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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.

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

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 602-938-3131
City or town, state, and ZIP code GLENDALE, AZ 85306		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, 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) \$ 4,173,221. (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)
Revenue	1 Contributions, gifts, grants, etc., received	1,779,232.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	24.	24.		STATEMENT 1
	4 Dividends and interest from securities	72,221.	72,221.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	26,972.			
	b Gross sales price for all assets on line 6a	589,409.			
	7 Capital gain net income (from Part IV, line 2)		26,972.		
	8 Net short-term capital gain				
Operating and Administrative Expenses	9 Income modifications				
	10a Gross sales less returns and allowances				
	11 Other income	49,510.	0.	0.	STATEMENT 3
	12 Total. Add lines 1 through 11	1,927,959.	99,217.	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 22,800.	0.	0.	21,300.
	c Other professional fees	STMT 5 26,011.	0.	0.	20,570.
17 Interest					
18 Taxes	STMT 6 2,974.	0.	0.	760.	
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		8,265.	0.	0.	8,242.
22 Printing and publications		5,677.	0.	0.	5,773.
23 Other expenses	STMT 7 173,991.	3,139.	0.	105,367.	
24 Total operating and administrative expenses. Add lines 13 through 23		239,718.	3,139.	0.	162,012.
25 Contributions, gifts, grants paid		563,349.			462,233.
26 Total expenses and disbursements. Add lines 24 and 25		803,067.	3,139.	0.	624,245.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		1,124,892.			
b Net investment income (if negative, enter -0-)			96,078.		
c Adjusted net income (if negative, enter -0-)				0.	

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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	487,444.	617,446.	617,446.
	2 Savings and temporary cash investments	119,654.	143,720.	143,720.
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ 1,715. Less: allowance for doubtful accounts ▶	4,067.	1,715.	1,715.
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons	5,332.	6,802.	6,802.
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	23,123.	11,495.	11,495.
	9 Prepaid expenses and deferred charges	2,695.	36,793.	36,793.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	1,321,193.	2,189,423.	2,189,423.
	c Investments - corporate bonds STMT 9	529,565.	803,211.	803,211.
	11 Investments - land, buildings, and equipment basis ▶ 16,226. Less accumulated depreciation STMT 10 ▶ 16,226.			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	235,304.	362,586.	362,586.
Liabilities	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation ▶			
	15 Other assets (describe ▶ INTEREST RECEIVABLE)	2.	30.	30.
	16 Total assets (to be completed by all filers)	2,728,379.	4,173,221.	4,173,221.
	17 Accounts payable and accrued expenses	17,021.	130,171.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons		12,768.	
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	17,021.	142,939.	
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	2,667,255.	4,010,839.	
	25 Temporarily restricted	44,103.	19,443.	
	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			
	30 Total net assets or fund balances	2,711,358.	4,030,282.	
	31 Total liabilities and net assets/fund balances	2,728,379.	4,173,221.	

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	2,711,358.
2 Enter amount from Part I, line 27a	2	1,124,892.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN	3	194,032.
4 Add lines 1, 2, and 3	4	4,030,282.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,030,282.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a NORTHERN TRUST - SEE ATTACHED	P	VARIOUS	VARIOUS
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 589,409.		562,437.	26,972.
b			
c			
d			
e			

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			26,972.
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	26,972.
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). If (loss), enter -0- in Part I, line 8		3	N/A

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 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))
2011	546,652.	1,344,691.	.406526
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

2 Total of line 1, column (d)	2	1.881697
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.376339
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	2,945,326.
5 Multiply line 4 by line 3	5	1,108,441.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	961.
7 Add lines 5 and 6	7	1,109,402.
8 Enter qualifying distributions from Part XII, line 4	8	624,245.

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)			
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	1,922.
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	0.
3 Add lines 1 and 2		3	1,922.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,922.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	1,120.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	1,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		2,620.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		4.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		694.
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input type="checkbox"/> 694. Refunded <input type="checkbox"/>	11		0.

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
1b 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. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
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) <input type="checkbox"/> AZ		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	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 2012 or the taxable year beginning in 2012 (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 <u>N/A</u>			
16	At any time during calendar year 2012, 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

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 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 2012?	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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____		
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.) <u>N/A</u>	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 2012 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 2012.) <u>N/A</u>	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 2012?	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))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?
Organizations relying on a current notice regarding disaster assistance check here

N/A
▶ ☐

5b

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

6b

X

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

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.

(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
SEE STATEMENT 12		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
NONE				

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 PROMOTING ORAL HEALTH BY DISTRIBUTING TOOTHBRUSHES, FLOSS TOOTHPASTE AND EDUCATIONAL MATERIALS (SEE ATTACHED).	101,591.
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 NONE	0.
Total. 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.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,375,915.
b	Average of monthly cash balances	1b	557,430.
c	Fair market value of all other assets	1c	56,834.
d	Total (add lines 1a, b, and c)	1d	2,990,179.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,990,179.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,853.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,945,326.
6	Minimum investment return. Enter 5% of line 5	6	147,266.

