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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

Open to Public Inspection

For calendar year 2013 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 or province, country, and ZIP or foreign postal 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"/> 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"/> 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) \$ 5,463,579. (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		1,815,044.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		549.	549.		STATEMENT 1
4 Dividends and interest from securities		76,083.	76,083.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		35,783.			
b Gross sales price for all assets on line 6a		682,644.			
7 Capital gain net income (from Part IV, line 2)			35,783.		
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		65,520.	0.	0.	STATEMENT 3
12 Total. Add lines 1 through 11		1,992,979.	112,415.	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		21,250.	10,625.	0.	10,375.
c Other professional fees		20,310.	13,076.	0.	13,075.
17 Interest					
18 Taxes		2,816.	0.	0.	50.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		11,871.	0.	0.	11,902.
22 Printing and publications		7,107.	0.	0.	7,107.
23 Other expenses		153,133.	3,637.	0.	78,918.
24 Total operating and administrative expenses. Add lines 13 through 23		216,487.	27,338.	0.	121,427.
25 Contributions, gifts, grants paid		713,262.			811,234.
26 Total expenses and disbursements. Add lines 24 and 25		929,749.	27,338.	0.	932,661.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		1,063,230.			
b Net investment income (if negative, enter 0-)			85,077.		
c Adjusted net income (if negative, enter 0-)				0.	

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NOV 20 2014
STMT 4
STMT 5
STMT 6
STMT 7

468

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

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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		617,446.	463,972.	463,972.
	2	Savings and temporary cash investments		143,720.	124,168.	124,168.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	1,006,850.			
		Less: allowance for doubtful accounts ▶		1,715.	1,006,850.	1,006,850.
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons		6,802.	6,109.	6,109.
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use		11,495.	6,564.	6,564.
	9	Prepaid expenses and deferred charges		36,793.	17,566.	17,566.
	10a	Investments - U.S. and state government obligations	STMT 8	0.	104,776.	104,776.
	b	Investments - corporate stock	STMT 9	2,189,423.	2,704,381.	2,704,381.
	c	Investments - corporate bonds	STMT 10	803,211.	863,691.	863,691.
Liabilities	11	Investments - land, buildings, and equipment basis ▶	16,226.			
		Less accumulated depreciation	STMT 11 ▶	16,226.	0.	0.
	12	Investments - mortgage loans				
	13	Investments - other	STMT 12	362,586.	164,925.	164,925.
	14	Land, buildings, and equipment: basis ▶				
		Less accumulated depreciation ▶				
	15	Other assets (describe ▶ <u>INTEREST RECEIVABLE</u>)		30.	577.	577.
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		4,173,221.	5,463,579.	5,463,579.
	17	Accounts payable and accrued expenses		130,171.	18,892.	
	18	Grants payable				
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons		12,768.	42.	
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		142,939.	18,934.	
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		4,010,839.	4,385,116.	
	25	Temporarily restricted		19,443.	1,059,529.	
	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		4,030,282.	5,444,645.	
	31	Total liabilities and net assets/fund balances		4,173,221.	5,463,579.	

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	4,030,282.
2	Enter amount from Part I, line 27a	2	1,063,230.
3	Other increases not included in line 2 (itemize) ▶ <u>UNREALIZED GAIN</u>	3	351,133.
4	Add lines 1, 2, and 3	4	5,444,645.
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	5,444,645.

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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 682,644.		646,861.	35,783.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			35,783.
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	35,783.
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))
2012	624,245.	2,945,326.	.211944
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

2 Total of line 1, column (d)	2	1.792243
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	.358449
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	4,989,694.
5 Multiply line 4 by line 3	5	1,788,551.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	851.
7 Add lines 5 and 6	7	1,789,402.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.	8	932,661.

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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	1,702.
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	1,702.
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	1,702.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	1,960.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	1,200.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	3,160.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	5.	
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	1,453.	
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> 1,453. Refunded <input type="checkbox"/> 0.	11	0.	

Part VII-A Statements Regarding Activities

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?		Yes	No
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>			X
1c 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"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		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? <i>If "Yes," attach a conformed copy of the changes</i>	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		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?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>AZ</u>			
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? <i>If "No," attach explanation</i>	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see 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?	13	X	

Website address ► **WWW.DELTADENTALAZ.COM/FOUNDATION**

14 The books are in care of ► **THE ORGANIZATION** Telephone no. ► **602-938-3131**
 Located at ► **5656 WEST TALAVI BLVD, GLENDALE, AZ** ZIP+4 ► **85306**

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 2013, 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	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 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	<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.)	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 2013 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 2013)	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 2013?	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
▶ ☐

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

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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

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	
SEE STATEMENT 14	152,734.
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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**DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST**
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	3,627,381.
b	Average of monthly cash balances	1b	400,632.
c	Fair market value of all other assets	1c	1,037,666.
d	Total (add lines 1a, b, and c)	1d	5,065,679.
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	5,065,679.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	75,985.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,989,694.
6	Minimum investment return. Enter 5% of line 5	6	249,485.

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	249,485.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	1,702.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,702.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	247,783.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	247,783.
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	247,783.

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	932,661.
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	932,661.
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	932,661.

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 (2013)

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				247,783.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008	259,281.			
b From 2009	229,450.			
c From 2010	379,582.			
d From 2011	480,515.			
e From 2012	478,901.			
f Total of lines 3a through e	1,827,729.			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$	932,661.			
a Applied to 2012, 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 2013 distributable amount				247,783.
e Remaining amount distributed out of corpus	684,878.			
5 Excess distributions carryover applied to 2013 (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	2,512,607.			
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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				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 2008 not applied on line 5 or line 7	259,281.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	2,253,326.			
10 Analysis of line 9:				
a Excess from 2009	229,450.			
b Excess from 2010	379,582.			
c Excess from 2011	480,515.			
d Excess from 2012	478,901.			
e Excess from 2013	684,878.			

