Department of the Treasury

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#### **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.

2016

OM8 No 1545-0052

Open to Public Inspection

For calendar y Name of foundatio	Information about Form 990-PF and its se	parate instructions	is at www	.irs.gov/forn	n990pf. Ope	n la Public Inspection
Name of foundatio	ear 2016 or tax year beginning		, and	ending		
	a	-		A Employe	r Identification numbe	r
BLUE AND YO	U FOUNDATION FOR A HEALTHIER ARKANSAS					
Number and street	(or PO box number if mail is not delivered to street address)	Roc	m/sute		71-0862108	}
320 WEST CA				B Telephone	e number (see instructio	ns)
	or province, country and ZIP or foreign postal code					
LITTLE ROCK	AR	72201			501-378-258	6
Foreign country na	me Foreign province/state/county	Foreign po:	stal code	C if exempt	tion application is pendi	ng, check here 🕨 🧾
G Check all th	nat apply 🔄 Initial return 🔛 Initial return	of a former public	charity	D 1. Foreig	in organizations, check i	here 🕨 📘
	Final return Amended ret	turn		2. Foreig	n organizations meeting	the 85% test
	Address change Name chang			check	here and attach compu	tation 🕨
H Check type	of organization X Section 501(c)(3) exempt pri	ivate foundation			foundation status was to	erminated under
Section 494	17(a)(1) nonexempt charitable trust 🛛 Other tax	able private found	ation	Section 5	07(b)(1)(A), check here	
I Fair market	value of all assets at J Accounting method	Cash X	Accrual			
end of year	(from Part II, col (c), Other (specify)				ndation is in a 60-month ction 507(b)(1)(B), check	
line 16) 🕨		e on cash basis )				
the second s	lysis of Revenue and Expenses (The total of		1			(d) Disbursements
	unts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per		t investment	(c) Adjusted net	for chantable
	al the amounts in column (a) (see instructions) )	books	l "	ncome	income	purposes (cash basis only)
	hutions, gifts, grants, etc., received (attach schedule)		1.1.1		. 9.133 X	
	ck ► _ I if the foundation is <b>not</b> required to attach Sch. B	5.347 CA19 9	12.3	<u> </u>	i Seda	i since
	rest on savings and temporary cash investments	S			· · · · · · · · · · · · · · · · · · ·	Secold U
	lends and interest from securities	1,114,57	5	1,114,575		
	ss rents					2 1 2 3 3 3 1
1	rental income or (loss)	s vý hýn strige sa statelistické sa st Statelistické statelistické statelistické sa statelistické statelistické statelistické statelistické statelisti	12000	<b>.</b>	u-staires	
1	gain or (loss) from sale of assets not on line 10	7,354,360		17 G - MB		
b Gros	s sales price for all assets on line 6a 16,383,449			I	Menen	
<b>W</b> 1	Ital gain net income (from Part IV, line 2)	1028-00-300		1,164,567	KECEN	EL dans
8 Net	short-term capital gain		11-04C	1		S. 8 3
	me modifications	<u> 38333-514</u>	18.5% 2	. : Z (0		
10a Gros	s sales less returns and allowances	1789.74 TACK	: L	W. 2. 7: 1	24	
b Less	s Cost of goods sold	NO XOLA CA		t ni	OGDEN,	Uless
	se profit or (loss) (attach schedule)		200540	1.2 St.		
	er income (attach schedule) Stmt_1	15,429	9			<u> 11 11 0200 0000</u>
12 Tota	I. Add lines 1 through 11	8,484,364	4	2,279,142	13,086	2/ '4-'4-355 B
2 13 Con	pensation of officers, directors, trustees, etc	187,88	1			
<b>5 13</b> Con <b>5 14</b> Othe <b>5 15</b> Pen	er employee salaries and wages	47,429	9			
	sion plans, employee benefits	45,669	9			
16a Lega	al fees (attach schedule)					
ob Acci	punting fees (attach schedule) $MH$	11,58				
🛓 c Othe	punting fees (attach schedule) STMF 2 er professional fees (attach schedule) SFMF 3 rest	138,609	9	138,609		
17 Inter	est vit					ļ
5 18 Taxe	es (attach schedule) (see instructions) SHWH	108,79	1	18,669		
들 19 Dep	reciation (attach schedule) and depletion					2001220
	upancy					
5 20 Occ	el, conferences, and meetings					
<b>5</b> 20 Occ <b>4</b> 21 Trav						·
L         20         Occ           Z         21         Trav           Z         Prin	ting and publications					
Lpp         20         Occ           V         21         Trav           D         22         Prin           D         23         Other	er expenses (attach schedule)	35,396	6	8		
Lpp20Occ21Travpp22Prine23Cher24Total	er expenses (attach schedule) $\mathcal{HM}+\mathcal{G}$ Il operating and administrative expenses.		1			
L20Occ21Trav22Prin23Othe24TotalAdd	er expenses (attach schedule) AMF3 Il operating and administrative expenses. lines 13 through 23	575,356	5	8 157,286	0	in a second s
L20Occ21Trav22Prin23Othe24TotaAddAdd	er expenses (attach schedule) $\mathcal{HM}+\mathcal{G}$ Il operating and administrative expenses.		5			0 2,728,307
Y         21         Trav           22         Prin         23         Other           23         Other         Add         Add           25         Con         Con	er expenses (attach schedule) AMF3 Il operating and administrative expenses. lines 13 through 23	575,356	6		0	2,728,307
	er expenses (attach schedule) AMAS I operating and administrative expenses. lines 13 through 23 tributions, gifts, grants paid	575,356 2,728,307	6	157,286	0	2,728,307
27 Sub	er expenses (attach schedule) AMF3 I operating and administrative expenses. lines 13 through 23 tributions, gifts, grants paid expenses and disbursements Add lines 24 and 25	575,356 2,728,307	5 7 3	157,286	0	2,728,307
27 Sub a Exce	er expenses (attach schedule) AMF5 al operating and administrative expenses. lines 13 through 23 tributions, gifts, grants paid expenses and disbursements Add lines 24 and 25 tract line 26 from line 12	575,356 2,728,307 3,303,665	5 7 3	157,286	0	2,728,307