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.)

1	Minimum investment return from Part X, line 6	1	147,266.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	1,922.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,922.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	145,344.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	145,344.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	145,344.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	624,245.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	624,245.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	624,245.

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.

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

Form 990-PF (2012)

86-0842694 Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				145,344.
2 Undistributed income, if any, as of the end of 2012			0.	
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	110,794.			
b From 2008	259,281.			
c From 2009	229,450.			
d From 2010	379,582.			
e From 2011	480,515.			
f Total of lines 3a through e	1,459,622.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶ \$	624,245.			
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				145,344.
e Remaining amount distributed out of corpus	478,901.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,938,523.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	110,794.			
9 Excess distributions carryover to 2013 Subtract lines 7 and 8 from line 6a	1,827,729.			
10 Analysis of line 9:				
a Excess from 2008	259,281.			
b Excess from 2009	229,450.			
c Excess from 2010	379,582.			
d Excess from 2011	480,515.			
e Excess from 2012	478,901.			

Form 990-PF (2012)

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

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2012.04040 DELTA DENTAL PLAN OF ARIZON AOF0PN1

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
a Paid during the year				
AZ ASSOCIATION OF COMMUNITY HEALTH 700 E JEFFERSON ST PHOENIX, AZ 85034		PUBLIC CHARITY	COMMUNITY GRANT - FQHC ORAL HEALTH ED PROGRAM	10,000.
AZ CHILDREN ASSOCIATION 2833 N 3RD ST PHOENIX, AZ 85004		PUBLIC CHARITY	COMMUNITY GRANT - PREVENTATIVE DENTAL HEALTH SERVICES	10,000.
AZ DENTAL FOUNDATION 3193 N DRINKWATER BLVD SCOTTSDALE, AZ 85251		PUBLIC CHARITY	INDIAN ORAL HEALTH	1,500.
BOYS AND GIRLS CLUBS OF SCOTTSDALE 10533 E LAKEVIEW DR SCOTTSDALE, AZ 85258		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH EDUCATION PROGRAM	3,000.
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007		PUBLIC CHARITY	COMMUNITY GRANT - MURPHY DENTAL CLINIC	15,000.
Total	SEE CONTINUATION SHEET(S)			462,233.
b Approved for future payment				
NONE				
Total				0.

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

[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 14

**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.

John H.

11/11/13

VP/LFC

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below (see instr) ?

☒ Yes ☐ No**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ self-employed

PTIN

AMY A. O'LOUGHLIN

Preparer's signature
Amy Angle

11-4-13

P00869687

Firm's name ► CBIZ MHM, LLC

Firm's EIN ► 34-1884125

Firm's address ► 3101 N. CENTRAL AVE., STE. 300
PHOENIX, AZ 85012

Phone no. 602-264-6835

Form **990-PF** (2012)

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

2012

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 foundationCheck 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) (2012)

Name of organization DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	Employer identification number 86-0842694
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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
1	ARIZONA DENTAL INSURANCE SERVICES, INC 5656 WEST TALAVI BLVD. GLENDAL, AZ 85306	\$ 1,617,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	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)
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	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)
5	THUNDERBIRDS CHARITIES 7226 N 16TH ST, STE 100 PHOENIX, AZ 85020	\$ 21,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	MARICOPA COUNTY 301 W. JEFFERSON ST PHOENIX, AZ 85003	\$ 35,771.	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

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
7	DELTA DENTAL OF WISCONSIN P.O. BOX 828 STEVENS POINT, WI 54481	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	JOHN C. LINCOLN HEALTH NETWORK 2500 WEST UTOPIA ROAD, SUITE 100 PHOENIX, AZ 85027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	SNELL & WILMER 400 E VAN BUREN STREET, SUITE 1900 PHOENIX, AZ 85004	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10	ALLAN ALLFORD 14624 N. 15TH DR PHOENIX, AZ 85023	\$ 6,400.	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)

Name of organization

DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

Employer identification number

86-0842694

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

(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

(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

(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

**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
CHICANOS POR LA CAUSA 1242 E WASHINGTON ST STE 200 PHOENIX, AZ 85034		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S ORAL HEALTH SERVICES	15,000.
CHW FOUNDATION EAST VALLEY 1727 W FRYE RD STE 230 CHANDLER, AZ 85224		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	15,000.
COCONINO COUNTY OF ORAL HEALTH 2625 N KING ST PHOENIX, AZ 85004		GOVERNMENT	COMMUNITY GRANT - TOBACCO AND CHRONIC DISEASE PREVENTION	4,534.
DESERT MISSION CHILDRENS 9229 N 4TH STREET PHOENIX, AZ 85020		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	17,500.
DIOCESAN COUNCIL PO BOX 13600 PHOENIX, AZ 85002		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	15,000.
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745		PUBLIC CHARITY	COMMUNITY GRANT - EARLY CHILDHOOD CARES PROGRAM	7,500.
ESPERANZA 1911 W EARLL DR PHOENIX, AZ 85015		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH EDUCATION PROGRAM	10,000.
HOMWARD BOUND 2302 W COLTER ST PHOENIX, AZ 85015		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	15,000.
INTERNATIONAL RESCUE COMMITTEE 5227 N 7TH ST PHOENIX, AZ 85014		PUBLIC CHARITY	COMMUNITY GRANT - PRENATAL AND POSTNATAL ORAL HEALTH	10,000.
LEGACY FOUNDATION CHRIS TOWN 5517 N 17TH AVE PHOENIX, AZ 85015		PUBLIC CHARITY	COMMUNITY GRANT - EQUIPMENT FOR YMCA DENTAL CLINIC	15,000.
Total from continuation sheets				422,733.