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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)

- 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(i)(3)(B)(iii)

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

- (4) Gross investment income

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 or e-mail address 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:

DELTA DENTAL PLAN OF ARIZONA

Form 990-PF (2013)

CHARITABLE FOUNDATION AND TRUST

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

Recipient	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
Name and address (home or business)				
a Paid during the year				
CHICANOS POR LA CAUSA 1242 E WASHINGTON ST STE 200 PHOENIX, AZ 85034		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S ORAL HEALTH SERVICES	16,270.
CHILDREN'S MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034		PUBLIC CHARITY	SPONSORSHIP	72,610.
CHW FOUNDATION EAST VALLEY 475 S DOBSON RD CHANDLER, AZ 85224		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	6,738.
DESERT MISSION DENTAL CLINIC 9201 N 5TH ST PHOENIX, AZ 85020		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	31,679.
HOMEWARD BOUND DENTAL CLINIC 2302 W COLTER ST PHOENIX, AZ 85015		PUBLIC CHARITY	COMMUNITY GRANT - CHILDREN'S DENTAL CLINIC	20,911.
Total			SEE CONTINUATION SHEET(S)	811,205.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	549.	
4 Dividends and interest from securities			14	76,083.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	35,783.	
9 Net income or (loss) from special events			01	<15,606.>	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		96,809.	0.
13 Total. Add line 12, columns (b), (d), and (e)				96,809.	96,809.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | Yes | No |
|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| (1) Cash | | X |
| (2) Other assets | | X |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | X |
| (3) Rental of facilities, equipment, or other assets | | X |
| (4) Reimbursement arrangements | | X |
| (5) Loans or loan guarantees | | X |
| (6) Performance of services or membership or fundraising solicitations | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | X | |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1C	179,702.	ARIZONA DENTAL INSURANCE SERVICES, INC.	SEE STATEMENT 15

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 16

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.

Signature of officer or trustee *[Signature]* Date *11/17/14* Title *VP/CEO*

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 <input type="checkbox"/> if self-employed	PTIN
	AMY A. O'LOUGHLIN	<i>[Signature]</i>	11-17-14		P00869687
	Firm's name	Firm's EIN			
	Firm's address		Phone no.		
	CBIZ MHM, LLC		34-1884125		
	3101 N. CENTRAL AVE., STE. 300 PHOENIX, AZ 85012		602-264-6835		

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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) (2013)

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. GLENDALE, AZ 85306	\$ 1,616,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARIZONA DIAMONDBACKS 401 EAST JEFFERSON ST. PHOENIX, AZ 85004	\$ 5,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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 for noncash contributions.)
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 for noncash contributions.)
5	THUNDERBIRDS CHARITIES 7226 N 16TH ST, STE 100 PHOENIX, AZ 85020	\$ 28,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MARICOPA COUNTY 301 W. JEFFERSON ST PHOENIX, AZ 85003	\$ 53,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

86-0842694

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

[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

(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

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NORTHERN TRUST	549.	549.	549.
TOTAL TO PART I, LINE 3	549.	549.	549.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NORTHERN TRUST	76,083.	0.	76,083.	76,083.	76,083.
TO PART I, LINE 4	76,083.	0.	76,083.	76,083.	76,083.

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	65,520.	0.	65,520.
TOTAL TO FORM 990-PF, PART I, LINE 11	65,520.	0.	65,520.

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	21,250.	10,625.	0.	10,375.
TO FORM 990-PF, PG 1, LN 16B	21,250.	10,625.	0.	10,375.

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	20,310.	13,076.	0.	13,075.
TO FORM 990-PF, PG 1, LN 16C	20,310.	13,076.	0.	13,075.

FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES & LICENSES	50.	0.	0.	50.
FEDERAL INCOME TAX EXPENSE	2,766.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	2,816.	0.	0.	50.

FORM 990-PF	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES & SUBSCRIPTIONS	7,919.	0.	0.	11,444.
PROMOTION	13,688.	0.	0.	11,050.
POSTAGE	2,038.	0.	0.	2,010.
BANK CHARGES	3,637.	3,637.	0.	0.
MEALS & ENTERTAINMENT	8,294.	0.	0.	8,303.
TRAINING & SEMINARS	3,588.	0.	0.	4,087.
TELEPHONE	1,365.	0.	0.	1,305.
SUPPLIES	13,419.	0.	0.	13,677.
OTHER EXPENSES	1,831.	0.	0.	1,831.
BOARD EXPENSES	16,228.	0.	0.	25,211.
GOLF TOURNAMENT COURSE FEES	19,440.	0.	0.	0.
GOLF TOURNAMENT FOOD	11,587.	0.	0.	0.
GOLF TOURNAMENT SUPPLIES	4,818.	0.	0.	0.
GOLF TOURNAMENT VOLUNTEER	12,528.	0.	0.	0.
GOLF TOURNAMENT PRINT & ADS	8,237.	0.	0.	0.
GOLF TOURNAMENT RAFFLE	118.	0.	0.	0.
GOLF TOURNAMENT MISC	2,007.	0.	0.	0.
GOLF TOURNAMENT TEE PRIZES	22,391.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	153,133.	3,637.	0.	78,918.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	8
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	X		104,776.	104,776.
TOTAL U.S. GOVERNMENT OBLIGATIONS			104,776.	104,776.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			104,776.	104,776.

FORM 990-PF	CORPORATE STOCK	STATEMENT	9
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	2,704,381.	2,704,381.
TOTAL TO FORM 990-PF, PART II, LINE 10B	2,704,381.	2,704,381.

FORM 990-PF	CORPORATE BONDS	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	863,691.	863,691.
TOTAL TO FORM 990-PF, PART II, LINE 10C	863,691.	863,691.

