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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST		A Employer identification number 86-0842694	
Number and street (or P O box number if mail is not delivered to street address) 5656 WEST TALAVI BLVD		Room/suite	B Telephone number (see instructions) (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"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 5,518,931		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	816,417			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18	18		
	4 Dividends and interest from securities	116,474	116,474		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	-5,502			
	b Gross sales price for all assets on line 6a 1,191,581				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	120,287	0	120,287	
	12 Total. Add lines 1 through 11	1,047,694	116,492	120,287	
Operating and Administrative Expenses	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 (attach schedule).				
	b Accounting fees (attach schedule).	19,200	9,600	0	9,600
	c Other professional fees (attach schedule)	13,017	6,509	0	6,509
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	813	0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.	12,036	0	0	1,591
	22 Printing and publications	9,295	0	0	5,033
	23 Other expenses (attach schedule).	131,281	3,000	77,708	48,083
	24 Total operating and administrative expenses. Add lines 13 through 23	185,642	19,109	77,708	70,816
	25 Contributions, gifts, grants paid	822,813			713,086
	26 Total expenses and disbursements. Add lines 24 and 25	1,008,455	19,109	77,708	783,902
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	39,239			
	b Net investment income (if negative, enter -0-)		97,383		
	c Adjusted net income (if negative, enter -0-)			42,579	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	505,872	550,167	550,167
	2	Savings and temporary cash investments	240,180	152,900	152,900
	3	Accounts receivable ▶ <u>3,450</u> Less allowance for doubtful accounts ▶ _____	3,750	3,450	3,450
	4	Pledges receivable ▶ <u>13,686</u> Less allowance for doubtful accounts ▶ _____	5,455	13,686	13,686
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use	11,330	8,093	8,093
	9	Prepaid expenses and deferred charges	12,974	11,368	11,368
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	3,337,852	3,125,195	3,125,195
	c	Investments—corporate bonds (attach schedule)	1,111,940	1,378,771	1,378,771
	11	Investments—land, buildings, and equipment basis ▶ <u>14,330</u> Less accumulated depreciation (attach schedule) ▶ <u>14,330</u>			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	414,814	273,487	273,487
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	969	1,814	1,814
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,645,136	5,518,931	5,518,931
	17	Accounts payable and accrued expenses	34,157	161,081	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	7,790		
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	41,947	161,081	
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	5,599,439	5,357,850	
	25	Temporarily restricted	3,750	0	
	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 (see instructions)	5,603,189	5,357,850	
	31	Total liabilities and net assets/fund balances (see instructions)	5,645,136	5,518,931	

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	5,603,189
2	Enter amount from Part I, line 27a	2	39,239
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	5,642,428
5	Decreases not included in line 2 (itemize) ▶ _____	5	284,578
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	5,357,850

Part IV

Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 1,191,581		1,197,083	-5,502
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			-5,502
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	-5,502
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

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

1 Enter the appropriate amount in each column for each year, see 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))
2014	780,638	5,306,192	0 147118
2013	932,661	4,989,694	0 186917
2012	624,245	2,945,326	0 211944
2011	546,652	1,344,691	0 406526
2010	440,497	1,218,291	0 361570

2	Total of line 1, column (d).	2	1 314075
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	0 262815
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	5,590,274
5	Multiply line 4 by line 3.	5	1,469,208
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	974
7	Add lines 5 and 6.	7	1,470,182
8	Enter qualifying distributions from Part XII, line 4.	8	783,902

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

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the 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	1,948
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	1,948
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	1,948
6 Credits/Payments		
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868).	6c	2,400
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d.	7	2,400
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	47
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	405
11 Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 405 Refunded ▶	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?	1a		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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>	1b		No
c Did the foundation file Form 1120-POL for this year?	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
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		No
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		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
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		No
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	Yes	
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	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <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	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.deltadentalaz.com/foundation</u>	13	Yes	
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

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)?	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	No
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
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).	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 ► 20____, 20____, 20____, 20____		
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 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>).	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2015?	4b	No

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 4945(d)(4)(A)? (see instructions).	<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)?		5b	
Organizations relying on a current notice regarding disaster assistance check here. ▶			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
<i>If "Yes" to 6b, file Form 8870</i>			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.

