

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	550,167	427,688	427,688		
	2	Savings and temporary cash investments	152,900	197,456	197,456		
	3	Accounts receivable ▶ <u>700</u>					
		Less allowance for doubtful accounts ▶ <u></u>	3,450	700	700		
	4	Pledges receivable ▶ <u>726</u>					
		Less allowance for doubtful accounts ▶ <u></u>	13,686	726	726		
	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) ▶ <u></u>					
		Less allowance for doubtful accounts ▶ <u></u>					
	8	Inventories for sale or use	8,093	30,820	30,820		
	9	Prepaid expenses and deferred charges	11,368	25,289	25,289		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	3,125,195	3,405,790	3,405,790		
	c	Investments—corporate bonds (attach schedule)	1,378,771	1,519,345	1,519,345		
	Liabilities	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)	273,487	251,641	251,641		
14		Land, buildings, and equipment basis ▶ <u></u>					
		Less accumulated depreciation (attach schedule) ▶ <u></u>					
15		Other assets (describe ▶ <u></u>)	1,814	2,359	2,359		
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	5,518,931	5,861,814	5,861,814		
17		Accounts payable and accrued expenses	161,081	119,813			
18		Grants payable					
19		Deferred revenue					
20		Loans from officers, directors, trustees, and other disqualified persons		884			
21		Mortgages and other notes payable (attach schedule)					
22		Other liabilities (describe ▶ <u></u>)					
23		Total liabilities (add lines 17 through 22)	161,081	120,697			
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ☒ and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	5,357,850	5,741,117			
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ☐ 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)	5,357,850	5,741,117				
31	Total liabilities and net assets/fund balances (see instructions) .	5,518,931	5,861,814				

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	5,357,850
2	Enter amount from Part I, line 27a	2	12,454
3	Other increases not included in line 2 (itemize) ▶ <u></u>	3	370,813
4	Add lines 1, 2, and 3	4	5,741,117
5	Decreases not included in line 2 (itemize) ▶ <u></u>	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	5,741,117

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)
1 a NORTHERN TRUST - SUMMARY	P		
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 808,126		875,639	-67,513
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			-67,513
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	-67,513
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))
2015	783,902	5,590,274	0 140226
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

2 Total of line 1, column (d)	2	1 092731
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 218546
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	5,564,827
5 Multiply line 4 by line 3	5	1,216,171
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,215
7 Add lines 5 and 6	7	1,217,386
8 Enter qualifying distributions from Part XII, line 4	8	905,340

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 instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☐ and enter 1% of Part I, line 27b	1	2,430
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	2,430
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	2,430
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	405
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	2,500
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	2,905
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	43
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	432
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 432 Refunded ▶	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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	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? If "Yes," attach a detailed description of the activities	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? If "Yes," attach a conformed copy of the changes	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? If "Yes," attach the statement required by General Instruction T	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? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ AZ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	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 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 <u>15</u>			
16	At any time during calendar year 2016, 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 <u></u>	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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☒ Yes ☐ No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ 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)? ☐ Yes ☒ 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). ☐ Yes ☒ 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
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 2016? ☐	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>			
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 <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). ☐ Yes ☒ No	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 2016?	4b		No

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 4945(d)(4)(A)? (see instructions).	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	☐ Yes ☒ No	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	<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?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes ☒ No	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?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	☐ Yes ☒ No	7b	

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

[illegible][illegible]

Total number of other employees paid over \$50,000.	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (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	101,806
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	

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	5,041,126
b	Average of monthly cash balances.	1b	608,445
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	5,649,571
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	5,649,571
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	84,744
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,564,827
6	Minimum investment return. Enter 5% of line 5.	6	278,241

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	278,241
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	2,430
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	2,430
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	275,811
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	275,811
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	275,811

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	905,340
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	905,340
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	905,340

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				275,811
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	480,515			
b From 2012.	478,901			
c From 2013.	684,878			
d From 2014.	518,072			
e From 2015.	506,336			
f Total of lines 3a through e.	2,668,702			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 905,340				
a Applied to 2015, 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 2016 distributable amount.				275,811
e Remaining amount distributed out of corpus	629,529			
5 Excess distributions carryover applied to 2016 (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	3,298,231			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions).	480,515			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,817,716			
10 Analysis of line 9				
a Excess from 2012.	478,901			
b Excess from 2013.	684,878			
c Excess from 2014.	518,072			
d Excess from 2015.	506,336			
e Excess from 2016.	629,529			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling.	☐ 4942(j)(3) or ☐ 4942(j)(5)				
b Check box to indicate whether the organization is a private operating foundation described in section					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV	Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)
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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 W TALAVI 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 <i>Paid during the year</i> See Additional Data Table				
Total			3a	803,534
b <i>Approved for future payment</i>				
Total			3b	0