FORM 990-PF	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	11
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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 12
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
NORTHERN TRUST - SEE ATTACHED	FMV	164,925.	164,925.
TOTAL TO FORM 990-PF, PART II, LINE 13		164,925.	164,925.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 13
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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 1.20	0.	0.	0.
FELIX DURAZO SAME AS ABOVE	TREASURER 2.00	0.	0.	0.
KAREN BERRIGAN SAME AS ABOVE	VICE CHAIRWOMAN 1.20	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.

Portfolio Statement
 UAN 131310643
 Account Number: 2679601
 Account Name: DELTA DENTAL OF AZI FOUNDATION

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Realized Gain/Loss

Purchases

Commodities

Funds - commodity linked

United States - USD

20 Sep 13	MFO/PIMCO FDS PAC INVT MGMT SER	1,739 130	0.00	0.00	0.00	0.00
23 Sep 13	COMMODITY REALRETURN STRATEGY FD INSTL					
Settled	CUSIP 722005667 / PCRIX	5 750000				
	PURCHASED 1,739 13 SHARES					
	09-20-13 AT A PRICE OF \$5 75					
	NET					

11 Dec 13	MFO PIMCO FDS PAC INVT MGMT SER	214 740	-1,198 27	0 00	0 00	0 00
12 Dec 13	COMMODITY REALRETURN STRATEGY FD INSTL					
Settled	CUSIP 722005667 / PCRIX	5 580000				
	PURCHASED 214 74 SHARES					
	12-11-13 AT A PRICE OF \$5 58					
	NET AS REINVESTMENT					

Total United States - USD	0.00	0.00	0.00	0.00	0.00
Total funds - commodity linked	-11,198.27	0.00	0.00	11,198.27	0.00
Total commodities	-11,198.27	0.00	0.00	11,198.27	0.00
Total purchases	60,289.29	0.00	0.00	778,279.46	0.00

Equities

Funds - common stock

Emerging Markets Region - USD

	MFB NORTHN FDS MULTI-MANAGER EMERGING	-3,149,610	60,000 00	0 00	-68,719 81	-9,719 81
20 Sep 13	MKTS EQTY FD					
23 Sep 13	CUSIP 665162483 / NMMEX	19 050000				
Settled	SOLD 3,149 61 UNITS 09-20-13 AT A PRICE OF \$19.05 NET					

Total Emerging Markets Region - USD

Generated by Northern Trust from reviewed periodic data on 23 Jan 14

Portfolio Statement

JAN 13 3 31 DEC 13

Account Number 2679601
DELTA DENTAL OF AZ FOUNDATION

Investment Transaction Detail

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

Sales

Equities

United States - USD

26 Mar 13 27 Mar 13 Settled	MFB NORTHERN FDS STK INDEX FD CUSIP 665162772 / NOSIX SOLD 2,319 59 UNITS 03-26-13 AT A PRICE OF \$19 40 NET	-2,319 590 19 400000	45,000 00	0 00	0 00	-41,845 41	3,154 59	0 00	3,154 59
7 Jun 13 10 Jun 13 Settled	MFB NORTHERN FDS STK INDEX FD CUSIP 665162772 / NOSIX SOLD 3,663 90 UNITS 06-07-13 AT A PRICE OF \$20 47 NET	-3,663 900 20 470000	75,000 00	0 00	0 00	-66,096 77	8,903 23	0 00	8,903 23
20 Sep 13 23 Sep 13 Settled	MFB NORTHERN MULTI-MANAGER GLOBAL LISTED INFRASTRUCTURE FUND CUSIP 665162384 / NMFIX SOLD 606 06 UNITS 09-20-13 AT A PRICE OF \$11 55 NET	-606 060 11 550000	7,000 00	0 00	0 00	-6,563 64	436 36	0 00	436 36
20 Sep 13 23 Sep 13 Settled	MFB NORTHERN MULTI-MANAGER MID CAP FD CUSIP 665162574 / NMMCX SOLD 1,140 94 UNITS 09-20-13 AT A PRICE OF \$14 90 NET	-1,140 940 14 900000	17,000 00	0 00	0 00	-14,341 58	2,658 42	0 00	2,658 42
20 Sep 13 23 Sep 13 Settled	MFB NORTHERN MULTI-MANAGER SMALL CAP FD CUSIP 665162566 / NMMSX SOLD 1,597 44 UNITS 09-20-13 AT A PRICE OF \$12 52 NET	-1,597 440 12 520000	20,000 00	0 00	0 00	-16,837 03	3,162 97	0 00	3,162 97
Total United States - USD			164,000 00	0 00	0 00	-145,684 43	18,315 57	0 00	18,315 57
Total funds - common stock			224,000 00	0 00	0 00	-215,404 24	8,595 76	0 00	8,595 76
Total equities			224,000 00	0 00	0 00	-215,404 24	8,595 76	0 00	8,595 76

Northern Trust

Generated by Northern Trust from reviewed periodic data on 23 Jan 14

Portfolio Statement

JAN 13 - 31 DEC 13

Account Name: DELTA DENTAL OF AZ FOUNDATION
 Account Number: 2679601

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Realized Gain/Loss

Sales

Fixed Income									
Funds - corporate bond									
United States - USD									
7 Jun 13 10 Jun 13 Settled	MFB NORTHERN FUNDS MULTI MANAGER HIGH YIELD OPPORTUNITY FUND CUSIP 665162442 / NMHYX SOLD 13,270 33 UNITS 06-07-13 AT A PRICE OF \$10 92 NET	-13,270 330 10 920000	144,912 08	0 00	0 00	-139,781 42	5,130 66	0 00	5,130 66
3 Dec 13 4 Dec 13 Settled	MFO FRKLN INVS SECS TR FLTG RATE DAILY ACCESS FD ADVISOR CUSIP 353612781 / FDAAX SOLD 8,169 94 SHARES 12-03-13 AT A PRICE OF \$9 20 NET	-8,169 940 9 200000	75,163 40	0 00	0 00	-75,000 00	163 40	0 00	163 40
Total United States - USD									
220,075 48									
Total funds - corporate bond									
220,075 48									
Funds - fixed income etf									
United States - USD									

