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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

**2010**

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

For calendar year 2010, or tax year beginning

, 2010, and ending

, 20

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST

A Employer identification number

86-0842694

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

5656 WEST TALAVI BLVD

Room/suite

B Telephone number (see page 10 of the instructions)

(602) 938-3131

City or town, state, and ZIP code

GLENDALE, AZ 85306

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col. (c), line

16) ▶ \$ 1,593,669.

J Accounting method: ☐ Cash ☒ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

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 ▶ ☐**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)

691,940.

2 Check ☐ if the foundation is not required to  
attach Sch B

578.

578.

3 Interest on savings and temporary cash investments

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

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)

43,735.

43,735.

ATCH 1

12 Total. Add lines 1 through 11

736,253.

578.

43,735.

13 Compensation of officers, directors, trustees, etc.

0.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

19,400.

19,400.

b Accounting fees (attach schedule)

20,326.

22,246.

c Other professional fees (attach schedule) \*

17 Interest

18 Taxes (attach schedule) (see page 14 of the instructions)

19 Depreciation (attach schedule) and depletion

3,498.

20 Occupancy

21 Travel, conferences, and meetings

3,018.

3,306.

22 Printing and publications

363.

363.

23 Other expenses (attach schedule) ATCH 3

135,070.

1,882.

57,736.

68,067.

24 Total operating and administrative expenses.

Add lines 13 through 23

181,675.

1,882.

57,736.

113,382.

25 Contributions, gifts, grants paid

326,182.

327,115.

26 Total expenses and disbursements. Add lines 24 and 25

507,857.

1,882.

57,736.

440,497.

27 Subtract line 26 from line 12

228,396.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

0.

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see page 30 of the instructions.

\* ATCH 2 JSA

Form 990-PF (2010)

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PAGE 2

**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
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	287,107.	296,328.	296,328.
	2 Savings and temporary cash investments . . . . .	1,000,069.	1,255,289.	1,255,289.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 5,850.			
	Less: allowance for doubtful accounts ▶	0.	5,850.	5,850.
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use . . . . .	26,062.	17,554.	17,554.
	9 Prepaid expenses and deferred charges . . . . .	34,384.	18,147.	18,147.
	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 ▶ 15,752.	3,972.	474.	474.	
12 Investments - mortgage loans . . . . .				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ <b>ATCH 4</b> )	529.	27.	27.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	1,352,123.	1,593,669.	1,593,669.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	6,173.	13,944.	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons	0.	5,379.	<b>ATCH 5</b>
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ )			
23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	6,173.	19,323.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	1,188,135.	1,461,631.	
	25 Temporarily restricted . . . . .	157,815.	112,715.	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <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 <b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	1,345,950.	1,574,346.		
31 <b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	1,352,123.	1,593,669.		

**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	1,345,950.
2 Enter amount from Part I, line 27a . . . . .	2	228,396.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3 . . . . .	4	1,574,346.
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	1,574,346.

Form **990-PF** (2010)

**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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(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			
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))
2009	368,644.	1,124,123.	0.327939
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
<b>2</b> Total of line 1, column (d)			6.442723
<b>3</b> 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			1.288545
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			1,218,291.
<b>5</b> Multiply line 4 by line 3			1,569,823.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			0.
<b>7</b> Add lines 5 and 6			1,569,823.
<b>8</b> Enter qualifying distributions from Part XII, line 4 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.			440,497.

**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	0.
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	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	30.
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	30.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	30.
11	Enter the amount of line 10 to be: <b>Credited to 2011 estimated tax</b> 30. <b>Refunded</b>	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?		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)? 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
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?	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	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ARIZONA		
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	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2010)

**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				
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	16	Yes	No
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country <input type="checkbox"/>				X

**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 22 of the instructions)? . . . . . <input type="checkbox"/>	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 2010? . . . . .	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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . . . <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 22 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 2010 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 2010.) . . . . .	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 2010? . . . . .	4b	X

Form 990-PF (2010)

**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 6		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

**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		
<b>Total</b> 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
<b>1</b> PROMOTING ORAL HEALTH BY DISTRIBUTING TOOTHBRUSHES, FLOSS TOOTHPASTE AND EDUCATIONAL MATERIALS.	6,822.
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	
<b>2</b>	
All other program-related investments. See page 24 of the instructions.	
<b>3</b> NONE	
<b>Total.</b> Add lines 1 through 3 . . . . .	