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 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 CHILDREN, YOUTH AND PREGNANT MOTHERS WITHOUT ACCESS TO DENTAL SERVICES	62,914
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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	

Total. Add lines 1 through 3

0

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	4,950,670
b	Average of monthly cash balances.	1b	686,324
c	Fair market value of all other assets (see instructions).	1c	38,411
d	Total (add lines 1a, b, and c).	1d	5,675,405
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	5,675,405
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	85,131
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,590,274
6	Minimum investment return. Enter 5% of line 5.	6	279,514

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	279,514
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	1,948
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,948
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	277,566
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	277,566
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	277,566

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	783,902
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	783,902
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	783,902

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				277,566
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				379,582
b From 2011.				480,515
c From 2012.				478,901
d From 2013.				684,878
e From 2014.				518,072
f Total of lines 3a through e.	2,541,948			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 783,902				
a Applied to 2014, 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 2015 distributable amount.				277,566
e Remaining amount distributed out of corpus	506,336			
5 Excess distributions carryover applied to 2015 (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	3,048,284			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	379,582			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	2,668,702			
10 Analysis of line 9				
a Excess from 2011. . . .				480,515
b Excess from 2012. . . .				478,901
c Excess from 2013. . . .				684,878
d Excess from 2014. . . .				518,072
e Excess from 2015. . . .				506,336

Part XIV

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b Check box to indicate whether the organization

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

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))

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

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

DR SANDI PEREZ
5656 WTALAVI BLVD
GLENDALE,AZ 85306
(602)938-3131
DELTAFOUNDATION@DELTADENTALAZ.COM

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

Guidelines are provided on the website at deltadentalaz.com/foundation and the application questions should be answered in a WORD document and accompanied by a 501c3 letter of determination, current organizational budget, list of Board of Directors, current 990, and project budget

c Any submission deadlines

First Thursday of September no later than 5 PM Arizona time

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

Applicants must be domiciled in Arizona and serving children, youth and pregnant mothers with programs/projects to improve oral health with preventive dental services, education, screenings, exams, sealants and fluoride treatments

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 See Additional Data Table				
Total			▶ 3a	822,813
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

[illegible]

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

[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)	UP TO 4 COMMON BOARD MEMBERS AND PRESIDENT/CEO

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2016-11-14

* * * * *

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr.)? ☒ Yes ☐ No

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name David Lowenthal	Preparer's Signature	Date 2016-11-14	Check if self-employed <input type="checkbox"/>	PTIN P00378651
Firm's name <input type="checkbox"/> PLANTE & MORAN PLLC			Firm's EIN <input type="checkbox"/> 38-1357951	
Firm's address <input type="checkbox"/> 10 S Riverside Plaza 9th Floor Chicago, IL 60606				
			Phone no. <input type="checkbox"/> (312) 207-1040	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Felix Durazo	Chairman 2 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Keith Gauzza	Secretary 2 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Kathy LaVoy RDH PDHC MED	Vice Chair 2 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Xavier Ortega	Treasurer 2 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Allan Allford	PRESIDENT 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Dutch Baker	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Tali Collins JD	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Alisa Diggs-Gooding PA-c MPH	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Richard Fefer DDS	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Susan Fry MPH	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Rebecca Kenyon	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Alison Lund	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Rob Maple	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Fred Olsen DDS	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Sandi Perez PhD	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Phillip J Santucci DDS MS	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Candace Wiest	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
Tim Wilson DDS	Director 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				