7 Jun 13	MFC FLEXSHARES TR TR IBOX 3 YR TARGET	106,453.03	0.00	0.00	-108,328.48	-1,875.45	-1,875.45
12 Jun 13	DURATION TIPS INDEX FD	-4,248.000					
Settled	CUSIP: 33939L506 / TDTT	25.080000					
	DEUTSCHE BANK SECURITIES CORP / 84.96						
	OTHER CHARGES 1.85						
	SOLD 4,248.00 SHARES 06-07-13						
	AT A PRICE OF \$25.08 LESS						
	BROKER COMMISSION OF \$84.96						
	AND OTHER CHARGES OF \$1.85						
	DEUTSCHE BANK SECURITIES CORP						
Total United States - USD		106,453.03	0.00	0.00	-108,328.48	-1,875.45	-1,875.45
Total funds - fixed income etf		106,453.03	0.00	0.00	-108,328.48	-1,875.45	-1,875.45
Total fixed income		326,528.51	0.00	0.00	-323,109.90	3,418.61	3,418.61

Account number 2679601
 Account Name DELTA DENTAL OF AZ FOUNDATION
 JAN 13 31 DEC 13

Trade Date		Security Description	Transaction Amount		Realized Gain/Loss		
Settle Date	Asset ID / Ticker		Principal	Accrued Interest	Cost	Market	Total
Trade Status	Broker / Commission	Shares/PAR Price			Adjustment Amt	Translation	
Narrative							
Sales							
Commodities							
Funds - commodity linked							
United States - USD							
26 Mar 13	MFO PIMCO FDS PAC INVT MGMT SER						
27 Mar 13	COMMODITY REALRETURN STRATEGY FD INSTL	-6,042 300	40,000 00	0 00	0 00	-12,008 36	0 00
Settled	CUSIP 722005667 / PCRIX	6 620000					
	SOLD 6,042 30 SHARES 03-26-13						
	AT A PRICE OF \$6 62 NET						
Total United States - USD			40,000.00	0 00	0 00	-12,008 36	-12,008 36
Total funds - commodity linked			40,000 00	0 00	0 00	-12,008 36	-12,008 36
Funds - commodity eff							
Global Region - USD							
26 Mar 13	MFC SPDR GOLD TR GOLD SHS						
1 Apr 13	CUSIP 78463V107 / GLD	-358 000	55,313 34	0 00	0 00	-1,025 11	0 00
Settled	GOLDMAN SACHS NEW YORK / 10 74	154 540000					
	OTHER CHARGES 1 24						
	SOLD 358 00 SHARES 03-26-13 AT						
	A PRICE OF \$154 54 LESS BROKER						
	COMMISSION OF \$10 74 AND OTHER						
	CHARGES OF \$1 24 GOLDMAN,						
	SACHS & COMPANY						
Total Global Region - USD			55,313 34	0 00	0 00	-1,025 11	-1,025 11
Total funds - commodity eff			55,313 34	0 00	0 00	-1,025 11	-1,025 11
Total commodities			95,313 34	0 00	0 00	-13,033 47	0 00
Total sales			645,841.85	0 00	0 00	-1,019.10	0 00
Total transactions			-95,635.08	0 00	0 00	35,783.43	35,783.43

Portfolio Statement

31 DEC 2013

Account number 2679801
Account Name DELTA DENTAL OF AZ FOUNDATION

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Asset Detail - Base Currency

Description/Asset ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Market	Translation	Unrealized gain/loss	Total
Investment Mgr ID								
Shares/PAR value								
Equities								
Funds - common stock								
Emerging Markets Region - USD								
MFB NORTHN FDS MULTI-MANAGER EMERGING MKTS EQTY FD CUSIP 665162483								
18,105 29	19 0500000	0 00	344,905 77	324,103 41	20,802 36	0 00		20,802 36
Total USD		0 00	344,905 77	324,103 41	20,802 36	0 00		20,802 36
Total Emerging Markets Region		0 00	① 344,905 77	324,103 41	20,802 36	0 00		20,802 36
International Region - USD								
MFB NORTHN INTL EQTY INDEX FD CUSIP 665130209								
37,034 34	12 3400000	0 00	457,003 75	397 000 00	60 003 75	0 00		60 003 75
MFB NORTHN MULTI-MANAGER INTL EQTY FD CUSIP 665162558								
34,589 62	10 9400000	0 00	378 191 64	314,167 71	64,023 93	0 00		64,023 93
Total USD		0 00	① 835,195 39	711,167 71	124,027 68	0 00		124,027 68
Total International Region		0 00	835,195 39	711,167 71	124,027 68	0 00		124,027 68
United States - USD								
MFB NORTHERN FDS STK INDEX FD CUSIP 665162772								
44,775 82	22 8600000	0 00	1,023 575 24	738,610 90	284 964 34	0 00		284 964 34
MFB NORTHERN MULTI MANAGER GLOBAL LISTEDINFRASTRUCTURE FUND CUSIP 665162384								
11,591 18	12 0700000	0 00	139 905 54	118 436 36	21,469 18	0 00		21,469 18
MFB NORTHN MULTI-MANAGER MID CAP FD CUSIP 665162574								
8,903 53	13 7300000	0 00	122 245 46	106,183 28	16 062 18	0 00		16 062 18
MFB NORTHN MULTI-MANAGER SMALL CAP FD CUSIP 665162566								
10,823 76	11 5000000	0 00	124 473 24	106,210 91	18,262 33	0 00		18,262 33