For Paperwork Reduction Act Notice, see instructions. нта

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For	m 990-P	F (2016) BLUE AND YOU FOUNDATION FOR A HEALTHIER ARK/	ANSAS	71-0	0862108 Page <b>2</b>
Đ.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End c	of year
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-bearing	84,545	20,965	20,965
	2	Savings and temporary cash investments	347,495	552,023	552,023
	3	Accounts receivable		L. 17 25 X - 24 3	7.120.15.T
		Less allowance for doubtful accounts	171,531	213,031	213,031
	4	Pledges receivable 🕨		Same in the State of A	
		Less allowance for doubtful accounts			
	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)	08.H. <b>N</b> (1942/17		
		Less' allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		6,000	6,000
Ä	10a	Investments—US and state government obligations (attach schedule).	e 8,234,807	2,495,675	2,495,675
	b	Investments—corporate stock (attach schedule)	26,947,549	34,402,646	34,402,646
	C	Investments—corporate bonds (attach schedule)	<i>P</i> 11,536,329	14,895,339	14,895,339
	11	Investments—land, buildings, and equipment basis			ak A da Ma
		Less accumulated depreciation (attach schedule)			
	12	Investmentsmortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis	leit idel	ti raidi Adel	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	47,322,256	52,585,679	52,585,679
	17	Accounts payable and accrued expenses	51,981	72 674	
ŝ	18	Grants payable			
Llabilities	19	Deferred revenue			r RE: 1974
İq	20	Loans from officers, directors, trustees, and other disqualified persons	····		
Lla	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe DEFERRED TAX LIABILITY )	91,972	154,001	지수는 승진과
	23	Total liabilities (add lines 17 through 22)	143,953	226,675	
S		Foundations that follow SFAS 117, check here			
Š		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted	47,178,303	52,359,004	
Ba	25	Temporarily restricted			
Pc	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here  and complete lines 27 through 31.			
Sr	27	-			
ts (	27	Capital stock, trust principal, or current funds			
Sei	28 29	Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds			
As	23 30	Total net assets or fund balances (see instructions)	47,178,303	52,359,004	
et.	31	Total liabilities and net assets/fund balances (see	47,170,303	52,559,004	
Z		instructions)	47,322,256	52,585,679	
Pa	rt	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	52,000,079[	
1		net assets or fund balances at beginning of year—Part II, column (a),	line 30 (must agree	with 1	
•		of-year figure reported on prior year's return)	mie oo (must aylee	1	47,178,303
2		amount from Part I, line 27a		2	5,180,701
3				3	5,100,701
4		ines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·	4	52,359,004
5		eases not included in line 2 (itemize)		5	02,000,004
		net assets or fund balances at end of year (line 4 minus line 5)-Part	II, column (b), line 3		52,359,004