Form 990-PF (2010)



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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	1,194,792.
<b>c</b>	Fair market value of all other assets (see page 25 of the instructions)	<b>1c</b>	42,052.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,236,844.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,236,844.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	<b>4</b>	18,553.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,218,291.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	60,915.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	60,915.
<b>2a</b>	Tax on investment income for 2010 from Part VI, line 5	<b>2a</b>	0.
<b>b</b>	Income tax for 2010. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	0.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	60,915.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	60,915.
<b>6</b>	Deduction from distributable amount (see page 25 of the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	60,915.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	440,497.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	0.
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	0.
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0.
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	440,497.
<b>5</b>	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)	<b>5</b>	N/A
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	440,497.

**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 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7 . . . . .				60,915.
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only . . . . .				
<b>b</b> Total for prior years: 20 <u>08</u> , 20 <u>07</u> , 20 <u>06</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005 . . . . .	97,032.			
<b>b</b> From 2006 . . . . .	332,414.			
<b>c</b> From 2007 . . . . .	110,794.			
<b>d</b> From 2008 . . . . .	259,281.			
<b>e</b> From 2009 . . . . .	229,450.			
<b>f</b> Total of lines 3a through e . . . . .	1,028,971.			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4: ► \$ <u>440,497.</u>				
<b>a</b> Applied to 2009, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .				
<b>d</b> Applied to 2010 distributable amount . . . . .				60,915.
<b>e</b> Remaining amount distributed out of corpus . . . . .	379,582.			
<b>5</b> Excess distributions carryover applied to 2010. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	1,408,553.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions . . . . .				
<b>e</b> Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions . . . . .				
<b>f</b> Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 . . . . .				
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	97,032.			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .	1,311,521.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006 . . . . .	332,414.			
<b>b</b> Excess from 2007 . . . . .	110,794.			
<b>c</b> Excess from 2008 . . . . .	259,281.			
<b>d</b> Excess from 2009 . . . . .	229,450.			
<b>e</b> Excess from 2010 . . . . .	379,582.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, 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) 2010	(b) 2009	(c) 2008	(d) 2007	
2 a 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>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<div>a Paid during the year</div> <div>ATTACHMENT 7</div>				
<b>Total</b> .....			▶ <b>3a</b>	327,115.
<div>b Approved for future payment</div>				
<b>Total</b> .....			▶ <b>3b</b>	

Form 990-PF (2010)



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

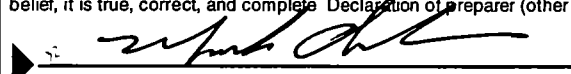
- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a Transfers from the reporting foundation to a noncharitable exempt organization of:
- (1) Cash 1a(1) ☒ X
- (2) Other assets 1a(2) ☐
- 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.

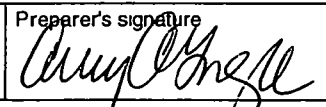
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1A(2)	4,716.	MARICOPA COUNTY	SUPPLIES TO PROMOTE ORAL
		OFFICE OF ORAL	HEALTH.
		HEALTH	
1A(2)	504.	COCONINO COUNTY	SUPPLIES TO PROMOTE ORAL
		HEALTH DEPARTMENT	HEALTH.
1A(2)	2,041.	PIMA COUNTY HEALTH	SUPPLIES TO PROMOTE ORAL
		DEPARTMENT	HEALTH.
1C	254,226.	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

**Sign Here** 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.

Signature of officer or trustee  Date 11/14/11 Title VP/CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Amy O'Loughlin		11-11-11		P00869687
	Firm's name ▶ CBLL MHM, LLC	Firm's EIN ▶ 34-1884125			
	Firm's address ▶ 3101 N. CENTRAL AVE., STE 300	85012	Phone no. 602-264-6835		
	PHOENIX, AZ				

Form 990-PF (2010)