Northern Trust

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Portfolio Statement

31 DEC 2013

Account Name DELTA DENTAL OF AZ FOUNDATION Account number 2679801

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Asset Detail - Base Currency

Asset Detail - Base Currency		Page 3 of 10						
Description/Asset ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Market	Unrealized gain/loss	Translation	Total
Investment Mgr ID	Shares/PAR value							
Equities								
Funds - common stock								
Total USD		0 00	1,410,199 48	1,069,441 45	340,758 03		0 00	340,758 03
Total United States		0 00	① 1,410,199 48	1,069,441 45	340,758 03		0 00	340,758 03
Total Funds - Common Stock								
165,803 54		0 00	2,590,300 64	2,104,712 57	485,588 07		0 00	485,588 07
Funds - equities etf								
Global Region - USD								
MFC FLEXSHARES TR MORNINGSTAR GLOBAL	UPSTREAM NAT RES INDEX FD	CUSIP 33939L407						
3 325 00	34 3100000	2 311 47	114 080 75	115 799 75	- 1,719 00		0 00	- 1 719 00
Total USD		2,311 47	114,080 75	115,799 75	- 1,719 00		0 00	- 1,719 00
Total Global Region		2,311 47	① 114,080 75	115,799 75	- 1,719 00		0 00	- 1,719 00
Total Funds - Equities ETF								
3,325 00		2,311 47	114,080 75	115,799 75	- 1,719 00		0 00	- 1,719 00
Total Equities								
169,128 54		2,311 47	2,704,381 39	2,220,512 32	483,869 07		0 00	483,869 07

Northern Trust

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Portfolio Statement

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Account number 2679601
Account Name DELTA DENTAL OF AZ FOUNDATION

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Asset Detail - Base Currency

Asset Detail - Base Currency

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Description/Asset ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
Investment Mgr ID					Market	Translation	
Shares/PAR value							
Fixed Income							
Funds - government agencies							
United States - USD							
MFO VANGUARD INFLATION PROTECTED SECURITIES FUND ADMIRAL CUSIP 922031737							
4,113 69	25 4700000	0 00	104,775 68	110 000 00	- 5,224 32	0 00	- 5 224 32
Issue Date 27 Jun 08							
Total USD		0 00	104,775 68	110,000 00	- 5,224 32	0 00	- 5,224 32
Total United States		0 00	104,775 68	110,000 00	- 5,224 32	0 00	- 5,224 32
Total Funds - Government Agencies							
4,113 69		0 00	① 104,775 68	110,000 00	- 5,224 32	0 00	- 5,224 32
Funds - corporate bond							
Emerging Markets Region - USD							
NORTHERN MULTI MANAGER EMERGING MARKETS DEBT OPPORTUNITY FUND CUSIP 665162343							
7 365 00	10 0300000	0 00	73 870 95	73,650 00	220 95	0 00	220 95
Total USD		0 00	73,870 95	73,650 00	220 95	0 00	220 95
Total Emerging Markets Region		0 00	① 73,870 95	73,650 00	220 95	0 00	220 95
United States - USD							
MFB NORTHERN FDS BD INDEX FD CUSIP 665162533							
65,241 86	10 4200000	0 00	679,820 18	708 659 73	- 28,839 55	0 00	- 28 839 55
Issue Date 25 Aug 08							
MFO FRKLN INVS SECS TR FLTG RATE DAILY ACCESS FD ADVISOR CUSIP 353612781							
0 00	9 2100000	39 45	0 00	0 00	0 00	0 00	0 00

Northern Trust

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Portfolio Statement

31 DEC 2013

Account number: 2079801
Account Name: DELTA DENTAL OF AZ FOUNDATION

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Asset Detail - Base Currency

Description/Asset ID		Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total					
Investment Mgr ID	Shares/PAR value					Market	Translation						
Fixed Income													
Funds - corporate bond													
MFO PIMCO FDS PAC INVT MGMT SER HIGH YIELD FD INSTL CL CUSIP 693390841													
11 446 45	9 6100000		536 22	110 000 38	110,000 34	0 04	0 00	0 04					
Issue Date 29 Aug 08													
Total USD			575 67	789,820 56	818,660 07	- 28,839 51	0 00	- 28,839 51					
Total United States			575 67	① 789,820 56	818,660 07	- 28,839 51	0 00	- 28,839 51					
Total Funds - Corporate Bond													
84,053.31			575 67	863,691 51	892,310 07	- 28,618 56	0 00	- 28,618 56					
Total Fixed Income													
88,167 00			575 67	968,467 19	1,002,310 07	- 33,842 88	0 00	- 33,842 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						Market	Translation	
Real Estate								
Funds - real estate								
United States - USD								
MFB NORTHERN FDS GLOBAL REAL ESTATE		INDEX FD	CUSIP	665162541				
10,095 50	9 0700000		0 00	91 566 18	81 844 06	9 722 12	0 00	9,722 12
Total USD			0 00	91,566 18	81,844 06	9,722 12	0 00	9,722 12
Total United States			0 00	91,566 18	81,844 06	9,722 12	0 00	9,722 12

Northern Trust

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Portfolio Statement

31 DEC 2013

Account number 2879801
Account Name DELTA DENTAL OF AZ FOUNDATION

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Asset Detail - Base Currency

Description/Asset ID		Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total					
Investment Mgr ID	Shares/PAR value					Market	Translation						
<i>Real Estate</i>													
Funds - real estate													
Total Funds - Real Estate													
	10,095 50		0 00	91,566 18	81,844 06	9,722 12	0 00	9,722 12					
Total Real Estate													
	10,095 50		0 00	91,566 18	81,844 06	9,722 12	0 00	9,722 12					