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
MAGGIES PLACE CASS DENTAL PARTNERSHIP PO BOX 1102 PHOENIX, AZ 85001		PUBLIC CHARITY	COMMUNITY GRANT - CASS DENTAL CLINIC	5,000.
MARICOPA COUNTY DEPT OF PUBLIC HEALTH 4041 N CENTRAL AVE STE 1400 PHOENIX, AZ 85012		GOVERNMENT	FINAL PAYMENT FOR OFFICE ORAL HEALTH SEALANT PROGRAM	39,054.
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308		PUBLIC CHARITY	COMMUNITY GRANT - SUPER SEALANT SATURDAY	15,000.
NATIVE HEALTH 4520 N CENTRAL AVE PHOENIX, AZ 85012		PUBLIC CHARITY	COMMUNITY GRANT - DENTAL EQUIPMENT FOR CLINIC	15,000.
NORAZ POETS PO BOX 1407 SEDONA, AZ 86339		PUBLIC CHARITY	COMMUNITY GRANT - "YOU CAN'T BE HEARD WITHOUT A HEALTHY MOUTH" EDUCATION CAMPAIGN	6,000.
NORTHERN AZ UNIVERSITY PO BOX 15065 FLAGSTAFF, AZ 86011		GOVERNMENT	COMMUNITY GRANT - KINLANI ORAL HEALTH PROGRAM	15,000.
RIVER CITIES UNITED WAY 145 N HAVASU AVE LAKE HAVASU CITY, AZ 86405		PUBLIC CHARITY	COMMUNITY GRANT - KIDS BRIGHT AND HEALTH IN SCHOOL SCREENINGS	5,000.
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH EDUCATION PROGRAM	14,188.
SUN LIFE FAMILY HEALTH 865 N ARIZONA RD CASA GRANDE, AZ 85122		PUBLIC CHARITY	COMMUNITY GRANT - CHILDRENS ORAL HEALTH SCREENINGS	15,000.
SW AUTISM RESEARCH & RESOURCE CENTER 300 N 18TH ST PHOENIX, AZ 85006		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH EDUCATION AND TRAINING	15,000.
Total from continuation sheets				

**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
WELLCARE FOUNDATION 55 E LEXINGTON AVE PHOENIX, AZ 85012		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH PREVENTION AND EDUCATION	10,000.
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016		PUBLIC CHARITY	COMMUNITY GRANT	10,000.
ARIZONA RURAL DEVELOPMENT P.O. BOX 45439 PHOENIX, AZ 85064		PUBLIC CHARITY	SPONSORSHIP - EDUCATION	2,500.
ASSOCIATION FOR SUPPORTIVE CHILD CARE 3910 S. RURAL RD, STE E TEMPE, AZ 85282		PUBLIC CHARITY	SPONSORSHIP - CLINICAL	2,500.
ASU AMERICAN HUMANICS 300 E UNIVERSITY DR TEMPE, AZ 85281		PUBLIC CHARITY	SPONSORSHIP	400.
ASU FOUNDATION 411 N CENTRAL AVE STE 750 PHOENIX, AZ 85004		PUBLIC CHARITY	SPONSORSHIP	1,500.
AZ CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS 2600 N. CENTRAL AVE, SUITE 635 PHOENIX, AZ 85004		PUBLIC CHARITY	DONATION OF GIFT CARDS FOR MED SERVICE PROJECT	110.
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST STE 160 PHOENIX, AZ 85012		PUBLIC CHARITY	SPONSORSHIP	3,000.
CHILDREN'S MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034		PUBLIC CHARITY	SPONSORSHIP	10,000.
KIDS LITTLE SMILES 2202 HUALAPAI MOUNTAIN RD KINGMAN, AZ 86401		PUBLIC CHARITY	SPONSORSHIP	2,000.
Total from continuation sheets				

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
LINKS FOR LEUKEMIA 3877 N 7TH ST STE 300 PHOENIX, AZ 85014		PUBLIC CHARITY	SPONSORSHIP	2,500.
ORAL CANCER FOUNDATION 3419 VIA LIDO #205 NEWPORT BEACH, CA 92663		PUBLIC CHARITY	SPONSORSHIP	120.
PEORIA EDUCATIONAL ENRICHMENT 6330 W THUNDERBIRD RD GLENDALE, AZ 85306		PUBLIC CHARITY	SPONSORSHIP	75.
THE ORAL CANCER FOUNDATION PO BOX 5640 PHOENIX, AZ 85078		PUBLIC CHARITY	SPONSORSHIP	2,000.
VARIOUS ORGANIZATIONS - SEE ATTACHED VARIOUS LOCATIONS		PUBLIC CHARITIES	SUPPLIES	101,591.
OTHER MISCELLANEOUS ORGANIZATIONS VARIOUS LOCATIONS		PUBLIC CHARITIES		5,661.
Total from continuation sheets				