## Schedule of Contributors

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

OMB No 1545-0047

2010

**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).

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	\$ 590,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	USAA FEDERAL SAVINGS BANK 9800 FREDERICKSBURG RD D-3-E SAN ANTONIO, TX 78288	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FIRST EDGE SOLUTIONS 17855 N BLACK CANYON HWY PHOENIX, AZ 85023	\$ 8,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ARIZONA DIAMONDBACKS 401 EAST JEFFERSON ST. PHOENIX, AZ 85004	\$ 6,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HENRY SCHEIN DENTAL 135 DURYEA RD MELVILLE, NY 11747	\$ 6,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DESERT SCHOOLS FEDERAL CREDIT UNION P.O. BOX 2945 PHOENIX, AZ 85062	\$ 5,080.	Person <input checked="" 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	REVENUE AND EXPENSES PER BOOKS	ADJUSTED NET INCOME
GOLF TOURNAMENT - SPECIAL EVENT	43,735.	43,735.
TOTALS	43,735.	43,735.

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
PROFESSIONAL FEES	20,326.	22,246.
TOTALS	<u>20,326.</u>	<u>22,246.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	4,135.			6,091.
PROMOTION	41,001.			30,029.
POSTAGE	3,200.			3,200.
BANK CHARGES	1,882.	1,882.		
MEALS & ENTERTAINMENT	3,975.			4,133.
TRAINING & SEMINARS	2,483.			2,483.
TELEPHONE	1,729.			1,729.
SUPPLIES	6,454.			6,744.
OTHER EXPENSES	265.			265.
BOARD EXPENSES	5,363.			6,546.
GOLF TOURNAMENT COURSE FEES	13,146.		13,146.	
GOLF TOURNAMENT FOOD	15,450.		15,450.	
GOLF TOURNAMENT SUPPLIES	17,714.		17,714.	
GOLF TOURNAMENT VOLUNTEER	2,749.		2,749.	
GOLF TOURNAMENT PRINT & ADS	4,743.		4,743.	
GOLF TOURNAMENT RAFFLE	235.		235.	
GOLF TOURNAMENT MISC	3,699.		3,699.	
PROGRAM EXPENSE	6,822.			6,822.
LICENSES & FEES	25.			25.
TOTALS	135,070.	1,882.	57,736.	68,067.

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 4

DESCRIPTION

ENDING  
BOOK VALUE

ENDING  
FMV

INTEREST RECIEVABLE

27.

27.

TOTALS

27.

27.

ATTACHMENT 5FORM 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 ..... 0.

ENDING BALANCE DUE ..... 5,379.

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

TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC. 5,379.

## DELTA DENTAL PLAN OF ARIZONA

86-0842694

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6

<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>
GARY FELDMAN 5656 WEST TALAVI BLVD GLENDALE, AZ 85306	DIRECTOR 1.00	0.	0.	0.
JAMES P. DAVIS SAME AS ABOVE	CHAIRMAN 1.00	0.	0.	0.
FELIX DURAZO SAME AS ABOVE	TREASURER 1.00	0.	0.	0.
KAREN BERRIGAN SAME AS ABOVE	VICE CHAIRWOMAN 1.00	0.	0.	0.
DON HENNINGER SAME AS ABOVE	DIRECTOR 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.

## DELTA DENTAL PLAN OF ARIZONA

86-0842694

## FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

## ATTACHMENT 6 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
REBECCA KENYON SAME AS ABOVE	SECRETARY 1.00	0.	0.	0.
ALISA DIGGS SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
KENDIS MUSCHEID SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
FRED OLSEN SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
XAVIER ORTEGA SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
PHILLIP STOKER SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
TIM WILSON SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AHM INC C/O DESTINY HOUSE 5306 17TH AVE PHOENIX, AZ 85015	NONE PUBLIC CHARITY		DENTAL SUPPLIES	114.
ALLIANCE OF ARIZONA NONPROFITS P.O. BOX 16162 PHOENIX, AZ 85011	NONE PUBLIC CHARITY		DENTAL EDUCATION	8,000.
AMERICAN ACADEMY OF PEDIATRICS 141 NW POINT BLVD ELK GROVE VILLAGE, IL 60007	NONE PUBLIC CHARITY		DENTAL HEALTH	1,000.
AMERICAN RED CROSS GRAND CANYON CHAPTER 6135 N BLACK CANYON HWY PHOENIX, AZ 85015	NONE PUBLIC CHARITY		DENTAL SUPPLIES	259.
ARIZONA CARDINALS PREPARATORY ACADEMY 333 E VIRGINIA AVE #208 PHOENIX, AZ 85004	NONE PUBLIC CHARITY		DENTAL SUPPLIES	226.
ARIZONAS CHILDREN ASSOCIATION 2833 N 3RD ST PHOENIX, AZ 85004	NONE PUBLIC CHARITY		DENTAL SUPPLIES & EDUCATION	15,981.



FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD, STE 202 PHOENIX, AZ 85016	NONE	PUBLIC CHARITY	DENTAL EDUCATION	2,500.
ARIZONA DENTAL FOUNDATION 3193 N DRINKWATER BLVD SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	DENTAL HEALTH	1,000.
ARIZONA FOUNDATION FOR WOMEN 2828 N. CENTRAL AVE, STE 1200 PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	DENTAL HEALTH	5,000.
ARIZONA GRANTMAKERS FORUM 1505 E MISSOURI AVE, STE 200 PHOENIX, AZ 85014	NONE	PUBLIC CHARITY	DENTAL HEALTH	1,000.
ARIZONA MYELOMA NETWORK 20280 N 59TH AVE STE 115 GLENDALE, AZ 85308	NONE	PUBLIC CHARITY	DENTAL HEALTH & DENTAL SUPPLIES	3,516.
ARIZONA STATE UNIVERSITY PO BOX 870112 TEMPE, AZ 85287	NONE	GOVERNMENT	DENTAL SUPPLIES	244.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ARROWHEAD CHRISTIAN ACADEMY 4030 W YORKSHIRE DR GLENDALE, AZ 85308	NONE PUBLIC CHARITY	DENTAL SUPPLIES	148.
ASSISTANCE LEAGUE OF FLAGSTAFF - OPERATION SCHOOL 2919 N WEST ST FLAGSTAFF, AZ 86004	NONE PUBLIC CHARITY	DENTAL SUPPLIES	821.
AVALON ELEMENTARY SCHOOL 1045 S SAN MARCOS DRIVE APACHE JUNCTION, AZ 85120	NONE GOVERNMENT	DENTAL SUPPLIES	197.
BACK TO SCHOOL CLOTHING DRIVE 1212 E WASHINGTON ST PHOENIX, AZ 85034	NONE PUBLIC CHARITY	DENTAL SUPPLIES	7,513.
BANNER DEL E. WEBB MEDICAL CENTER 14502 W MEEKER BLVD SUN CITY WEST, AZ 85375	NONE PUBLIC CHARITY	DENTAL SUPPLIES	212.
BANNER HEALTH'S SCHOOL BASED HEALTH CENTERS 1400 S DOBSON RD MESA, AZ 85202	NONE PUBLIC CHARITY	DENTAL SUPPLIES	914.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BOYS & GIRLS CLUBS OF METRO PHOENIX 2645 N 24TH ST PHOENIX, AZ 85008	NONE PUBLIC CHARITY	DENTAL SUPPLIES & EDUCATION	10,344.
CANYONLANDS COMMUNITY HEALTH CARE PO BOX 1625 PAGE, AZ 86040	NONE PUBLIC CHARITY	2010 SEALANT GRANT AWARD	15,000.
CATHOLIC CHARITIES COMMUNITY SERVICES 1825 W NORTHERN AVE PHOENIX, AZ 85021	NONE PUBLIC CHARITY	DENTAL SUPPLIES	5,325.
CENTER OF EXCELLENCE IN WOMEN'S HEALTH UNIVERSITY OF ARIZONA TUCSON, AZ 85721	NONE GOVERNMENT	DENTAL SUPPLIES	147.
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007	NONE PUBLIC CHARITY	2010 SMILE MAKER	5,250.
CHILDREN FIRST ACADEMY 374 N 6TH AVE PHOENIX, AZ 85003	NONE PUBLIC CHARITY	DENTAL SUPPLIES	942.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST, STE 160 PHOENIX, AZ 85012	NONE PUBLIC CHARITY	DENTAL HEALTH	3,000.
CHILDREN'S MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE PUBLIC CHARITY	DENTAL SUPPLIES & ORAL HEALTH MONTH	10,907.
CHW - CHILDREN'S DENTAL CLINIC 3033 N THIRD AVE PHOENIX, AZ 85013	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	7,123.
CITY OF PHOENIX EARLY HEADSTART 200 W WASHINGTON 17TH FLOOR PHOENIX, AZ 85003	NONE PUBLIC CHARITY	DENTAL SUPPLIES	355.
COCONINO COUNTY HEALTH DEPARTMENT 304 S HUMPHREYS FLAGSTAFF, AZ 86001	NONE GOVERNMENT	DENTAL SUPPLIES & TOBACCO PREVENTION	3,504.
COMMUNITIES AND SCHOOLS/WESD SS SCHOOL 333 E VIRGINIA AVE #208 PHOENIX, AZ 85004	NONE PUBLIC CHARITY	DENTAL SUPPLIES	4,073.

