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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

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

2011

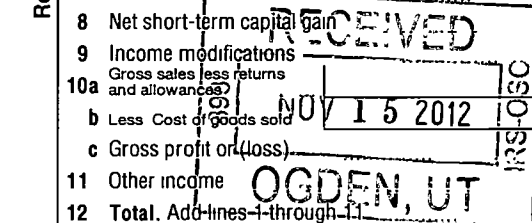
For calendar year 2011 or tax year beginning

, and ending

Name of foundation <b>DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST</b>		A Employer identification number <b>86-0842694</b>
Number and street (or P O box number if mail is not delivered to street address) <b>5656 WEST TALAVI BLVD</b>	Room/suite	B Telephone number <b>602-938-3131</b>
City or town, state, and ZIP code <b>GLENDAL, AZ 85306</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> Foreign organizations meeting the 85% test, 2. check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 2,728,379.</b> (Part I, column (d) must be on cash basis.)	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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))		(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		1,750,196.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		54.	54.		STATEMENT 1
4 Dividends and interest from securities		34,164.	34,164.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		23,091.			
b Gross sales price for all assets on line 6a		47,521.			
7 Capital gain net income (from Part IV, line 2)			23,091.		
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)					
11 Other income		41,960.	0.	0.	STATEMENT 3
12 Total. Add lines 1 through 11		1,849,465.	57,309.	0.	
13 Compensation of officers, directors, trustees, etc		0.	0.	0.	0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees STMT 4		20,600.	0.	0.	20,600.
c Other professional fees STMT 5		23,534.	0.	0.	23,134.
17 Interest					
18 Taxes					
19 Depreciation and depletion		474.	0.	0.	
20 Occupancy					
21 Travel, conferences, and meetings		7,909.	0.	0.	7,498.
22 Printing and publications		8,673.	0.	0.	8,578.
23 Other expenses STMT 6		123,768.	2,411.	0.	67,644.
24 Total operating and administrative expenses. Add lines 13 through 23		184,958.	2,411.	0.	127,454.
25 Contributions, gifts, grants paid		420,668.			419,198.
26 Total expenses and disbursements. Add lines 24 and 25		605,626.	2,411.	0.	546,652.
27 Subtract line 26 from line 12:		1,243,839.			
28 Excess of revenue over expenses and disbursements			54,898.		
29 Net investment income (if negative, enter -0-)				0.	
30 Adjusted net income (if negative, enter -0-)					

SCANNED NOV 16 2012



Operating and Administrative Expenses

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**Part II** Balance Sheets

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	296,328.	487,444.	487,444.
	2 Savings and temporary cash investments	1,255,289.	119,654.	119,654.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 4,067. Less: allowance for doubtful accounts ▶	5,850.	4,067.	4,067.
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons		5,332.	5,332.
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	17,554.	23,123.	23,123.
	9 Prepaid expenses and deferred charges	18,147.	2,695.	2,695.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	0.	1,321,193.	1,321,193.
	c Investments - corporate bonds STMT 8	0.	529,565.	529,565.
	11 Investments - land, buildings, and equipment basis ▶ 16,226. Less accumulated depreciation STMT 9 ▶ 16,226.	474.		
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	0.	235,304.	235,304.
Liabilities	14 Land, buildings, and equipment: basis ▶ Less accumulated depreciation ▶			
	15 Other assets (describe ▶ <u>INTEREST RECEIVABLE</u> )	27.	2.	2.
	16 <b>Total assets</b> (to be completed by all filers)	1,593,669.	2,728,379.	2,728,379.
	17 Accounts payable and accrued expenses	13,944.	17,021.	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	5,379.		
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ )			
	23 <b>Total liabilities</b> (add lines 17 through 22)	19,323.	17,021.	
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	1,461,631.	2,667,255.	
	25 Temporarily restricted	112,715.	44,103.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	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			
Net Assets or Fund Balances	30 <b>Total net assets or fund balances</b>	1,574,346.	2,711,358.	
	31 <b>Total liabilities and net assets/fund balances</b>	1,593,669.	2,728,379.	

**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	1,574,346.
2 Enter amount from Part I, line 27a	2	1,243,839.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	2,818,185.
5 Decreases not included in line 2 (itemize) ▶ <u>UNREALIZED LOSS</u>	5	106,827.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,711,358.

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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.)
<b>1a NORTHERN TRUST - SEE ATTACHED</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a 47,521.</b>		<b>24,430.</b>	<b>23,091.</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) 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	
<b>a</b>			<b>23,091.</b>
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> 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 }	<b>2</b>	<b>23,091.</b>
<b>3</b> 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). If (loss), enter -0- in Part I, line 8	{ }	<b>3</b>	<b>N/A</b>

**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 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))
2010	440,497.	1,218,291.	.361570
2009	368,644.	1,124,123.	.327939
2008	289,040.	596,864.	.484264
2007	132,677.	440,206.	.301398
2006	344,453.	241,727.	1.424967

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>2.900138</b>
<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	<b>3</b>	<b>.580028</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	<b>4</b>	<b>1,344,691.</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>779,958.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>549.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>780,507.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>546,652.</b>

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.