Organization Name	2012 Donation Supply Total
A.T. Still University (ATSU) Arizona School of Dentistry & Oral Health (ASDOH)	\$781.61
American Liver Foundation	\$759.56
Angel Dentistry	\$922.32
Angler United	\$368.64
Arizona American Indian Oral Health Initiative	\$652.32
Arizona Association of Community Health Centers	\$130.56
Arizona Myeloma Network	\$304.50
Arizona State Global Medical Brigades	\$99.75
Arizona Youth Partnership - Harbor House	\$108.72
Arrowhead Christian Academy	\$18.12
Association for Supportive Child Care	\$243.75
AZ Pipe Trades	\$74.28
Back to School Clothing Drive	\$8,316.00
Banner Estrella Medical Center	\$86.40
Barbi Weigand - Student Doctor	\$189.45
Beaver Creek Kiwanis	\$204.75
Biltmore Preparatory Academy	\$468.00
Boys & Girls Clubs of Greater Scottsdale	\$747.72
Boys Hope Girls Hope	\$79.28
Canyon State Academy	\$164.16
CASS-Murphy Kids Dental Clinic	\$773.88
Central Arizona Shelter Services	\$574.56
Chas Roberts	\$123.75
Chicanos Por La Causa	\$739.44
Children First Academy	\$416.42
Children's Museum of Phoenix	\$24,991.31
CHW - Children's Dental Clinic	\$1,930.32
City of Glendale - Community Action Program	\$360.86
City of Phoenix Early Head Start	\$658.66
City Serve Arizona/HopeFest 2012	\$595.80
Coconino County Public Health Services	\$464.28
Danielle Buck - Dental Hygiene Student	\$114.00
DDAZ - Allan Allford	\$22.65
Deer Valley Unified School District	\$206.25
Delta Dental of Michigan, Teeth on the Go Kit	\$125.00
Desert Mission	\$869.76
Desert Springs Christian Preschool	\$108.72
Dillon Southwest	\$104.00
Dr Michael J Smith	\$75.50
El Rio Health Center Foundation	\$1,413.36
Esperanca	\$1,231.17
First Things First - Navajo/Apache	\$118.80
Fisher Chapel A.M.E. Zion Church Community Health Fair	\$215.63
Flagstaff Shelter Services	\$761.04
Global Brigades Inc	\$95.40
Global Community Communications Alliance	\$401.28
Goodyear in ACTION	\$520.56
Grants luncheon	\$45.00
Greater Phoenix Youth at Risk	\$343.66
Heber Overgaard Unified School District	\$584.64
Helen Hope Chest, a service of Mesa United Way	\$403.20
Holdeman Elementary	\$595.35

Organization Name	2012 Donation Supply Total	
Hozhoni Foundation	\$324.00	
Imagine Schools Tempe	\$1,393.52	
International Rescue Committee in Tucson	\$656.64	
Kids Little Smiles Krazy 8 Race	\$692.38	
Littleton Elementary School District #65	\$45.30	
Love Never Fails	\$761.04	
Lutheran Social Services Westside Food Pantry	\$159.75	
Maggie's Place	\$85.50	
Maricopa County Department of Public Health	\$6,550.41	
Mended Little Hearts of Phoenix	\$427.68	
Midwestern University Dental Clinic	\$549.23	
Mohave Community College Foundation	\$761.04	
Mohave County Dept of Public Health	\$275.76	
MOLAR	\$188.75	
Mountain Park Health Center	\$500.28	
Multiple Sclerosis Association of America	\$219.60	
Naco Wellness Initiative	\$536.40	
Native Americans for Community Action, INC	\$5,620.00	
Native Health (Native American Community Health Center)	\$1,275.84	
NAU - Kiddie Clinic	\$1,439.24	
New Song United Methodist Church	\$1,804.41	
Overgaard Ponderosa Lions Foundation	\$228.25	
Ozanam Manor	\$118.80	
PDA Holdings LLC	\$495.71	
Peoria Boys & Girls Club - Head Start	\$784.50	
Peoria School District Fluoride Varnish	\$831.60	
Phoenix College Dental Hygiene Students	\$76.85	
Phoenix Coyotes	\$55.50	
Phoenix Dream Center	\$953.96	
Phoenix First Assembly of God - Elevate Kidz Ministry	\$648.22	
Phoenix VA Healthcare System	\$417.66	
Pima County Health Department "First Smiles Matter Program"	\$350.00	
Prevent Child Abuse Arizona	\$567.71	
Radiant Church	\$962.14	
River Cities United Way	\$434.88	
Scottsdale Leadership	\$1,039.18	
Shop with a Cop, Inc.	\$135.90	
South Phoenix Preventive Health Collaborative	\$59.00	
Southwest Autism Research & Resource Center	\$205.50	
Southwest Human Development	\$1,500.48	
Special Olympics Arizona, Inc.	\$427.68	
St. Mary's Food Bank Alliance	\$761.04	
St. Patrick's Day	\$1,425.60	
St. Vincent de Paul	\$0.00	toothpaste
St. Vincent De Paul Virginia G Piper Medical & Dental Clinic	\$82.08	
Stonegate Community Association	\$102.60	
Sun Life Family Health Center	\$746.64	
Sun Life Oral Health Cavity Prevention Program	\$175.00	
TERROS	\$601.51	
The Guidance Center, Inc	\$82.08	
The Purple Tooth Society Fundraiser	\$520.34	
The Salvation Army - Glendale Corps	\$242.34	