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
COMMUNITY RENEWAL DBA HOPE NETWORK 7925 N ORACLE RD A-140 TUCSON, AZ 85704	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	15,211.
DC DENTAL 825 W SOUTHERN AVE STE #14 PHOENIX, AZ 85041	NONE PUBLIC CHARITY	DENTAL SUPPLIES	13,617.
DEER VALLEY UNIFIED SCHOOL DISTRICT 20402 N 15TH AVE PHOENIX, AZ 85027	NONE GOVERNMENT	DENTAL SUPPLIES	3,625.
DESERT MISSION CHILDREN'S DENTAL CLINIC JOHN C LIN 9201 N FIFTH ST PHOENIX, AZ 85020	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	18,330.
EAST VALLEY IMPLANT AND PERIODONTAL CENTER/ANGLERS 3048 E BASELINE RD STE 112 MESA, AZ 85204	NONE PUBLIC CHARITY	DENTAL SUPPLIES	410.
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	NONE PUBLIC CHARITY	DENTAL EDUCATION	15,000.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ESPERANCA 1911 W EARLL DR PHOENIX, AZ 85015	NONE PUBLIC CHARITY	DENTAL SUPPLIES	602.
FAITHHOUSE 845 E UNIVERSITY DR MESA, AZ 85211	NONE PUBLIC CHARITY	DENTAL SUPPLIES	63.
FLAGSTAFF ELEMENTARY SCHOOLS 3285 E SPARROW AVE FLAGSTAFF, AZ 86004	NONE GOVERNMENT	DENTAL SUPPLIES	1,125.
FLORENCE CRITTENTON SERVICES OF ARIZONA 715 W MARIPOSA ST PHOENIX, AZ 85013	NONE PUBLIC CHARITY	DENTAL SUPPLIES	191.
GLENDALE UNION HIGH 6216 W GLENDALE AVE GLENDALE, AZ 85301	NONE GOVERNMENT	DENTAL HEALTH	5,550.
GOMPERS DENTAL CENTER 6601 N 27TH AVE PHOENIX, AZ 85017	NONE PUBLIC CHARITY	DENTAL SUPPLIES	944.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GREATER PHOENIX YOUTH AT RISK 1001 E PIERCE ST PHOENIX, AZ 85006	NONE PUBLIC CHARITY	DENTAL SUPPLIES	618.
HOPE NETWORK 7925 N ORACLE RD A-140 TUCSON, AZ 85704	NONE PUBLIC CHARITY	DENTAL SUPPLIES	246.
INTERNATIONAL RESCUE COMMITTEE 5227 N 7TH ST PHOENIX, AZ 85014	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	15,833.
JACK L KUBAN ELEMENTARY SCHOOL 3201 W SHERMAN ST PHOENIX, AZ 85009	NONE GOVERNMENT	DENTAL SUPPLIES	535.
JEWISH FAMILY & CHILDREN SERVICES 4747 N 7TH ST STE #100 PHOENIX, AZ 85014	NONE PUBLIC CHARITY	DENTAL SUPPLIES	345.
MAGIC SMILES DENTAL CARE - PDA HOLDINGS 1701 E THOMAS PHOENIX, AZ 85016	NONE PUBLIC CHARITY	DENTAL SUPPLIES	375.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MARICOPA COMMUNITY COLLEGE FOUNDATION 2419 W 14TH ST TEMPE, AZ 85281	NONE PUBLIC CHARITY	DENTAL SUPPLIES	165.
MARICOPA COUNTY DEPT OF PUBLIC HEALTH, SPIT TOBACC 4041 N CENTRAL AVE PHOENIX, AZ 85012	NONE GOVERNMENT	SEALANTS	4,716.
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	NONE PUBLIC CHARITY	DENTAL HEALTH	270.
MILEMARKERS THERAPY 1515 N LAKE HAVASU AVE #100 LAKE HAVASU CITY, AZ 86404	NONE PUBLIC CHARITY	DENTAL SUPPLIES	273.
MOHAVE COMMUNITY COLLEGE DENTAL PROGRAMS 3400 HIGHWAY 95 BULLHEAD CITY, AZ 86442	NONE PUBLIC CHARITY	SEALANTS	778.
MOUNTAIN PARK HEALTH CENTER 2702 N 3RD ST #4020 PHOENIX, AZ 85004	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,229.



FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL TRAINING INSTITUTE FOR CHILD CARE HEALTH 135 DAUER DRIVE, 4TH FL. ROSENAU HALL CHAPEL HILL, NC 27599	NONE PUBLIC CHARITY	DENTAL HEALTH	3,000.
NORTHERN ARIZONA UNIVERSITY PO BOX 4103 FLAGSTAFF, AZ 86011	NONE GOVERNMENT	DENTAL SUPPLIES	2,014.
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 15065 FLAGSTAFF, AZ 86011	NONE PUBLIC CHARITY	DENTAL HEALTH	15,000.
ORTIZ COMMUNITY HEALTH CENTER 12635 W RUDASILL RD TUCSON, AZ 85743	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,090.
PEORIA UNIFIED SCHOOL DISTRICT 6330 W THUNDERBIRD RD GLENDALE, AZ 85306	NONE GOVERNMENT	DENTAL SUPPLIES	3,267.
PHOENIX AZ NORTH STAKE HUMANITARIAN PROJECT 325 W CORAL GABLES DR PHOENIX, AZ 85020	NONE PUBLIC CHARITY	DENTAL SUPPLIES	130.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PHOENIX DAY 115 E TONTO ST PHOENIX, AZ 85004	NONE PUBLIC CHARITY		DENTAL HEALTH	3,500.
PHOENIX ELEMENTARY SCHOOL 1817 N 7TH ST PHOENIX, AZ 85006	NONE GOVERNMENT		DENTAL SUPPLIES	125.
PIMA COUNTY HEALTH DEPARTMENT 3950 S COUNTRY CLUB RD, STE 100 TUCSON, AZ 85714	NONE GOVERNMENT		SEALANTS	2,041.
RIO SALADO SCHOOL OF DENTAL HYGIENE/SPECIAL OLYMPI 1150 E WASHINGTON ST PHOENIX, AZ 85034	NONE PUBLIC CHARITY		DENTAL SUPPLIES	410.
SIERRA VISTA UNIFIED SCHOOL DISTRICT 3555 E FRY BLVD SIERRA VISTA, AZ 85635	NONE GOVERNMENT		DENTAL SUPPLIES	875.
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	NONE PUBLIC CHARITY		DENTAL SUPPLIES	201.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION STATUS OF RECIPIENT			
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008	NONE	PUBLIC CHARITY	DENTAL HEALTH	800.
ST. ELIZABETH HEALTH CENTER 140 W SPEEDWAY BLVD #100 TUCSON, AZ 85705	NONE	PUBLIC CHARITY	2010 SMILE MAKER	20,250.
ST. VINCENT DE PAUL DENTAL TRAUMA WORKSHOP 420 W WATKINS RD PHOENIX, AZ 85002	NONE	PUBLIC CHARITY	DENTAL SUPPLIES & SEALANTS	35,280.
THE HEALTHY SMILE FOUNDATION 938 E LOIS LANE PHOENIX, AZ 85020	NONE	PUBLIC CHARITY	DENTAL SUPPLIES	217.
THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE, STE 310 WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	DENTAL HEALTH	2,500.
THE ORAL CANCER FOUNDATION PO BOX 54640 PHOENIX, AZ 85078	NONE	PUBLIC CHARITY	DENTAL HEALTH & DENTAL SUPPLIES	1,197.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE SHYANN KINDNESS PROJECT 9121 E TANQUE VERDE RD #105-320 TUCSON, AZ 85749	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	1,517.
TLC FOR HEALTHY SMILES 2229 S 82ND LN PHOENIX, AZ 85043	NONE PUBLIC CHARITY	DENTAL SUPPLIES	686.
TOYS FOR TOTS - CITY OF MESA 200 S CENTER MESA, AZ 85210	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,037.
UMOM 3333 E VAN BUREN ST PHOENIX, AZ 85008	NONE PUBLIC CHARITY	DENTAL SUPPLIES	56.
VALLEY OF THE SUN UNITED WAY 1515 E OSBORN RD PHOENIX, AZ 85014	NONE PUBLIC CHARITY	DENTAL SUPPLIES	1,078.
VERDE VALLEY SANCTUARY PO BOX 595 SEDONA, AZ 86339	NONE PUBLIC CHARITY	DENTAL HEALTH	3,000.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VETERANS WITH A MISSION PO BOX 202 NEWBERRY, SC 29108	NONE PUBLIC CHARITY	DENTAL SUPPLIES	467.
WARD TRADITIONAL ACADEMY 1965 E HERMOSA DR TEMPE, AZ 85282	NONE PUBLIC CHARITY	DENTAL SUPPLIES	125.