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

1a 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 letter if necessary-see instructions)		1	1,098.
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			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	1,098.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	1,098.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a 30.	7	1,530.
b Exempt foreign organizations - tax withheld at source	6b	8	26.
c Tax paid with application for extension of time to file (Form 8868)	6c 1,500.	9	
d Backup withholding erroneously withheld	6d	10	406.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <b>406.</b> Refunded			

**Part VII-A Statements Regarding Activities**

	Yes	No
1a 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 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. <b>\$ 0.</b> (2) On foundation managers. <b>\$ 0.</b>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$ 0.</b>		
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
4a 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	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <b>AZ</b>		
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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

N/A

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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 instructions)	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14 The books are in care of ► <u>THE ORGANIZATION</u> Telephone no. ► <u>602-938-3131</u> Located at ► <u>5656 WEST TALAVI BLVD, GLENDALE, AZ</u> ZIP+4 ► <u>85306</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16 At any time during calendar year 2011, 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

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

		Yes	No
<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			
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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b		X
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 2011?	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ► _____, _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 instructions.)	N/A	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. ► _____, _____, _____, _____			
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 2011 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 2011.)	N/A	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 2011?		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)? ☐ 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 instructions)? **N/A**  
 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? **N/A** ☐ 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?

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? **N/A**

<b>5b</b>		
<b>6b</b>		<b>X</b>
<b>7b</b>		

**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.

(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
<b>SEE STATEMENT 11</b>		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). 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
<b>NONE</b>				

**Total number of other employees paid over \$50,000** **0**

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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.** 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

0

**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 <b>PROMOTING ORAL HEALTH BY DISTRIBUTING TOOTHBRUSHES, FLOSS TOOTHPASTE AND EDUCATIONAL MATERIALS.</b>	79,091.
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

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

	Amount
1	
2	
All other program-related investments. See instructions.	
3 <b>NONE</b>	0.
	0.
<b>Total.</b> Add lines 1 through 3	0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see 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>	1,032,481.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	294,289.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	38,399.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,365,169.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<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>	1,365,169.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	20,478.
<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>	1,344,691.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	67,235.

**Part XI Distributable Amount** (see 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>	67,235.
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b>	1,098.
<b>b</b>	Income tax for 2011. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,098.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	66,137.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	66,137.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<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>	66,137.

**Part XII Qualifying Distributions** (see 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>	546,652.
<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>	
<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>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<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>	546,652.
<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	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	546,652.

**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.

Form 990-PF (2011)

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

Form 990-PF (2011)

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				66,137.
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006	332,414.			
<b>b</b> From 2007	110,794.			
<b>c</b> From 2008	259,281.			
<b>d</b> From 2009	229,450.			
<b>e</b> From 2010	379,582.			
<b>f</b> Total of lines 3a through e	1,311,521.			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4: ► \$	546,652.			
<b>a</b> Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2011 distributable amount				66,137.
<b>e</b> Remaining amount distributed out of corpus	480,515.			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:	1,792,036.			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<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		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7	332,414.			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,459,622.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2007	110,794.			
<b>b</b> Excess from 2008	259,281.			
<b>c</b> Excess from 2009	229,450.			
<b>d</b> Excess from 2010	379,582.			
<b>e</b> Excess from 2011	480,515.			

<b>Part XIV</b>	<b>Private Operating Foundations</b> (see instructions and Part VII-A, question 9)
-----------------	--

N/A

**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 2011, 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)

**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)(iii)

**(3) Largest amount of support from an exempt organization**

**(4) Gross investment income**

[illegible]

<b>Part XV</b>		<b>Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)</b>
----------------	--	--

### 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).)

NONE

**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.

NONE

**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 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:

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

Recipient Name and address (home or business)	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
<b>a</b> Paid during the year				
ALLIANCE OF ARIZONA NONPROFITS P.O. BOX 16162 PHOENIX, AZ 85011	NONE	PUBLIC CHARITY	VISTA WORKER	8,000.
AMERICAN RED CROSS GRAND CANYON CHAPTER 6135 N BLACK CANYON HWY PHOENIX, AZ 85015	NONE	PUBLIC CHARITY	SUPPLIES	164.
ARIZONA DEPARTMENT OF EDUCATION 1535 W JEFFERSON BIN #15 PHOENIX, AZ 85007	NONE	GOVERNMENT	HEAD START DENTAL HOME	15,000.
ARIZONAS CHILDREN ASSOCIATION 2833 N 3RD ST PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	YUMA IN HOME PROGRAMS	15,000.
AZ PIPE TRADES 2950 W THOMAS RD PHOENIX, AZ 85017	NONE	GOVERNMENT	SUPPLIES	164.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>419,198.</b>
<b>b</b> Approved for future payment				
NONE				
<b>Total</b>				<b>0.</b>