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Form 99	(=: .,	ND YOU FOUNDATION FOR A HE		NSAS	7	1-0862108 Page 3
Part	V Capital Gains and	d Losses for Tax on Investm	ent Income	· · · · · · · · · · · · · · · · · · ·		
,		he kind(s) of property sold (e.g., real estate buse, or common stock, 200 shs_MLC Co.)		(b) How acquired PPurchase DDonation	(c) Date acquired (mo_day, yr)	(d) Date sold (mo , day, yr )
1a	See Attached Statement	1				
b						
с						
d		,				
e		······································	·····			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis inse of sale		Sain or (loss) is (f) minus (g)
а						
b						
c						
d					· · ·	
е						
	Complete only for assets sl	howing gain in column (h) and owned	by the foundation	1 on 12/31/69		Col (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ssofcol(i) (j), fany		not less than -0-) or s (from col (h))
а			·····		<u></u>	<u>.</u>
b			<u>,</u>			
c						
d	······································					
e		<u> </u>		****	·····	
2	Capital gain net income of		also enter in Pai , enter -0- in Pai		2	1,164,567
3		n or (loss) as defined in sections 1	222(5) and (6)			1,104,007
	-	, line 8 column (c) (see instruction	is) If (loss), ente	er-0- In }		
	Part I, line 8			J	3	1,502
Part	V Qualification Un	der Section 4940(e) for Redu	iced Tax on N	let investment	Income	
Was t	s," the foundation does not	section 4942 tax on the distributation and the section 4940(e) Do	not complete the	s part		Yes X No
1		ount in each column for each year,	see the instruct	ions before makin	ig any entries	(1)
	(a) Base period years	(b)	Maturalus	(c)		(d) Distribution ratio
Cal	endar year (or tax year beginning in			of nonchantable-use as		b) divided by col (c))
	2015	3,075		53,089		0 057930
	2014		9,131	55,822		0 049785
	2013		5,203	53,892		0 049658
	2012		7,846	52,430		0 043063
	2011	2,003	3,296	41,118	5,268	0 048720
~	₩-4-1-51					0 240156
2	Total of line 1, column (d)		the total on line	2 by 5 or by the	2	0 249156
3		for the 5-year base period—divide dation has been in existence if less		2 by 5, or by the	3	0 049831
4	Enter the net value of nor	charitable-use assets for 2016 from	m Part X, line 5		4	50,686,638
5	Multiply line 4 by line 3				5	2,525,766
6		nt income (1% of Part I, line 27b)			. 6	21,219
		$\frac{1}{1000000} \left( \frac{1}{1000000} - \frac{1}{10000000} - \frac{1}{100000000} - \frac{1}{10000000000000000000000000000000000$				
7	Add lines 5 and 6				7	2,546,985
8	If line 8 is equal to or great	ons from Part XII, line 4 . ater than line 7, check the box in P	art VI, line 1b, a	nd complete that ;	8 Dart using a 1% t	2,728,307 ax rate See the
	Part VI instructions					