WASHINGTON ELEMENTARY SCHOOL DISTRICT 4650 W SWEETWATER GLENDALE, AZ 85304	NONE GOVERNMENT	DENTAL SUPPLIES	700.
WASHINGTON HIGH SCHOOL 2217 W GLENDALE AVE PHOENIX, AZ 85021	NONE GOVERNMENT	DENTAL SUPPLIES	258.
WELLCARE FOUNDATION 55 E LEXINGTON AVE PHOENIX, AZ 85012	NONE PUBLIC CHARITY	DENTAL SUPPLIES & DENTAL HEALTH	5,890.
WESTERN VALLEY MIDDLE SCHOOL 6250 W DURANGO PHOENIX, AZ 85043	NONE GOVERNMENT	DENTAL SUPPLIES	833.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 7 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WOMEN'S HEALTH COALITION 1402 S 7TH AVE PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	DENTAL SUPPLIES	954.
YOUTH EMPOWERMENT SERVICES NETWORK 633 N 2ND AVE TUCSON, AZ 85705	NONE	PUBLIC CHARITY	DENTAL HEALTH	2,500.
ZION CHURCH OF THE LORD 2998 S 12TH AVE TUCSON, AZ 85713	NONE	PUBLIC CHARITY	DENTAL SUPPLIES	451.
MICHAEL MENDOZA 4600 E OCOTILLO RD PARADISE VALLEY, AZ 85253	NONE	NON-EXEMPT	SCHOLARSHIP	1,000.
TOTAL CONTRIBUTIONS PAID				<u>327,115.</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.	15,752.	473.
Furniture & Fixtures	0.			
Property, Plant & Equipment	<u>16,226.</u>	<u>3,498.</u>	<u>15,752.</u>	<u>473.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 11</b>	<u>16,226.</u>		<u>15,752.</u>	<u>473.</u>
<b>Total Depreciation Expense, line 19</b>		<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).

<b>Type or print</b> File by the extended due date for filing your return. See instructions.	Name of exempt organization	DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	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			

Enter the Return code for the return that this application is for (file a separate application for each return)  

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**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.  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.

- I request an additional 3-month extension of time until 11/15, 2011.
- For calendar year 2010, or other tax year beginning           , 20  , and ending           , 20  .
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 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.

<b>8a</b> 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.	<b>8a</b>	\$	30.
<b>b</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.	<b>8b</b>	\$	30.
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**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 

Form 8868 (Rev. 1-2011)



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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.

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 10 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

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

<b>3a</b> 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.	<b>3a</b> \$	<u>30.</u>
<b>b</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.	<b>3b</b> \$	<u>30.</u>
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	<u>0.</u>

**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 Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)