Form 990-PF (2011)

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

**86-0842694**

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
BOYS & GIRLS CLUBS OF METRO PHOENIX 2645 N 24TH ST PHOENIX, AZ 85008	NONE	PUBLIC CHARITY	DENTAL OUTREACH PROGRAM	17,100.
CATHOLIC CHARITIES COMMUNITY SERVICES 1825 W NORTHERN AVE PHOENIX, AZ 85021	NONE	PUBLIC CHARITY	REFUGEE OUTREACH	10,500.
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	MURPHY SCHOOLS DENTAL	15,000.
CHW - CHANDLER CARE CENTER 3033 N THIRD AVE PHOENIX, AZ 85013	NONE	PUBLIC CHARITY	CHANDLER CARE CENTER	12,607.
COCONINO COUNTY HEALTH DEPARTMENT 304 S HUMPHREYS FLAGSTAFF, AZ 86001	NONE	GOVERNMENT	SUPPLIES	259.
COCONINO COUNTY OFFICE OF ORAL HEALTH 2625 N KING ST FLAGSTAFF, AZ 86004	NONE	GOVERNMENT	TABACCO PREVENTION PROGRAM	3,120.
COMMUNITY RENEWAL DBA HOPE NETWORK 7925 N ORACLE RD A-140 TUCSON, AZ 85704	NONE	PUBLIC CHARITY	HOPE NETWORK/HOPE FEST	10,000.
DESERT MISSION CHILDREN'S DENTAL CLINIC 9201 N FIFTH ST PHOENIX, AZ 85020	NONE	PUBLIC CHARITY	CHILDRENS DENTAL CLINIC	10,000.
DIOCESAN COUNCIL FOR THE SOCIETY OF ST. VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002	NONE	PUBLIC CHARITY	CHILDRENS DENTAL CLINIC	15,000.
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745	NONE	PUBLIC CHARITY	CHILDHOOD CARES PROGRAM	15,000.
<b>Total from continuation sheets</b>				<b>380,870.</b>

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

**86-0842694**

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
FT DEFIANCE INDIAN HOSPITAL PO BOX 649 FT DEFIANCE, AZ 86504	NONE	PUBLIC CHARITY	SUPPLIES	492.
GOMPERS DENTAL CENTER 6601 N 27TH AVE PHOENIX, AZ 85017	NONE	PUBLIC CHARITY	SPECIAL SMILES	15,000.
HOLDEMAN ELEMENTARY 1326 W 18STH ST TEMPE, AZ 85281	NONE	GOVERNMENT	SUPPLIES	410.
HOMeward BOUND 2302 W COLTER ST PHOENIX, AZ 85015	NONE	PUBLIC CHARITY	CHILDRENS DENTAL	15,000.
HOZHONI FOUNDATION 2133 N WALGREENS FLAGSTAFF, AZ 86004	NONE	PUBLIC CHARITY	SUPPLIES	138.
INTERNATIONAL RESCUE COMMITTEE 5227 N 7TH ST PHOENIX, AZ 85014	NONE	PUBLIC CHARITY		15,000.
LEARN ALONA BOX 72 GOTHA, FL 34734	NONE	PUBLIC CHARITY	BRUSH ALONG CD	49.
MAGIC SMILES DENTAL CARE - PDA HOLDINGS 1701 E THOMAS PHOENIX, AZ 85016	NONE	PUBLIC CHARITY	SUPPLIES	287.
MARICOPA COUNTY DEPT OF PUBLIC HEALTH 4041 N CENTRAL AVE PHOENIX, AZ 85012	NONE	GOVERNMENT	1ST GRANT PAYMENT DENTAL SEALANT	70,000.
MARICOPA COUNTY ORAL HEALTH DEPARTMENT 4041 N CENTRAL AVE STE 1400 PHOENIX, AZ 85012	NONE	GOVERNMENT	SUPPLIES	3,612.
<b>Total from continuation sheets</b>				