<i>Organization Name</i>	<i>2012 Donation Supply Total</i>
The Shyann Kindness Project	\$1,958.44
TLC for Healthy Smiles Foundation	\$118.80
UMOM	\$717.25
VALLEYLIFE	\$522.72
Vander Schaaf/Beishel Dental Care	\$495.00
Varnish Program	\$820.60
Varnish Program	\$829.56
W Steven Martin Police Toy Drive Foundation	\$199.00
Washington High School	\$233.50
WellCare Foundation	\$385.32
WM Phoenix Open	\$960.00
Yavapai Apache Health Center	\$347.29
<i>Total Donation Supply 2012</i>	<i>\$101,591.14</i>

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

SOURCE	AMOUNT
NORTHERN TRUST	24.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	24.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
NORTHERN TRUST	72,221.	0.	72,221.
TOTAL TO FM 990-PF, PART I, LN 4	72,221.	0.	72,221.

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	49,510.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	49,510.	0.	0.

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	22,800.	0.	0.	21,300.
TO FORM 990-PF, PG 1, LN 16B	22,800.	0.	0.	21,300.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	26,011.	0.	0.	20,570.
TO FORM 990-PF, PG 1, LN 16C	26,011.	0.	0.	20,570.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES & LICENSES	760.	0.	0.	760.
FEDERAL INCOME TAX EXPENSE	2,214.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	2,974.	0.	0.	760.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	6,201.	0.	0.	6,765.
PROMOTION	35,386.	0.	0.	38,024.
POSTAGE	2,430.	0.	0.	2,430.
BANK CHARGES	3,139.	3,139.	0.	0.
MEALS & ENTERTAINMENT	21,919.	0.	0.	22,194.
TRAINING & SEMINARS	6,981.	0.	0.	6,696.
TELEPHONE	2,006.	0.	0.	2,006.
SUPPLIES	17,698.	0.	0.	17,986.
OTHER EXPENSES	622.	0.	0.	622.
BOARD EXPENSES	12,787.	0.	0.	8,644.
GOLF TOURNAMENT COURSE FEES	18,000.	0.	0.	0.
GOLF TOURNAMENT FOOD	10,749.	0.	0.	0.
GOLF TOURNAMENT SUPPLIES	2,892.	0.	0.	0.
GOLF TOURNAMENT VOLUNTEER	4,492.	0.	0.	0.
GOLF TOURNAMENT PRINT & ADS	7,441.	0.	0.	0.
GOLF TOURNAMENT RAFFLE	746.	0.	0.	0.
GOLF TOURNAMENT MISC	7,378.	0.	0.	0.
GOLF TOURNAMENT TEE PRIZES	13,124.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	173,991.	3,139.	0.	105,367.

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	2,189,423.	2,189,423.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,189,423.	2,189,423.

FORM 990-PF	CORPORATE BONDS	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	803,211.	803,211.
TOTAL TO FORM 990-PF, PART II, LINE 10C	803,211.	803,211.

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	10
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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	11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	FMV	362,586.	362,586.
TOTAL TO FORM 990-PF, PART II, LINE 13		362,586.	362,586.

31 DEC 2012

Account number: 267960
NTA: 067 FOUNDAT

Account Name: DE T A DENTA L FOUN DAT

◆ Asset Summary

Page 4 of 53

Country	Accrued income/expense	Market value	Cost	Market	Unrealized gain/loss		Total	Market value incl accruals	%
					Translation				
<i>Commodities</i>									
Funds - commodity linked									
United States - USD	0.00	115,873.04	135,578.31	- 19,705.27	0.00		- 19,705.27	115,873.04	3.312%
Total funds - commodity linked	0.00	115,873.04	135,578.31	- 19,705.27	0.00		- 19,705.27	115,873.04	3.312%
Funds - commodity eff									
Global Region - USD	0.00	57,999.58	56,338.45	1,661.13	0.00		1,661.13	57,999.58	1.658%
Total funds - commodity eff	0.00	57,999.58	56,338.45	1,661.13	0.00		1,661.13	57,999.58	1.658%
Total commodities	0.00	(A) 173,872.62	191,916.76	- 18,044.14	0.00		- 18,044.14	173,872.62	4.969%
<i>Cash and Cash Equivalents</i>									
Funds - short term investment									
Funds - Short Term Investment	2.78	143,720.31	143,720.31	0.00	0.00		0.00	143,723.09	4.108%
Total funds - short term investment	2.78	143,720.31	143,720.31	0.00	0.00		0.00	143,723.09	4.108%
Total cash and cash equivalents	2.78	143,720.31	143,720.31	0.00	0.00		0.00	143,723.09	4.108%
Total Unrealized Gains							106,909.70		
Total Unrealized Losses							- 19,705.27		
Total	25.05	3,488,940.90	3,411,736.47	87,204.43	0.00		87,204.43	3,488,969.95	100.000%