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

Commodities

Funds - commodity linked

United States - USD

MFO PIMCO FDS PAC INVT MGMT SER		COMMODITY REALRETURN STRATEGY FD INSTL CUSIP 722005667						
	13,362 33	5 4900000	0 00	73 359 19	94 768 22	- 21,409 03	0 00	- 21 409 03
Total USD			0 00	73,359 19	94,768 22	- 21,409 03	0 00	- 21,409 03
Total United States			0 00	73,359 19	94,768 22	- 21,409 03	0 00	- 21,409 03
Total Funds - Commodity Linked								
	13,362 33		0 00	73,359 19	94,768 22	- 21,409 03	0 00	- 21,409 03
Total Commodities								
	13,362.33		0 00	73,359 19	94,768 22	- 21,409 03	0 00	- 21,409 03

Northern Trust

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Portfolio Statement

31 DEC 2013

Account number 2879601
Account Name DELTA DENTAL OF AZ FOUNDATION

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Asset Detail - Base Currency

Asset Detail		Base Currency	Unrealized gain/loss					
Description/Asset ID	Investment Mgr ID	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Market	Translation	Total
Cash and Cash Equivalents								
Funds - short term investment								
NORTHN INSTL FDS DIVERSIFIED ASSETS PORTFOLIO CUSIP 665278107								
	1 00000000		0 93	124 168 41	124,168 41	0 00	0 00	0 00
Total funds - short term investment - all currencies			0 93	124,168 41	124,168 41	0 00	0 00	0 00
Total funds - short term investment - all countries			0 93	124,168 41	124,168 41	0 00	0 00	0 00
Total Funds - Short Term Investment								
	124,168 41		0 93	124,168 41	124,168 41	0 00	0 00	0 00
Total Cash and Cash Equivalents								
	124,168 41		0 93	124,168 41	124,168 41	0 00	0 00	0 00
Total								
	404,921.78		2,888 07	3,961,942.36	3,523,603.08	438,339.28	0 00	438,339.28

Σ 3,937,773

Northern Trust

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DELTA DENTAL PLAN OF ARIZONA CHARITABLE

86-0842694

XAVIER ORTEGA	DIRECTOR			
SAME AS ABOVE	1.20	0.	0.	0.
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	2.00	0.	0.	0.
KATHY LAVOY	DIRECTOR			
SAME AS ABOVE	2.00	0.	0.	0.
ALISON LUND	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
RICHARD FEFER	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
ROB MAPLE	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
CREG OSTLER	DIRECTOR			
SAME AS ABOVE	0.80	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	14
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ACTIVITY ONE

PROMOTING ORAL HEALTH BY DISTRIBUTING TOOTHBRUSHES, FLOSS
TOOTHPASTE AND EDUCATIONAL MATERIALS. IMPROVES ORAL HEALTH
IN THE STATE OF ARIZONA BY GIVING GRANTS, EQUIPMENT AND
SUPPLIES FOR DENTAL CLINICS, SCHOOLS, NONPROFITS USING
EVIDENCED-BASED DENTAL PREVENTION STRATEGIES TO HELP

DELTA DENTAL PLAN OF ARIZONA CHARITABLE

86-0842694

CHILDREN, YOUTH AND PREGNANT MOTHERS WITHOUT ACCESS TO
DENTAL SERVICES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

152,734.

<i>Organization Name</i>	TOTAL
A. T. Still University Arizona School of Dentistry & Oral Health	\$1,245.41
Advance Dental	\$549.50
Aguila Preschool (A Title 1 School)	\$18.01
Alpha Omicon - ESA	\$46.05
Alta Loma (Peoria School Dist)	\$4.50
American Diabetes Association - Team Diabetes	\$25.60
Anglers United	\$320.00
Apache County Public Health Services District	\$827.13
Arizona Alliance for Community Health Centers	\$160.00
Arizona American Indian Oral Health Coalition	\$695.00
Arizona Helping Hands	\$259.20
Arizona Pipe Trades Health and Welfare Trust Fund	\$348.75
Arizona Science Center	\$1,592.56
Arizona State Enrollment Meetings	\$180.00
Arizona Youth Partnership/ Harbor House	\$15.10
Arizona's Childrens Association (Parents as Teachers)	\$67.25
Asian Pacific Community in Action	\$519.95
Association For Supportive Child Care	\$804.90
Back to School Clothing Drive	\$8,850.36
Bagdad Unified School District	\$206.71
Boys & Girls Clubs of Metro Phoenix-Youth Dental Clinic	\$1,519.12
Boys & Girls Clubs of the Colorado River	\$275.21
Boys to Men Arizona	\$52.85
Cactus Wren Neighborhood Block Watch	\$300.50
Carol G Peck Elementary School (A Title 1 School)	\$471.48
Catholic Charities Westside Head Start	\$695.52
Central Arizona Shelter Services - Murphy Kids Dental Clinic	\$1,586.80
Charles W. Sechrist Elementary School	\$375.62
Chas Roberts Air Conditioning	\$224.44
Chicanos Por La Causa, Inc	\$2,363.88
Childhelp, Inc.	\$348.75
Children First Academy - Phx	\$173.41
Children's Museum of Phoenix	\$58,728.76
Church of Our Saviour Community Chest	\$276.84
City of Glendale - Community Action Program	\$317.25
CityServe, AZ	\$1,685.00
Coconino County Community Services	\$687.36
Coconino County Public Health Services District	\$297.18
Community Dental Foundation	\$981.50
Compassion Connect - Compassion Queen Creek	\$1,517.00
Crisis Nursery, Inc	\$259.20
Cross of Christ	\$90.52
Deer Valley Unified School District	\$664.60
Dentistry of old town Scottsdale	\$712.80
Desert Springs Christian Preschool	\$54.36
DHHS-Public Health Nursing San Carlos Apache Tribe	\$830.50
Dignity Health-Children's Dental Clinic	\$1,794.80