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

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**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
BOYS & GIRLS OF METROPOLITAN PHOENIX 1601 W SHERMAN ST PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	SUPPLIES	39.
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308	NONE	PUBLIC CHARITY	SUPER SEALANT SATURDAY	17,500.
MILEMARKERS THERAPY 1515 N LAKE HAVASU AVE #100 LAKE HAVASU CITY, AZ 86404	NONE	PUBLIC CHARITY	SUPPLIES	239.
NORTHERN ARIZONA UNIVERSITY PO BOX 4103 FLAGSTAFF, AZ 86011	NONE	GOVERNMENT	SUPPLIES	1,718.
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 15065 FLAGSTAFF, AZ 86011	NONE	PUBLIC CHARITY		15,000.
PHOENIX DAY 115 E TONTO ST PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	SUPPLIES	242.
PHOENIX DREAM CENTER 3210 NW GRAND AVE PHOENIX, AZ 85017	NONE	PUBLIC CHARITY	SUPPLIES	422.
PHOENIX PREP BACK TO SCHOOL 538 W HIGHLAND AVE. PHOENIX, AZ 85013	NONE	PUBLIC CHARITY	SUPPLIES	5,746.
PREVENT CHILD ABUSE P.O. BOX 26495 PRESCOTT VALLEY, AZ 86312	NONE	PUBLIC CHARITY	SUPPLIES	464.
PRIMA KIDS CONNECTION 151 W 40TH ST PHOENIX, AZ	NONE	PUBLIC CHARITY	SUPPLIES	956.
<b>Total from continuation sheets</b>				

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

86-0842694

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
SMILE MAKERS PO BOX 2543 SPARTANBURG, SC 29304	NONE	PUBLIC CHARITY	SUPPLIES	27.
SOUTHWEST AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006	NONE	PUBLIC CHARITY	SUPPORT	2,500.
ARIZONA MYELOMA NETWORK 20280 N. 59TH AVE. SUITE 115,#448 GLENDALE, AZ 85308	NONE	PUBLIC CHARITY	SUPPORT	1,500.
CHILDREN'S MUSEUM OF PHOENIX 215 N. 7TH STREET PHOENIX, AZ 85034	NONE	PUBLIC CHARITY	SUPPORT	10,000.
DESERT MISSION CHILDREN'S DENTAL CLINIC 9201 N FIFTH ST PHOENIX, AZ 85020	NONE	PUBLIC CHARITY	CHILDRENS DENTAL CLINIC	3,000.
ASSOCIATION FOR SUPPORTIVE CHILD CARE 3910 S RURAL ROAD, SUITE 3 TEMPE, AZ 85282	NONE	PUBLIC CHARITY	SUPPORT	1,500.
ARIZONA DENTAL FOUNDATION 3193 N. DRINKWATER SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	SUPPORT	1,000.
KEOGH HEALTH CONNECTION 2375 E. CAMELBACK RD., #250 PHOENIX, AZ 85016	NONE	PUBLIC CHARITY	SUPPORT	5,250.
ARIZONA FOUNDATION FOR WOMEN 2828 N CENTRAL AVE. PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	SUPPORT	5,000.
SMARTPRACTICE 3400 E. MCDOWELL ROAD PHOENIX, AZ 85008	NONE	FOR PUBLIC CHARITIES	DENTAL SUPPLIES	11,495.
<b>Total from continuation sheets</b>				



**DELTA DENTAL PLAN OF ARIZONA  
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86-0842694

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	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
THE LEUKEMIA & LYMPHOMA SOCIETY 3877 N. 7TH STREET SUITE 300 PHOENIX, AZ 85014	NONE	PUBLIC CHARITY	SUPPORT	2,500.
OPERATION FREEDOM BIRD 1365 N. TERCERA AVE. CHANDLER, AZ 85226	NONE	PUBLIC CHARITY	SUPPORT	250.
THE PRIMAVERA FOUNDATION 151 W 40TH ST TUCSON, AZ 85713	NONE	PUBLIC CHARITY	SUPPLIES	485.
THE SHYANN KINDNESS PROJECT 9121 E TANQUE VERDE RD #105-320 TUCSON, AZ 85749	NONE	PUBLIC CHARITY	SUPPLIES	1,192.
WELLCARE FOUNDATION 55 E LEXINGTON AVE PHOENIX, AZ 85012	NONE	PUBLIC CHARITY	CHILDRENS ORAL HEALTH PROGRAM	10,000.
YMCA OF SOUTHERN ARIZONA 7770 N SHANNON RD TUCSON, AZ 85741	NONE	PUBLIC CHARITY	SUPPLIES	468.
VARIOUS ORGANIZATIONS VARIOUS LOCATIONS	NONE	FOR PUBLIC CHARITIES	SUPPLIES	53,803.
<b>Total from continuation sheets</b>				






## Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |  | Yes          | No       |
|----------|--|--------------|----------|
| <b>1</b> | 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?  |              |          |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |              |          |
|          | (1) Cash   | <b>1a(1)</b> | <b>X</b> |
|          | (2) Other assets   | <b>1a(2)</b> | <b>X</b> |
| <b>b</b> | Other transactions:  |              |          |
|          | (1) Sales of assets to a noncharitable exempt organization   | <b>1b(1)</b> | <b>X</b> |
|          | (2) Purchases of assets from a noncharitable exempt organization   | <b>1b(2)</b> | <b>X</b> |
|          | (3) Rental of facilities, equipment, or other assets   | <b>1b(3)</b> | <b>X</b> |
|          | (4) Reimbursement arrangements   | <b>1b(4)</b> | <b>X</b> |
|          | (5) Loans or loan guarantees   | <b>1b(5)</b> | <b>X</b> |
|          | (6) Performance of services or membership or fundraising solicitations   | <b>1b(6)</b> | <b>X</b> |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | <b>1c</b>    | <b>X</b> |
| <b>d</b> | 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. |              |          |

[illegible]

- 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, INC.	501 (C) (4)	SEE STATEMENT 13

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) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	 Signature of officer or trustee		11/12/12 Date		 Title	
Paid Preparer Use Only	Print/Type preparer's name <b>AMY A. O'LOUGHLIN</b>		Preparer's signature 		Check <input type="checkbox"/> if self-employed	
	Firm's name ▶ <b>CBIZ MHM, LLC</b>		Date <b>11-8-12</b>		PTIN <b>P00869687</b>	
	Firm's address ▶ <b>3101 N. CENTRAL AVE., STE. 300 PHOENIX, AZ 85012</b>				Firm's EIN ▶ <b>34-1884125</b>  Phone no. <b>602-264-6835</b>	

Form **990-PF** (2011)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2011**

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, total 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 total 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 Part I, 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)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST

Employer identification number

86-0842694

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ARIZONA DENTAL INSURANCE SERVICES, INC 5656 WEST TALAVI BLVD. GLENDALE, AZ 85306	\$ 1,608,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	ARIZONA DENTAL INSURANCE SERVICES, INC 5656 WEST TALAVI BLVD. GLENDALE, AZ 85306	\$ 1,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	ARIZONA DIAMONDBACKS 401 EAST JEFFERSON ST. PHOENIX, AZ 85004	\$ 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	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.)
<u>4</u>	HENRY SCHEIN DENTAL 135 DURYEA RD MELVILLE, NY 11747	\$ 5,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	USAA FEDERAL SAVINGS BANK 9800 FREDERICKSBURG RD D-3-E SAN ANTONIO, TX 78288	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST</b>	Employer identification number <b>86-0842694</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<u>THUNDERBIRDS CHARITIES</u> <u>7226 N 16TH ST, STE 100</u> <u>PHOENIX, AZ 85020</u>	\$ <u>12,708.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>MARICOPA COUNTY</u> <u>301 W. JEFFERSON ST</u> <u>PHOENIX, AZ 85003</u>	\$ <u>21,000.</u>	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.)
		\$	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

86-0842694

[illegible]

Name of organization

Employer identification number

**DELTA DENTAL PLAN OF ARIZONA  
CHARITABLE FOUNDATION AND TRUST**

86-0842694

**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
NORTHERN TRUST	54.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	54.

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
NORTHERN TRUST	34,164.	0.	34,164.
TOTAL TO FM 990-PF, PART I, LN 4	34,164.	0.	34,164.

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	41,960.	0.	41,960.
TOTAL TO FORM 990-PF, PART I, LINE 11	41,960.	0.	41,960.

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	20,600.	0.	0.	20,600.
TO FORM 990-PF, PG 1, LN 16B	20,600.	0.	0.	20,600.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	23,534.	0.	0.	23,134.
TO FORM 990-PF, PG 1, LN 16C	23,534.	0.	0.	23,134.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	2,958.	0.	0.	2,779.
PROMOTION	12,320.	0.	0.	23,292.
POSTAGE	225.	0.	0.	225.
BANK CHARGES	2,411.	2,411.	0.	0.
MEALS & ENTERTAINMENT	10,820.	0.	0.	10,653.
TRAINING & SEMINARS	422.	0.	0.	332.
TELEPHONE	1,915.	0.	0.	1,915.
SUPPLIES	19,725.	0.	0.	19,170.
OTHER EXPENSES	446.	0.	0.	446.
BOARD EXPENSES	12,341.	0.	0.	8,482.
GOLF TOURNAMENT COURSE FEES	18,000.	0.	0.	0.
GOLF TOURNAMENT FOOD	10,311.	0.	0.	0.
GOLF TOURNAMENT SUPPLIES	3,835.	0.	0.	0.
GOLF TOURNAMENT VOLUNTEER	7,241.	0.	0.	0.
GOLF TOURNAMENT PRINT & ADS	4,553.	0.	0.	0.
GOLF TOURNAMENT RAFFLE	3,452.	0.	0.	0.
GOLF TOURNAMENT MISC	111.	0.	0.	0.
GOLF TOURNAMENT TEE PRIZES	12,332.	0.	0.	0.
LICENSES & FEES	350.	0.	0.	350.
TO FORM 990-PF, PG 1, LN 23	123,768.	2,411.	0.	67,644.