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 (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion 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	254	
4 Dividends and interest from securities.			14	140,870	
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	-67,513	
9 Net income or (loss) from special events			01	65,538	
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		139,149	0
13 Total. Add line 12, columns (b), (d), and (e).			13		139,149

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

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.		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.		
	***** _____ Signature of officer or trustee	2017-11-13 _____ Date	***** _____ Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
	David Lowenthal		2017-11-13		P00378651
	Firm's name ▶ PLANTE & MORAN PLLC				Firm's EIN ▶ 38-1357951
	Firm's address ▶ 10 S Riverside Plaza 9th Floor Chicago, IL 60606				Phone no (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 Talavı Boulevard Glendale, AZ 85306				
KATHY LAVOY RDH PDHC MED	VICE CHAIR 2 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
XAVIER ORTEGA	TREASURER 2 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
FRED OLSEN DDS	SECRETARY 2 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
KEITH GAUZZA	SECRETARY (THRU 6/2016) 2 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
ALLAN ALLFORD	PRESIDENT 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
DUTCH BAKER	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
TALI COLLINS JD	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
ALISA DIGGS-GOODING PA-C MPH	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
RICHARD FEFER DDS	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
SUSAN FRY MPH	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
ALISON LUND	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
ROB MAPLE	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
SANDI PEREZ PHD	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				
PHILLIP J SANTUCCI DDS MS	DIRECTOR 1 00	0	0	0
5656 West Talavı Boulevard Glendale, AZ 85306				

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
TIM WILSON DDS	DIRECTOR 1 00	0	0	0
5656 West Talavi Boulevard Glendale, AZ 85306				
MARK ANDERSON	CFO 5 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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ADELANTE HEALTHCARE 9520 W Palm Lane 200 Phoenix, AZ 85037	none	Public Charity	COMMUNITY GRANT	15,000
ARIZONA ALLIANCE FOR COMMUNITY HEALTH 700 E Jefferson St Ste 100 Phoenix, AZ 85004	none	Public Charity	COMMUNITY GRANT	20,000
AT STILL UNIV - SCHOOL OF DENTAL & ORAL 5850 E Still Cr Mesa, AZ 85206	none	Public Charity	COMMUNITY GRANT	15,000
BOYS & GIRLS CLUB OF COLORADO RIVER 2250 Highland Rd Bullhead City, AZ 86442	none	Public Charity	COMMUNITY GRANT	25,000
BOYS & GIRLS CLUB OF METRO PHOENIX 4309 E Bellview St Bldg 14 Phoenix, AZ 85008	none	Public Charity	COMMUNITY GRANT	5,000
Total ► 3a				803,534

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>				
BOYS & GIRLS CLUB OF METRO PHOENIX 4309 E Bellview St Bldg 14 Phoenix, AZ 85008	none	Public Charity	COMMUNITY GRANT	15,000
CENTRAL ARIZONA SHELTER SERVICES 230 S 12th Ave Phoenix, AZ 85007	none	Public Charity	COMMUNITY GRANT	25,000
CHILDREN'S MUSEUM OF PHOENIX 215 N 7th St Phoenix, AZ 85034	none	Public Charity	COMMUNITY GRANT	13,000
DESERT SENITA DENTAL CENTER 410 N Malacate St Ajo, AZ 85321	none	Public Charity	COMMUNITY GRANT	20,000
DIGNITY HEALTH FOUNDATION - EAST VALLEY 1727 W Frye Rd Ste 230 Chandler, AZ 85224	none	Public Charity	COMMUNITY GRANT	12,000
Total ► 3a				803,534

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>				
ESPERANCA 1911 W Earll Dr Phoenix, AZ 85015	none	Public Charity	COMMUNITY GRANT	15,000
FLAGSTAFF MED CTR - CHILDREN'S HEALTH CTR 1200 N Beaver St Flagstaff, AZ 86001	none	Public Charity	COMMUNITY GRANT	10,000
LEGACY FOUNDATION CHRIS-TOWN YMCA 5517 N 17th Ave Phoenix, AZ 85015	none	Public Charity	COMMUNITY GRANT	12,500
MAGGIE'S PLACE PO Box 1102 Phoenix, AZ 85001	none	Public Charity	COMMUNITY GRANT	15,000
MARANA HEALTH CENTER DBA MHC HEALTHCARE 13395 N Marana Main St Marana, AZ 85658	none	Public Charity	COMMUNITY GRANT	20,000
Total ► 3a				803,534