<i>Organization Name</i>	TOTAL
Dream Center, The - Phoenix World Outreach	\$3,197.28
El Rio Community Health Center	\$1,604.08
Flagstaff Shelter Services	\$773.28
Fresh Start Women's Foundation	\$182.50
Gila River Healthcare Dental Services Hu Hu Kam Memorial Hospital	\$192.52
Global Community Communications Alliance	\$426.24
Hassayampa Elementary School	\$326.16
Helen Hope Chest, a service of Mesa United Way	\$2,878.26
Homeward Bound	\$793.30
Hope for a Healthier Humanity	\$304.50
Hope Network, Inc.	\$522.01
Hualapai Health Department/Material Child Health Program	\$390.00
Inter Tribal Council of Arizona, Inc.	\$566.25
Jaydie Lynn King Foundation	\$64.80
Kaibab Paiute Oral Health Coalition	\$769.64
Kim Merriweather/DDAZ Staff	\$165.00
La Paz/Mohave Regional Partnership Council	\$1,589.68
Larkspur Elementary School - Title I School	\$144.90
Legacy Foundation Chris-Town YMCA	\$115.50
Liberty Elementary School K-8	\$190.88
Living Hope Church	\$451.92
Maggie's Place	\$54.25
Magic Smiles Dental -PDA Holding LLC	\$520.50
Marc Community Resources	\$171.00
Maricopa County Dental Sealant Programs-ADHS & DDAZ	\$4,508.81
Mariposa Community Health Center	\$1,566.64
Maryvale Family YMCA	\$506.00
Michael J Smith DDS	\$151.00
Midwestern University	\$502.00
Mission of Mercy	\$361.44
MOAA, AZ Chapter	\$45.30
Mobile Health Program University of Arizona Dept of Family & Community Med.	\$650.56
Mohave Community College	\$1,108.72
Moutain Park Health Center	\$172.50
National Tooth Fairy Day!	\$53.75
Native Health	\$1,283.72
Navajo County Public Health Services District	\$1,184.22
New Pathways for Youth Inc (formerly Greater Phoenix Youth at Risk	\$293.50
North Country Healthcare	\$687.14
Northern Arizona University - Department of Dental Hygiene	\$168.50
Northern Arizona University Dental Hygiene Student/NAU Dental Clinic	\$18.40
Oral Cancer Foundation	\$114.00
Overgaard Ponderosa Lions Foundation	\$881.52
Partners in Recovery Metro Site	\$1,195.92
PDA Holdco, LLC	\$221.76
Peoria Unified School District	\$890.68
PFA Compassionate Ministries	\$761.04

<i>Organization Name</i>	TOTAL
Phoenix College Dental Hygiene Student	\$24.75
Phoenix Rescue Mission/Changing Lives Center for Women and Children	\$495.36
Phoenix V.A. Healthcare System	\$180.30
Pima County Health Department "AZ school based dental sealant program"	\$1,738.78
Prevent Child Abuse Arizona	\$594.00
Professional Women's Alliance Presents Vital Signs: How Healthy is Health Care	\$45.00
Radiant Church	\$644.50
Rebecca Schaffer	\$322.32
Risas Dental and Braces	\$776.50
River Cities United Way	\$477.37
Saguaro Detachment 554, Marine Corps League	\$164.16
Salvation Army, The - Glendale Corp	\$234.50
San Carlos Community Health Representative	\$509.00
Shyann Kindness Project, The	\$2,133.10
Smile for Life Dentistry	\$245.50
Southern Arizona AIDS Foundation	\$420.82
Southwest District Kiwanis Foundation dba:Beaver Creek Kiwanis	\$302.04
Southwest Human Development	\$3,747.32
Sun Life Family Dental	\$787.32
Sunset Community Health Center	\$559.77
Teleos Preparatory Academy	\$191.55
Thompson Ranch Elementary School	\$739.90
Tumbleweed	\$118.69
UMOM	\$217.44
United Way of Northern Arizona, The	\$475.20
University of Arizona Mobile Health Programs, The	\$382.00
Valle del Sol	\$375.00
VALLEYLIFE	\$574.56
Vander Schaaf/Beischel Dental Care	\$328.32
Varnish program	\$2,503.67
Verde Valley Medical Center - Verde Valley Parenting Partnership	\$74.88
W. Steven Martin Police Toy Drive Foundation; DBA: 911 Police & Fire Toy Drive	\$1,072.56
Washington High School	\$395.00
Western Valley Elementary School	\$248.60
WMPO	\$2,203.20
Women's Health Week Expo for our State account	\$388.80
YMCA in Tucson	\$188.75
Youth Sid Davis Oral Health Fund	\$110.65
<i>Value of Supplies Donated</i>	\$152,733.96

990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)	STATEMENT 15
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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.

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)	STATEMENT 16
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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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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	Name of exempt organization or other filer, see instructions	Enter filer's identifying number
	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)

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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 (other than individual)	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, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year **2013** 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	3,160.
b If this application is for Forms 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	\$	1,960.
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	\$	1,200.

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

- 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	Employer identification number (EIN) or
	DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	86-0842694
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	5656 WEST TALAVI BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	GLENDALE, AZ 85306	

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

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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 (other than individual)	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, 2014.