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	1,321,193.	1,321,193.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,321,193.	1,321,193.

FORM 990-PF	CORPORATE BONDS	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	529,565.	529,565.
TOTAL TO FORM 990-PF, PART II, LINE 10C	529,565.	529,565.

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	16,226.	16,226.	0.
TOTAL TO FM 990-PF, PART II, LN 11	16,226.	16,226.	0.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	FMV	235,304.	235,304.
TOTAL TO FORM 990-PF, PART II, LINE 13		235,304.	235,304.

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Asset Detail - Base Currency

Page 5 of 48

Description/Asset ID	Investment Mgr ID	Exchange rate/Local market price	Accrued income/expense	Market value	Cost	Market	Unrealized gain/loss	Total
<i>Equities</i>								
<b>Funds - common stock</b>								
<b>Emerging Markets Region - USD</b>								
MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD	CUSIP 665162483							
12,090 81	16 2100000		0 00	195,992 03	224,372 56	- 28,380 53	0 00	- 28,380 53
Total USD			0 00	195,992 03	224,372 56	- 28,380 53	0 00	- 28,380 53
Total Emerging Markets Region			0 00	195,992 03	224,372 56	- 28,380 53	0 00	- 28,380 53
<b>International Region - USD</b>								
MFB NORTHERN INSTL FDS INTL EQUITY INDEXPORTFOLIO CL A	CUSIP 665278354							
24,470 62	7 2800000		0 00	178,146 11	197,000 00	- 18,853 89	0 00	- 18,853 89
MFB NORTHN MULTI-MANAGER INTL EQTY FD	CUSIP 665162558							
26,822 42	8 2700000		0 00	221,821 41	240,000 00	- 18,178 59	0 00	- 18,178 59
Total USD			0 00	399,967 52	437,000 00	- 37,032 48	0 00	- 37,032 48
Total International Region			0 00	399,967 52	437,000 00	- 37,032 48	0 00	- 37,032 48
<b>United States - USD</b>								
MFB NORTHERN FUNDS MULTI MANAGER LARGE CAP FD	CUSIP 665162517							
35,187 42	8 7000000		0 00	306,130 55	315,249 86	- 9,119 31	0 00	- 9,119 31
MFB NORTHERN INSTL FDS EQUITY INDEX PORTFOLIO CL A	CUSIP 665278529							
23,084 67	12 4800000		0 00	288,096 68	289,000 00	- 903 32	0 00	- 903 32
MFB NORTHN MULTI-MANAGER MID CAP FD	CUSIP 665162574							
6,019 33	10 9200000		0 00	65,731 08	69,112 34	- 3,381 26	0 00	- 3,381 26
MFB NORTHN MULTI-MANAGER SMALL CAP FD	CUSIP 665162566							
7,451 52	8 7600000		0 00	65,275 31	71,503 74	- 6,228 43	0 00	- 6,228 43

◆ Asset Detail - Base Currency

Page 6 of 48

Description/Asset ID	Investment Mgr ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Market	Unrealized gain/loss Translation	Total
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*Equities*

**Funds - common stock**

Total USD			0.00	725,233.62	744,865.94	- 19,632.32	0.00	- 19,632.32
Total United States			0.00	725,233.62	744,865.94	- 19,632.32	0.00	- 19,632.32
Total Funds - Common Stock			0.00	1,321,193.17	1,406,238.50	- 85,045.33	0.00	- 85,045.33
135,126.79								

**Total Equities**

135,126.79			0.00	1,321,193.17	1,406,238.50	- 85,045.33	0.00	- 85,045.33
Description/Asset ID	Investment Mgr ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Market	Unrealized gain/loss Translation	Total

*Fixed Income*

**Funds - corporate bond**

**United States - USD**

MFB NORTHERN FUNDS BD INDEX FD	CUSIP 665162533							
40,069.60	10 9100000		0.00	437,159.33	432,197.81	4,961.52	0.00	4,961.52
Issue Date, 25 Aug 08								
MFB NORTHERN FUNDS MULTI MANAGER HIGH	YIELD OPPORTUNITY FUND	CUSIP 665162442						
9,296.40	9 9400000		0.00	92,406.21	96,016.62	- 3,610.41	0.00	- 3,610.41
Total USD			0.00	529,565.54	528,214.43	1,351.11	0.00	1,351.11
Total United States			0.00	529,565.54	528,214.43	1,351.11	0.00	1,351.11

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*Fixed Income*

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**Total Funds - Corporate Bond**