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>				
MOUNTAIN PARK HEALTH CENTER 2702 N 3rd St Ste 4020 Phoenix, AZ 85004	none	Public Charity	COMMUNITY GRANT	49,800
NATIVE HEALTH 4041 N Central Ave Bldg Phoenix, AZ 85012	none	Public Charity	COMMUNITY GRANT	50,000
NAVAJO NATION PO Box 2280 Window Rock, AZ 86515	none	Public Charity	COMMUNITY GRANT	25,000
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH (CO HONOR HEALTH) 9100 N 2nd St 301 Phoenix, AZ 85020	none	Public Charity	COMMUNITY GRANT	20,000
NORTH COUNTRY HEALTHCARE 2620 N 4th St Flagstaff, AZ 86004	none	Public Charity	COMMUNITY GRANT	15,000
Total ▶ 3a				803,534

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>				
OVERGAARD PONDEROSA LIONS FOUNDATION PO Box 402 Overgaard, AZ 85933	none	Public Charity	COMMUNITY GRANT	2,390
PHOENIX RESCUE MISSION 1468 N 26th Ave Phoenix, AZ 85009	none	Public Charity	COMMUNITY GRANT	12,500
RIVER CITIES UNITED WAY 145 N Havasu Ave Lake Havasu City, AZ 86405	none	Public Charity	COMMUNITY GRANT	15,000
SMILES ACROSS PINAL COUNTY - AT STILL UNIVERSITY DENTAL SEALANT 5855 E Still Cir Mesa, AZ 85206	none	Public Charity	COMMUNITY GRANT	50,000
SOAZOH COALITION - PIMA COUNTY HEALTH DEPARTMENT 3950 S Country Club Rd 2353 Tucson, AZ 85714	none	Public Charity	COMMUNITY GRANT	8,200
Total 3a				803,534

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>				
SOUTHWEST AUTISM RESEARCH & RESOURCE CTR 300 N 18th St Phoenix, AZ 85016	none	Public Charity	COMMUNITY GRANT	19,500
SOUTHWEST HUMAN DEVELOPMENT 2850 N 24th St Phoenix, AZ 85008	none	Public Charity	COMMUNITY GRANT	20,000
ST ELIZABETH'S HEALTH CENTER 140 W Speedway Blvd Tucson, AZ 85705	none	Public Charity	COMMUNITY GRANT	18,040
SUN LIFE FAMILY HEALTH CENTERS 865 N Arizola Rd Casa Grande, AZ 85122	none	Public Charity	COMMUNITY GRANT	15,000
SUNSET COMMUNITY HEALTH CENTER INC PO Box 538 Somerton, AZ 85350	none	Public Charity	COMMUNITY GRANT	20,000
Total ► 3a				803,534

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 POORE MEDICAL CLINIC 120 W Fine Ave Flagstaff, AZ 86001	none	Public Charity	COMMUNITY GRANT	15,000
THE SOCIETY OF ST VINCENT DE PAUL PO Box 13600 Phoenix, AZ 85002	none	Public Charity	COMMUNITY GRANT	15,500
THE SOCIETY OF ST VINCENT DE PAUL PO Box 13600 Phoenix, AZ 85002	none	Public Charity	COMMUNITY GRANT	5,000
VERDE VALLEY MEDICAL CENTER 269 S Candy Ln Cottonwood, AZ 86326	none	Public Charity	COMMUNITY GRANT	42,742
OTHER MISCELLANEOUS ORGANIZATIONS VARIOUS LOCATIONS VARIOUS, AZ 85306	none	Public Charity	COMMUNITY GRANT	77,926
Total 				803,534
3a				

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>				
OTHER MISCELLANEOUS ORGANIZATIONS VARIOUS LOCATIONS VARIOUS, AZ 85306	none	Public Charity	COMMUNITY GRANT	69,436
Total  3a				803,534

TY 2016 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	12,200	6,100	0	6,100

TY 2016 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	1,519,345	1,519,345

TY 2016 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	3,405,790	3,405,790

TY 2016 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	251,641	251,641

TY 2016 Other Assets Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Interest Receivable	1,814	2,359	2,359

