Telephone No. **602 938-3131**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is

for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/2010**

5 For calendar year **2009**, or other tax year beginning , and ending

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER**

THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	67.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	67.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	

Signature and Verification

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

Signature

Title

Date **7/28/2010**

Form **8868** (Rev 4-2009)

CBIZ MHM, LLC
3101 N. CENTRAL AVE., STE 300
PHOENIX, AZ 85012

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	THE DELTA DENTAL ARIZONA CHARITABLE FOUNDATION	Employer identification number	86-0842694
	Number, street, and room or suite no. If a P.O. box, see instructions	5656 WEST TALAVI BLVD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	GLENDALE, AZ 85306		

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ 602 938-3131

FAX No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or
 ▶ ☐ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	67.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	42.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	25.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2009)