5 For calendar year 2013, 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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	3,160.
b If this application is for Forms 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	\$	3,160.
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 ☒

8-6-14

Form 8868 (Rev 1-2014)

**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
INTERNATIONAL RESCUE COMMITTEE 5227 N 7TH ST PHOENIX, AZ 85014		PUBLIC CHARITY	COMMUNITY GRANT - PRENATAL AND POSTNATAL ORAL HEALTH	10,000.
LEGACY FOUNDATION CHRISTOWN YMCA 5517 N 17TH AVE PHOENIX, AZ 85015		PUBLIC CHARITY	COMMUNITY GRANT - EQUIPMENT FOR YMCA DENTAL CLINIC	20,985.
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 4042 N CENTRAL AVE STE 1400 PHOENIX, AZ 85012		GOVERNMENT	FINAL PAYMENT FOR OFFICE ORAL HEALTH SEALANT PROGRAM	112,763.
MIDWESTERN UNIVERSITY 19555 N 59TH AVE GLENDALE, AZ 85308		PUBLIC CHARITY	COMMUNITY GRANT - SUPER SEALANT SATURDAY	18,630.
NATIVE HEALTH 4520 N CENTRAL AVE PHOENIX, AZ 85012		PUBLIC CHARITY	COMMUNITY GRANT - DENTAL EQUIPMENT FOR CLINIC	23,408.
NORTHERN AZ UNIVERSITY 208 E PINE KNOLL DR RM 202 FLAGSTAFF, AZ 86011		GOVERNMENT	COMMUNITY GRANT - KINLANI ORAL HEALTH PROGRAM	14,889.
RIVER CITIES UNITED WAY 145 N HAVASU AVE LAKE HAVASU CITY, AZ 86405		PUBLIC CHARITY	COMMUNITY GRANT - KIDS BRIGHT AND HEALTH IN SCHOOL SCREENINGS	10,567.
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24TH ST PHOENIX, AZ 85008		PUBLIC CHARITY	COMMUNITY GRANT - ORAL HEALTH EDUCATION PROGRAM	17,696.
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				662,997.

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
ST VINCENT DENTAL CLINIC 420 W WATKINS RD PHOENIX, AZ 85003		PUBLIC CHARITY	COMMUNITY GRANT	36,350.
AT STILL UNIVERSITY OF HEALTH SERVICES 5835 E STILL CIRCLE MESA, AZ 85253		PUBLIC CHARITY	COMMUNITY GRANT	14,937.
AZ SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 85004		PUBLIC CHARITY	COMMUNITY GRANT	11,336.
BACK TO SCHOOL 1212 E WASHINGTON ST PHOENIX, AZ 85034		PUBLIC CHARITY	COMMUNITY GRANT	19,558.
BAGDAD UNIFIED SCHOOL PO BOX 427 BAGDAD, AZ 86321		GOVERNMENT	COMMUNITY GRANT	7,094.
HOPE NETWORK 7925 N ORACLE RD #A-104 TUCSON, AZ 85704		PUBLIC CHARITY	COMMUNITY GRANT	9,448.
COMMUNITY DENTAL FOUNDATION 201 S 36TH ST PHOENIX, AZ 85034		PUBLIC CHARITY	COMMUNITY GRANT	5,000.
FIRST THINGS FIRST 4000 N CENTRAL AVE PHOENIX, AZ 85012		GOVERNMENT	COMMUNITY GRANT	10,000.
NAVAJO COUNTY 117 E BUFFALO ST HOLBROOK, AZ 86025		GOVERNMENT	COMMUNITY GRANT	28,009.
OVERGAARD PONDEROSA LIONS FOUNDATION PO BOX 402 OVERGARRD, AZ 85933		PUBLIC CHARITY	COMMUNITY GRANT	9,381.
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
UNIVERSITY OF AZ FOUNDATION 111 N CHERRY AVE TUCSON, AZ 85721		PUBLIC CHARITY	COMMUNITY GRANT	15,000.
VALLE DEL SOL 3807 N 7TH ST PHOENIX, AZ 85014		PUBLIC CHARITY	COMMUNITY GRANT	8,763.
VERDE VALLEY MEDICAL CENTER 269 S CANDY LANE COTTONWOOD, AZ 86326		PUBLIC CHARITY	COMMUNITY GRANT	12,155.
OTHER MISCELLANEOUS ORGANIZATIONS VARIOUS LOCATIONS		PUBLIC CHARITY	COMMUNITY GRANT	80,687.
ALLIANCE AZ NON PROFITS 5150 N 16TH ST STE C-152 PHOENIX, AZ 85016		PUBLIC CHARITY	COMMUNITY GRANT	7,300.
ARIZONA DENTAL FOUNDATION 3193 N DRINKWATER SCOTTSDALE, AZ 85251		PUBLIC CHARITY	COMMUNITY GRANT	15,000.
SELLS INDIAN HEALTH SERVICE HWY 86 & TOPOWA RD SELLS, AZ 85634		GOVERNMENT	COMMUNITY GRANT	17,881.
NORTH COUNTY HEALTHCARE 2620 N 4TH ST FLAGSTAFF, AZ 86004		PUBLIC CHARITY	COMMUNITY GRANT	15,180.
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 15065 FLAGSTAFF, AZ 86011		PUBLIC CHARITY	COMMUNITY GRANT	15,000.
MOHAVE COMM COLLEGE DENTAL PROGRAMS 3400 HIGHWAY 95 MAIL STOP 400 RIVIERA, AZ 86442		GOVERNMENT	COMMUNITY GRANT	8,837.
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
MARIPOSA COMM HEALTH CENTER 1852 N MASTICK WAY NOGALES, AZ 85621		PUBLIC CHARITY	COMMUNITY GRANT	15,251.
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745		PUBLIC CHARITY	COMMUNITY GRANT	14,887.
COMPASSION QUEEN CREEK 85 W COMBS RD STE 101-182 SAN TAN VALLEY, AZ 85140		PUBLIC CHARITY	COMMUNITY GRANT	5,000.
CENTRAL ARIZONA SHELTER SERVICES 230 S 12TH AVE PHOENIX, AZ 85007		PUBLIC CHARITY	COMMUNITY GRANT	15,779.
BOYS & GIRLS CLUB OF METRO PHOENIX 2645 N 24TH ST PHOENIX, AZ 85005		PUBLIC CHARITY	COMMUNITY GRANT	16,226.
Total from continuation sheets				