Form 990PF Part XV Line 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				
AT Still University 5850 E Still Circle Mesa,AZ 85206	none	Public Charity	COMMUNITY GRANT	51,000
AT Still University School of Dentistry 5850 E Still Circle Mesa,AZ 85206	none	Public Charity	COMMUNITY GRANT	25,000
AZ Alliance for Community Health Services 700 E Jefferson St Ste 100 Phoenix,AZ 85004	none	Public Charity	COMMUNITY GRANT	24,787
AZ Community Foundation-Healthier Verde Valley 2201 E Camelback Rd Ste 405B Phoenix,AZ 85016	none	Public Charity	COMMUNITY GRANT	25,000
AZ Community Foundation-Hozhoni Foundation 2201 E Camelback Rd Ste 405B Phoenix,AZ 85016	none	Public Charity	COMMUNITY GRANT	3,000
AZ Community Foundation-NAU Foundation 2201 E Camelback Rd Ste 405B Phoenix,AZ 85016	none	Public Charity	COMMUNITY GRANT	12,428
Boys & Girls Club Metro Phoenix 4309 E Belleview St Bldg 14 Phoenix,AZ 85008	none	Public Charity	COMMUNITY GRANT	15,000
Boys and Girls Clubs of Colorado River 2250 Highland Rd Bullhead City,AZ 86442	none	Public Charity	COMMUNITY GRANT	10,140
Central AZ Shelter Services 230 S 12th Ave Phoenix,AZ 85007	none	Public Charity	COMMUNITY GRANT	15,000
Desert Mission 9229 N 4th St Phoenix,AZ 85020	none	Public Charity	COMMUNITY GRANT	15,000
Dignity Health Foundation 1727 W Fry Rd Ste 230 Chandler,AZ 85224	none	Public Charity	COMMUNITY GRANT	6,100
El Rio Health Center Foundation 839 W Congress St Tucson,AZ 85745	none	Public Charity	COMMUNITY GRANT	30,000
Esperanca 1911 W Earll Dr Phoenix,AZ 85015	none	Public Charity	COMMUNITY GRANT	15,000
Flagstaff Medical Center 1200 N Beaver St Flagstaff,AZ 86001	none	Public Charity	COMMUNITY GRANT	10,000
Golden Gate Community Center 1625 N 39th Ave Phoenix,AZ 85009	none	Government	COMMUNITY GRANT	20,000
Total ▶ 3a				822,813

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
Homeless Outreach Programs PO Box 363 Nutrioso,AZ 85932	none	Public Charity	COMMUNITY GRANT	7,650
Legacy Foundation Christown YMCA 5517 N 17th Ave Phoenix,AZ 85015	none	Public Charity	COMMUNITY GRANT	15,000
Maggie's Place Inc PO Box 1102 Phoenix,AZ 85001	none	Public Charity	COMMUNITY GRANT	10,000
Marana Health Center 13395 N Marana Main St Marana,AZ 85658	none	Public Charity	COMMUNITY GRANT	15,000
Mountain Park Health Center 2702 N 3rd St Ste 4020 Phoenix,AZ 85004	none	government	COMMUNITY GRANT	32,000
Native American Community Health 4041 N Central Ave Bldg C Phoenix,AZ 85012	none	Public Charity	COMMUNITY GRANT	20,000
Navajo County Public Health Services 117 E Buffalo St Holbrook,AZ 86025	none	government	COMMUNITY GRANT	43,560
Overgaard Ponderosa Lions PO Box 402 Overgaard,AZ 85933	none	Public Charity	COMMUNITY GRANT	11,000
River Cities United Way 145 N Havasu Ave Lake Havasu City,AZ 86405	none	Public Charity	COMMUNITY GRANT	6,000
Society of St Vincent de Paul PO Box 13600 Phoenix,AZ 85002	none	Public Charity	COMMUNITY GRANT	15,000
Southwest Behavioral Helath Services 2580 Highway 95 Ste 120 Riviera,AZ 86442	none	Public Charity	COMMUNITY GRANT	4,250
Southwest Human Development 2850 N 24th St Phoenix,AZ 85008	none	Public Charity	COMMUNITY GRANT	15,000
St Elizabeth's Health Center 140 W Speedway Blvd Ste 100 Tucson,AZ 85705	none	Public Charity	COMMUNITY GRANT	20,000
Sun Life Family Health Center 865 N Arizola Rd Casa Grande,AZ 85122	none	Public Charity	COMMUNITY GRANT	15,000
The Poore Free Medical Clinic 608 N Humphreys Flagstaff,AZ 86001	none	Public Charity	COMMUNITY GRANT	25,000
Total ▶ 3a				822,813