## Funds - fixed income etf

Total USD	0.00	42,008.40	40,156.20	1,852.20	0.00	1,852.20
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Total United States	0 00	42,008.40	1,852 20	0.00
			40,156 20	1,852.20

<b>Total Funds - Fixed Income ETF</b>					
	360.00	0.00	42,008.40	40,156.20	1,852.20
					0.00
					1,852.20

Total Fixed Income	49,726.00	0.00	571,573.94	568,370.63	3,203.31	0.00	3,203.31
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Description/Asset ID	Exchange rate/ Investment Mgr ID	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Shares/PAR value	Local market price						

## Real Estate

## Funds - real estate

## United States - USD

MFB NORTHERN FDS GLOBAL REAL ESTATE	INDEX FD	CUSIP	665162541				
11,548.33	7 4100000	0 00	85,573.12	90,000.00	- 4,426.88	0.00	- 4,426.88
<b>Total USD</b>		0.00	85,573.12	90,000.00	- 4,426.88	0.00	- 4,426.88
<b>Total United States</b>		0.00	85,573.12	90,000.00	- 4,426.88	0.00	- 4,426.88
<b>Total FUNDS - REAL ESTATE</b>							
11,548.33		0.00	85,573.12	90,000.00	- 4,426.88	0.00	- 4,426.88

## Total Real Estate

	11,548.33	0.00	85,573.12	90,000.00	- 4,426.88	0.00	- 4,426.88
Description/Asset ID	Investment Mgr ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss	Total
Shares/PAR value						Translation	

## Commodities

## Funds - commodity linked

## United States - USD

MFO PIMCO FDS PAC INVT MGMT SER	COMMODITY REALRETURN STRATEGY FD INSTL	CUSIP: 722005667	
14,588.76	6 5400000	95,410 49	116,379 94
		0 00	- 20,969 45
			0 00
Total USD		95,410 49	116,379 94
		0 00	- 20,969 45
Total United States		95,410 49	116,379 94
		0 00	- 20,969 45
			0 00
			- 20,969 45

Portfolio Statement 31 DEC 2011 Account Number 267350 Account Name DELTA DENTAL OF AZI FOUNDATION

## Page 9 of 48

<u>Description/Asset ID</u>	<u>Investment Mgr ID</u>	<u>Exchange rate/ Local market price</u>	<u>Accrued Income/expense</u>	<u>Market value</u>	<u>Cost</u>	<u>Market</u>	<u>Translation</u>	<u>Total</u>
<b>Unrealized gain/loss</b>								

## Commodities

## Funds - commodity linked

<b>Total Funds - Commodity Linked</b>	<b>14,588.76</b>	<b>0.00</b>	<b>95,410.49</b>	<b>116,379.94</b>	<b>- 20,969.45</b>	<b>0.00</b>	<b>- 20,969.45</b>
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## Funds - commodity etf

## Global Region - USD

MFC SPDR GOLD TR GOLD SHS	CUSIP 78463V107				
81 00	151 9900000	0 00	12,311 19	11,900 12	411 07
					0 00
					411 07

Total USD	0.00	12,311.19	11,900.12	411.07	0.00	411.07
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	0.00	12,311.19	11,900.12	411.07	0.00	411.07
Total Global Region	0.00	12,311.19	11,900.12	411.07	0.00	411.07

**Total Funds - Commodity ETF**

81.00	12,311.19	0.00	411.07
81.00	12,311.19	0.00	411.07

## Total Commodities

14,669.76	107,721.68	128,280.06	- 20,558.38	0.00
				- 20,558.38

Description/Asset ID

Investment Mgr ID	Exchange rate/ Local market price	Accrued income/expense	Cost	Market	Translation	Total
Shares/PAR value						

### Cash and Cash Equivalents

### Funds - short term investment

NORTHIN INSTL FDS DIVERSIFIED ASSETS	PORTFOLIO	CUSIP: 665278107
1 00000000	1 69	119,654 37
		119,654 37
		0 00
		0 00



◆ Asset Detail - Base Currency

Page 10 of 48

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

*Cash and Cash Equivalents*

**Funds - short term investment**

Total funds - short term investment - all currencies	1.69	119,654.37	119,654.37	0.00	0.00	0.00	0.00
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Total funds - short term investment - all countries	1.69	119,654.37	119,654.37	0.00	0.00	0.00	0.00
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**Total Funds - Short Term Investment**

119,654.37	1.69	119,654.37	119,654.37	0.00	0.00	0.00	0.00
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**Total Cash and Cash Equivalents**