TY 2016 Other Expenses Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	8,866	0	0	8,866
PROMOTION	30,762	0	0	30,762
POSTAGE	2,324	0	0	2,324
BANK CHARGES	3,612	3,612	0	0
MEALS AND ENTERTIANMENT	1,989	0	0	1,989
TRAINING AND SEMINARS	3,448	0	0	3,448
TELEPHONE	816	0	0	816
SUPPLIES	2,594	0	0	2,594
MISC EXP	12,549	0	0	12,549
BOARD EXPENSES	11,609	0	0	11,609

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF TOURNAMENT COURSE FEES	17,600	0	17,600	0
GOLF TOURNAMENT FOOD	17,174	0	17,174	0
GOLF TOURNAMENT SUPPLIES	7,652	0	7,652	0
GOLF TOURNAMENT VOLUNTEER	1,619	0	1,619	0
GOLF TOURNAMENT PRINT & ADS	1,932	0	1,932	0
GOLF TOURNAMENT RAFFLE	3,053	0	3,053	0
GOLF TOURNAMENT MISC	2,777	0	2,777	0
GOLF TOURNAMENT TEE PRIZES	14,484	0	14,484	0

TY 2016 Other Income Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Gross Income from Special Fundraising Events	65,538		65,538

TY 2016 Other Increases Schedule

Name: DELTA DENTAL PLAN OF ARIZONA
CHARITABLE FOUNDATION AND TRUST

EIN: 86-0842694

Description	Amount
UNREALIZED GAIN	370,813

TY 2016 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	19,796	9,898	0	9,898

TY 2016 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	2,065	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 2016

Name of the organization DELTA DENTAL PLAN OF ARIZONA CHARITABLE FOUNDATION AND TRUST	Employer identification number 86-0842694
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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
--	---

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	
—	See Additional Data Table	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	
—		\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)	

86-0842694

Part II

[illegible]

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
	(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	

Additional Data

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

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Delta Dental of Arizona	\$ 700,000	Person ☒
	5656 W Talavi Blvd		Payroll ☐
	Glendale, AZ 85306		Noncash ☐ (Complete Part II for noncash contribution)
<u>2</u>	Thunderbirds Charities	\$ 12,256	Person ☒
	7226 N 16th St Ste 100		Payroll ☐
	Phoenix, AZ 85020		Noncash ☐ (Complete Part II for noncash contribution)
<u>3</u>	Carrington College	\$ 15,000	Person ☒
	4742 N 24th St 360		Payroll ☐
	Phoenix, AZ 85016		Noncash ☐ (Complete Part II for noncash contribution)
<u>4</u>	Arizona Diamondbacks	\$ 10,000	Person ☒
	401 E Jefferson St		Payroll ☐
	Glendale, AZ 85004		Noncash ☐ (Complete Part II for noncash contribution)
<u>5</u>	US Bank	\$ 5,000	Person ☒
	101 N First Ave 1600		Payroll ☐
	Phoenix, AZ 85003		Noncash ☐ (Complete Part II for noncash contribution)
<u>6</u>	Delta Dental of WI	\$ 5,000	Person ☒
	2801 Hoover Rd		Payroll ☐
	Stevens Point, WI 54481		Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	Dr Brien Harvey	\$ 5,000	Person ☒
	899 N Wilmot St E-2		Payroll ☐
	Tucson, AZ85711		Noncash ☐ (Complete Part II for noncash contribution)
<u>8</u>	Safelite	\$ 5,000	Person ☒
	4440 Elwood		Payroll ☐
	Phoenix, AZ85040		Noncash ☐ (Complete Part II for noncash contribution)
<u>9</u>	Anheuser-Busch (Hensley)	\$ 5,000	Person ☒
	4201 N 45th Ave		Payroll ☐
	Phoenix, AZ85031		Noncash ☐ (Complete Part II for noncash contribution)
<u>10</u>	Northern Trust	\$ 5,000	Person ☒
	2398 E Camelback Rd 1100		Payroll ☐
	Phoenix, AZ85016		Noncash ☐ (Complete Part II for noncash contribution)
<u>11</u>	Valley Chevy Dealers	\$ 5,000	Person ☒
	3961 E Chandler Blvd 111		Payroll ☐
	Phoenix, AZ85048		Noncash ☐ (Complete Part II for noncash contribution)
<u>12</u>	Phoenix Suns	\$ 5,000	Person ☒
	201 E Jefferson St		Payroll ☐
	Phoenix, AZ85016		Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	Honor Health	<u>\$ 5,000</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
	8125 N Hayden Rd		
	Scottsdale, AZ 85258		