Total Cost incl Accruals

3.411.765 52

Northern Trust

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FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

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 1.20	0.	0.	0.
FELIX DURAZO SAME AS ABOVE	TREASURER 1.20	0.	0.	0.
KAREN BERRIGAN SAME AS ABOVE	VICE CHAIRWOMAN 1.20	0.	0.	0.
DON HENNINGER SAME AS ABOVE	DIRECTOR 0.80	0.	0.	0.
SUSAN PERKINS FRY SAME AS ABOVE	DIRECTOR 0.80	0.	0.	0.
REBECCA KENYON SAME AS ABOVE	SECRETARY 1.20	0.	0.	0.
ALISA DIGGS SAME AS ABOVE	DIRECTOR 0.80	0.	0.	0.
KENDIS MUSCHEID SAME AS ABOVE	DIRECTOR 0.80	0.	0.	0.
FRED OLSEN SAME AS ABOVE	DIRECTOR 0.80	0.	0.	0.
XAVIER ORTEGA SAME AS ABOVE	DIRECTOR 1.20	0.	0.	0.
PHILLIP STOKER SAME AS ABOVE	DIRECTOR 1.20	0.	0.	0.

DELTA DENTAL PLAN OF ARIZONA CHARITABLE

86-0842694

TIM WILSON	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
ALLAN ALLFORD	DIRECTOR			
SAME AS ABOVE	1.20	0.	0.	0.
KEITH GAUZZA	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
KATHY LAVOY	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
ALISON LUND	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)	STATEMENT 13
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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

ARIZONA DENTAL INSURANCE SERVICES, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

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

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.

990-PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART XVII, LINE 2, COLUMN (C)

STATEMENT 14

NAME OF AFFILIATED OR RELATED ORGANIZATION

ARIZONA DENTAL INSURANCE SERVICE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

UP TO 4 COMMON BOARD MEMBERS AND CEO

Portfolio Statement

1 JAN 12 - 31 DEC 12

Account Name DELTA DENTAL OF AZ FOUNDATION

Account number 2679601

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Trade Date	Asset ID / Ticker	Shares/PAR	Transaction Amount	Cost	Realized Gain/Loss
Settle Date	Broker / Commission	Price	Principal	Accrued Interest	
Trade Status	Narrative		Adjustment Amt	Market	Translation
					Total

Other Gain/Loss

Equities

Funds - common stock

United States - USD

20 Dec 12	MFB NORTHN MULTI-MANAGER	MID CAP FD	0 000	4,273 17	0 00	0 00	4,273 17	0 00	4,273 17
20 Dec 12	CUSIP 665162574 / NMMCX								
Settled			0 000000						
	LONG TERM CAPITAL GAINS OF								
	\$4,273 17 ON 8,405 98 SHARES								
	AT A RATE OF \$0 508350,								
	PAYABLE ON 12-19-12								

	20 Dec 12	MFB NORTHN MULTI-MANAGER CUSIP 665162566 / NMMSX	SMALL CAP FD	0.000	2,024.10	0.00	2,024.10	0.00	2,024.10
20 Dec 12 Settled									
		LONG TERM CAPITAL GAINS OF \$2,024.10 ON 10,545.33 SHARES AT A RATE OF \$0.191943, PAYABLE ON 12-19-12		0.000000					

Total United States - USD	6,297.27	0.00	0.00	0.00	6,297.27	0.00	6,297.27
Total funds - common stock	6,297.27	0.00	0.00	0.00	6,297.27	0.00	6,297.27
Total equities	6,297.27	0.00	0.00	0.00	6,297.27	0.00	6,297.27

Fixed Income ,

Funds - corporate bond

United States - USD

[illegible]

20 Dec 12	20 Dec 12	Settled	YIELD OPPORTUNITY FUND	CUSIP 665162442 / NMHYX	LONG TERM CAPITAL GAINS OF \$842.83 ON 9,555.93 SHARES AT A RATE OF \$0.088200, PAYABLE ON 12-19-12	842.83	0.00	0.00	0.00	842.83	0.00	842.83
			MFB NORTHERN FUNDS MULTI MANAGER HIGH			0.000000						

Generated by Northern Trust from reviewed periodic data on 22 Jan 13

Portfolio Statement
 1 JAN '12 - 31 DEC '12
 Account Name DELTA DENTAL OF AZ FOUNDATION
 Account Number 2679601