119,654.37	1.69	119,654.37	119,654.37	0.00	0.00	0.00	0.00
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Total	330,725.25	1.69	2,205,716.28	2,312,543.56	106,827.28	0.00	106,827.28
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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 11
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES P. DAVIS 5656 WEST TALAVI BLVD GLENDALE, AZ 85306	CHAIRMAN 2.00	0.	0.	0.
FELIX DURAZO SAME AS ABOVE	TREASURER 2.00	0.	0.	0.
KAREN BERRIGAN SAME AS ABOVE	VICE CHAIRWOMAN 1.50	0.	0.	0.
DON HENNINGER SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
SUSAN PERKINS FRY SAME AS ABOVE	DIRECTOR 2.00	0.	0.	0.
REBECCA KENYON SAME AS ABOVE	SECRETARY 1.70	0.	0.	0.
ALISA DIGGS SAME AS ABOVE	DIRECTOR 1.70	0.	0.	0.
KENDIS MUSCHEID SAME AS ABOVE	DIRECTOR 1.70	0.	0.	0.
FRED OLSEN SAME AS ABOVE	DIRECTOR 1.00	0.	0.	0.
XAVIER ORTEGA SAME AS ABOVE	DIRECTOR 1.30	0.	0.	0.
PHILLIP STOKER SAME AS ABOVE	DIRECTOR 1.30	0.	0.	0.

## DELTA DENTAL PLAN OF ARIZONA CHARITABLE

86-0842694

TIM WILSON	DIRECTOR			
SAME AS ABOVE	1.70	0.	0.	0.
ALLAN ALLFORD	DIRECTOR			
SAME AS ABOVE	2.00	0.	0.	0.
KEITH GAUZZA	DIRECTOR			
SAME AS ABOVE	3.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

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990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)	STATEMENT 12
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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

---

COCONINO COUNTY HEALTH DEPARTMENT

---

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

---

SUPPLIES TO PROMOTE ORAL HEALTH.

---

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

---

MARICOPA COUNTY OFFICE OF ORAL HEALTH

---

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

---

SUPPLIES TO PROMOTE ORAL HEALTH.

---

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

---

ARIZONA DENTAL INSURANCE SERVICES, INC.

---

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

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ARIZONA DENTAL INSURANCE SERVICE, INC. PROVIDES THE ORGANIZATION FREE USE OF FACILITIES, OFFICE EQUIPMENT AND STAFF.

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990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)	STATEMENT 13
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NAME OF AFFILIATED OR RELATED ORGANIZATION

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ARIZONA DENTAL INSURANCE SERVICE, INC.

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DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

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UP TO 4 COMMON BOARD MEMBERS AND CEO

Delta Dental Arizona Charitable Foundation

EIN: 86-0842694

12/31/2011

Northern Trust Sales Summary

Date of Sale	Description	Sales Price	Basis	Gain/Loss	Date Acquired
12/20/2011	MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD	10,087	-	10,087	Various
12/20/2011	MFB NORTHN FDS MULTI MANAGER LARGE CAP FD	5,250	-	5,250	Various
12/20/2011	MFB NORTHN MULTI-MANAGER MID CAP FD	1,112	-	1,112	Various
12/20/2011	MFB NORTHN MULTI-MANAGER SMALL CAP FD	3,370	-	3,370	Various
12/20/2011	MFB NORTHERN FUNDS BD INDEX FD	478	-	478	Various
12/20/2011	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELD OPPORTUNITY FUND	843	-	843	Various
12/8/2011	MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL	265	-	265	Various
12/8/2011	MFO PIMCO FDS PAC INVT MGMT SER COMMODITY REALRETURN STRATEGY FD INSTL	1,115	-	1,115	Various
11/8/2011	MFB NORTHERN FUNDS BD INDEX FD	25,000	24,430	570	Various
TOTAL		47,521	24,430	23,091	

## 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 ☒
- 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 or other filer, see instructions. <b>DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>86-0842694</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5656 WEST TALAVI BLVD</b>	Social security number (SSN) <input type="checkbox"/>
	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)

**04**

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	01	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 ORGANIZATION

- The books are in the care of ► **5656 WEST TALAVI BLVD - GLENDALE, AZ 85306**

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 **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning , and ending .

- 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>	\$ <b>1,530.</b>
<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>	\$ <b>30.</b>
<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>	\$ <b>1,500.</b>

**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.

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

Form 8868 (Rev. 1-2012)

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

**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).**

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>86-0842694</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5656 WEST TALAVI BLVD</b>	Social security number (SSN) <input type="checkbox"/>
	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)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 ORGANIZATION**

- The books are in the care of ☒ **5656 WEST TALAVI BLVD - GLENDALE, AZ 85306**

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 **NOVEMBER 15, 2012.**

**5** For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 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.**

<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>	\$	<b>1,530.</b>
<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>	\$	<b>1,530.</b>
<b>c</b> <b>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>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

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 ☒

**8-8-12**

Form 8868 (Rev. 1-2012)