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
The University of Arizona Foundation 1450 N Cherry Ave Tucson,AZ 85719	none	Public Charity	COMMUNITY GRANT	50,000
Verde Valley Medical Center 269 S Candy Ln Cottonwood,AZ 86326	none	Public Charity	COMMUNITY GRANT	13,407
Other Miscellaneous Organizations Various Locations VARIOUS,AZ 85306	none	Public Charity	COMMUNITY GRANT	164,241
Other Miscellaneous Organizations Various Locations VARIOUS,AZ 85306	none	Public Charity	SPONSORSHIPS	63,250
Total ▶ 3a				822,813

TY 2015 Accounting Fees Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting	19,200	9,600	0	9,600

TY 2015 Investments Corporate Bonds Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Name of Bond	End of Year Book Value	End of Year Fair Market Value
Corporate Bonds	1,378,771	1,378,771

TY 2015 Investments Corporate Stock Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	3,125,195	3,125,195

TY 2015 Investments - Other Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Other	AT COST	273,487	273,487

TY 2015 Other Assets Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Interest Receivable	969	1,814	1,814

TY 2015 Other Decreases Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Description	Amount
Unrealized Loss	284,578

TY 2015 Other Expenses Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST
EIN: 86-0842694

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	8,539	0	0	8,539
PROMOTION	7,947	0	0	7,947
POSTAGE	4,539	0	0	2,599
BANK CHARGES	3,000	3,000	0	0
MEALS AND ENTERTIANMENT	6,172	0	0	6,172
TRAINING AND SEMINARS	1,561	0	0	1,561
TELEPHONE	1,047	0	0	1,047
SUPPLIES	6,067	0	0	5,595
MISC EXP	7,228	0	0	7,150
BOARD EXPENSES	7,473	0	0	7,473
GOLF TOURNAMENT COURSE FEES	20,886	0	20,886	0
GOLF TOURNAMENT FOOD	17,241	0	17,241	0
GOLF TOURNAMENT SUPPLIES	8,324	0	8,324	0
GOLF TOURNAMENT VOLUNTEER	3,458	0	3,458	0
GOLF TOURNAMENT PRINT & ADS	3,731	0	3,731	0
GOLF TOURNAMENT RAFFLE	1,580	0	1,580	0
GOLF TOURNAMENT MISC	2,393	0	2,393	0
GOLF TOURNAMENT TEE PRIZES	20,095	0	20,095	0

TY 2015 Other Income Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Gross Income from Special Fundraising Events	120,287		120,287

TY 2015 Other Professional Fees Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
 CHARITABLE FOUNDATION AND TRUST
EIN: 86-0842694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Other PROFESSIONAL FEES	13,017	6,509	0	6,509

TY 2015 Taxes Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Taxes	813	0	0	0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST</div>	<div>Employer identification number</div> <div>86-0842694</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	Employer identification number 86-0842694
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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		\$ 707,713	Person <input checked="" type="checkbox"/>
	ARIZONA DENTAL INSURANCE SERVICE IN 5656 W Talavi Blvd		Payroll <input type="checkbox"/>
	glendale, AZ 85306		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 14,816	Person <input checked="" type="checkbox"/>
	Thunderbirds Charities 7226 N 16th St Ste 100		Payroll <input type="checkbox"/>
	phoenix, AZ 85020		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 15,000	Person <input checked="" type="checkbox"/>
	Carrington College 4742 N 24th St 360		Payroll <input type="checkbox"/>
	phoenix, AZ 85016		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 10,000	Person <input checked="" type="checkbox"/>
	Delta Dental of Arizona 5656 W Talavi Blvd		Payroll <input type="checkbox"/>
	glendale, AZ 85306		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000	Person <input checked="" type="checkbox"/>
	Arizona Diamondbacks 401 E Jefferson St		Payroll <input type="checkbox"/>
	phoenix, AZ 85004		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 7,500	Person <input checked="" type="checkbox"/>
	Henry Schein 8409 Worthshire Dr		Payroll <input type="checkbox"/>
	North Richland Hills, TX 76182		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	Employer identification number 86-0842694
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ► \$ _____

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