1 JAN 12 - 31 DEC 12

Investment Transaction Detail

Trade Date		Security Description		Shares/PAR		Transaction Amount		Realized Gain/Loss	
Settle Date	Trade Status	Asset ID / Ticker	Broker / Commission	Principal	Accrued Interest	Adjustment Amt	Cost	Market	Translation
		Narrative		Price				Total	

Other Gain/Loss

Fixed Income

Total United States - USD	4,159.65	0.00	0.00	0.00	4,159.65	0.00	4,159.65
Total funds - corporate bond	4,159.65	0.00	0.00	0.00	4,159.65	0.00	4,159.65
Total fixed income	4,159.65	0.00	0.00	0.00	4,159.65	0.00	4,159.65

Commodities

Funds - commodity linked

United States - USD

12 Dec 12	MFO PIMCO FDS PAC INVT MGMT SER	0 000	346 02	0 00	0 00	346 02	0 00	346 02
13 Dec 12	COMMODITY REALRETURN STRATEGY FD INSTL							
Settled	CUSIP 722005667 / PCRIX	0 000000						
	LONG-TERM CAPITAL GAIN ON							
	17274 00 SHRS AT RATE OF							
	0 020031000 PAYABLE 12/12/12,							
	RECORD DATE 12/11/12 EX-DATE							
	12/12/12							

13 Dec 12	MFO PIMCO FDS PAC INVT MGMT SER	852 35	0 00	0 00	852 35	0 00	852 35
13 Dec 12	COMMODITY REALRETURN STRATEGY FD INSTL						
Settled	CUSIP 722005667 / PCRIX						
	SHORT TERM CAPITAL ON 17274 00						
	SHRS AT RATE OF 0 049343000						
	PAYABLE 12/12/12, RECORD DATE						
	12/11/12 EX-DATE 12/12/12						

Total United States - USD	1,198.37	0.00	0.00	0.00	1,198.37	0.00	1,198.37
Total funds - commodity linked	1,198.37	0.00	0.00	0.00	1,198.37	0.00	1,198.37
Total commodities	1,198.37	0.00	0.00	0.00	1,198.37	0.00	1,198.37
Total other gain/loss	0.00	11,655.29	0.00	0.00	11,655.29	0.00	11,655.29

Account Number 287960

Account Name DELTA DENTAL OF AZI FOUNDATION

Trade Date

Settle Date

Trade Status

Security Description

Asset ID / Ticker

Broker / Commission

Investment Transaction Detail

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Trade Date	Security Description	Shares/PAR	Price	Principal	Transaction Amount	Accrued Interest	Adjustment Amt	Cost	Market	Translation	Total
Settle Date	Asset ID / Ticker										
Trade Status	Broker / Commission										

Sales

Equities

Funds - common stock

Emerging Markets Region - USD

22 Mar 12	MFB NORTHN FDS MULTI-MANAGER EMERGING	-702 320		13,000 00	0 00	0 00	0 00	-15,549 34	-2,549 34	0 00	-2,549 34
23 Mar 12	MKTS EQTY FD										
Settled	CUSIP 665162483 / NMEX	18 510000									
	SOLD 702 32 UNITS 03-22-12 AT A PRICE OF \$18 51 NET										

Total Emerging Markets Region - USD

				13,000 00	0 00	0 00	0 00	-15,549 34	-2,549 34	0 00	-2,549 34
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International Region - USD

22 Mar 12	MFB NORTHN MULTI-MANAGER INTL EQTY FD	-1,633 880		14,999 00	0 00	0 00	0 00	-15,832 29	-833 29	0 00	-833 29
23 Mar 12	CUSIP 665162558 / NMEX	9 180000									
Settled	SOLD 1,633.88 UNITS 03-22-12 AT A PRICE OF \$9 18 NET										

Total International Region - USD

				14,999 00	0 00	0 00	0 00	-15,832 29	-833 29	0 00	-833 29
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United States - USD

22 Mar 12	MFB NORTHERN FDS MULTI MANAGER LARGE	-1,635 890		15,999 00	0 00	0 00	0 00	-15,050 19	948 81	0 00	948 81
23 Mar 12	CAPFD										
Settled	CUSIP 665162517 / NMMLX	9 780000									
	SOLD 1,635 89 UNITS 03-22-12 AT A PRICE OF \$9 78 NET										

21 Jun 12	MFB NORTHERN FDS MULTI MANAGER LARGE	-33,551 530		305,989 99	0 00	0 00	0 00	-300,199 67	5,790 32	0 00	5,790 32
22 Jun 12	CAPFD										
Settled	CUSIP 665162517 / NMMLX	9 120000									
	SOLD 33,551 53 UNITS 06-21-12 AT A PRICE OF \$9 12 NET										

14 Sep 12	MFB NORTHERN INSTL FDS EQUITY INDEX	-1,715 850		25,000 00	0 00	0 00	0 00	-22,614 90	2,385 10	0 00	2,385 10
17 Sep 12	PORTFOLIO CL A										
Settled	CUSIP 665278529 / BEIAX	14 570000									
	SOLD 1,715 85 UNITS 09-14-12 AT A PRICE OF \$14 57 NET										

23 Oct 12	MFB NORTHERN INSTL FDS EQUITY INDEX	-2,132 200		30,000 00	0 00	0 00	0 00	-28,102 39	1,897 61	0 00	1,897 61
24 Oct 12	PORTFOLIO CL A										
Settled	CUSIP 665278529 / BEIAX	14 070000									
	SOLD 2,132 20 UNITS 10-23-12 AT A PRICE OF \$14 07 NET										

Northern Trust

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◆ Investment Transaction Detail

Trade Date	Security Description	Asset ID / Ticker	Shares/PA	Transaction Amount	Cost	Realized Gain/Loss	Total
Settle Date	Broker / Commission	Price	Principal	Accrued Interest	Adjustment Amt	Market	Translation
Trade Status	Narrative						

Sales

Equities

Total United States - USD	376,988.99	0.00	0.00	-365,967.15	11,021.84	0.00	11,021.84
Total funds - common stock	404,987.99	0.00	0.00	-397,348.78	7,639.21	0.00	7,639.21
Total equities	404,987.99	0.00	0.00	-397,348.78	7,639.21	0.00	7,639.21

Fixed Income

Funds - corporate bond

United States - USD

14 Sep 12	MFB NORTHERN FDS BD INDEX FD					
17 Sep 12	CUSIP 665162533 / NOBOX	-2,264 490	25,000 00	0 00	-24,622 45	377 55
Settled		11 040000				
	SOLD 2,264 49 UNITS 09-14-12					
	AT A PRICE OF \$11 04 NET					

23 Oct 12	MFB NORTHERN FUNDS MULTI MANAGER HIGH	-2,775 210	30,000 00	0 00	-30,078 03	-78 03
24 Oct 12	YIELD OPPORTUNITY FUND					
Settled	CUSIP 665162442 / NMHYX	10 810000				
	SOLD 2,775 21 UNITS 10-23-12					
	AT A PRICE OF \$10.81 NET					

Total United States - USD	55,000 00	0 00	-54,700 48	299 52	299 52
Total funds - corporate bond	55,000 00	0 00	-54,700 48	299 52	299 52

Funds - fixed income etf

United States - USD

8 May 12	MFC ISHARES TR BARCLAYS TIPS BD FD	-609 000	72,765 28	0 00	-69,231 68	3,533 60	0 00	3,533 60
11 May 12	CUSIP 464287176 / TIP							
Settled	UBS SECURITIES / 12 18	119 505900						
	OTHER CHARGES		1 63					
	SOLD 609 00 SHARES 05-08-12 AT							
	A PRICE OF \$119 5059 LESS							
	BROKER COMMISSION OF \$12 18							
	AND OTHER CHARGES OF \$1 63							
	PAINÉ WEBBER INC							

Total United States - USD	72,765.28	0.00	0.00	-69,231.68	3,533.60	0.00	3,533.60
Total funds - fixed income etf	72,765.28	0.00	0.00	-69,231.68	3,533.60	0.00	3,533.60
Total fixed income	127,765.28	0.00	0.00	-123,932.16	3,833.12	0.00	3,833.12

Trade Date	Security Description	Asset ID / Ticker	Broker / Commission	Shares/PAR	Transaction Amount	Cost	Realized Gain/Loss
Settle Date				Price	Principal	Accrued Interest	
Trade Status					Adjustment Amt	Market	Total

Sales

Real Estate

Funds - real estate

United States - USD

18 Sep 12	MFB NORTHERN FDS GLOBAL REAL ESTATE	-4,988 910	45,000 00	0 00	0 00	-41,155 94	3,844 06	0 00	3,844 06
19 Sep 12	INDEX FD								
Settled	CUSIP 665162541 / NGREX	9 020000							
	SOLD 4,988 91 UNITS 09-18-12								
	AT A PRICE OF \$9.02 NET								
	Total United States - USD		45,000 00	0 00	0 00	-41,155 94	3,844 06	0 00	3,844 06
	Total funds - real estate		45,000 00	0 00	0 00	-41,155 94	3,844 06	0 00	3,844 06
	Total real estate		45,000 00	0 00	0 00	-41,155 94	3,844 06	0 00	3,844 06
	Total sales	-52,009 28	577,753 27	0 00	0 00	-562,436 88	15,316 39	0 00	15,316 39
	Total transactions		-1,048,155 29	0 00	0 00	1,075,128 97	26,971 68	0 00	26,971 68

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 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.

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

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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 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, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► ☒ calendar year **2012** 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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,620.
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.	3b	\$	1,120.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	1,500.

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. 1-2013)

- 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).

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

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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 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, 2013.**

5 For calendar year **2012**, 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

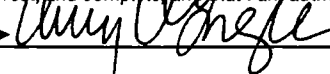
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	2,620.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	2,620.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

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

8-13-13

Form 8868 (Rev. 1-2013)