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Form 99	0-PF (2016) BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANS	AS	71-0862	2108 g	Page 4
Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940	0(e), or 4948-see inst	(ructions)		
1a <sub>.</sub>	Date of ruling or determination letter (attach copy of letter if necessary-				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	ĸ }		21,219	1.7. R
c	here ► X and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations Part I, line 12, col (b).	s enter 4% of			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only C	Others enter -0-)	2	0	
3	Add lines 1 and 2		3	21,219	
4	Subtrile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, ent	ter -0-	5	21,219	
6	Credits/Payments				1. Section of the sec
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a	31,800	KI KE		6.4
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c			Sen and Sen and a second s	123
d	Backup withholding erroneously withheld	<u>L</u>		<i>سالگ کر گ</i>	2.00
7	Total credits and payments. Add lines 6a through 6d	 2020 is attached	7	31,800	<u> </u>
8 9	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <b>I</b> if Form 2 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	2220 Is attached	9	0	
10	Overpayment, if line 7 is more than the total of lines 5 and 8, enter the amount of	overpaid >	10	10,581	
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax  10,581	Refunded >	11	0	<u> </u>
Part	VII-A Statements Regarding Activities	nai, in ∃n, in a to the same t	A		<u> </u>
1a	During the tax year, did the foundation attempt to influence any national, state, or	local legislation or did	it [	Yes	No
	participate or intervene in any political campaign?		Ļ	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for politic	cal purposes (see			
	Instructions for the definition)?	•		<u>1b</u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materia	ıls -		
_	published or distributed by the foundation in connection with the activities			* <b>1</b>	tallan i
c d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed of	during the year	F	<u>1c</u>	X
u	(1) On the foundation <b>S</b> (2) On foundation managers		k		
е	Enter the reimbursement (if any) paid by the foundation during the year for politica		sed	1.1/	
•	on foundation managers.   \$				
2	Has the foundation engaged in any activities that have not previously been report	ed to the IRS?		2	X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing			NA 9 C / ~.	í Ai
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed cop	• •	Ļ	3	X
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more durin	ng the year?	-	<u>4a</u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	 *ha.voor?	-	4b N/A 5	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during If "Yes," attach the statement required by General Instruction T.	ule year .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied either			
•	<ul> <li>By language in the governing instrument, or</li> </ul>				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no</li> </ul>	mandatory directions th	nat		
	conflict with the state law remain in the governing instrument?	• • • •	[	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete F	Part II, col (c), and Part XV	Ľ	7 X	
8a	Enter the states to which the foundation reports or with which it is registered (see	Instructions)	l l		
	ARKANSAS				
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-F				1.3
_	(or designate) of each state as required by General Instruction G? If "No," attach of		in	85 X	
9	Is the foundation claiming status as a private operating foundation within the mean				التقليم
	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see ins	structions for Part XIV)	<i>(</i> 11		
10	"Yes, " complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," att	 Iach a schadula licting (	hoir	9	X
10	names and addresses			10	x

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Form 99	BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS 74	1-08621	08	P	age 5
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)	1	1	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	1	2		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		3	x	
15	Website address  WWW BLUEANDYOUFOUNDATIONARKANSAS ORG	ل	<u> </u>	<u> </u>	
14	The books are in care of ► ARKANSAS BLUE CROSS BLUE SHIELD Telephone no ► (50)		586		
	Located at ► 601 GAINES ST LITTLE ROCK AR ZIP+4 ► 722	01			
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				► [
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	·		Yes	No
	over a bank, securities, or other financial account in a foreign country?	1	6		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If		Ľ,		
	"Yes," enter the name of the foreign country		<u> </u>	× *	1.5 4 81
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		<u>a</u>	162	
1a	During the year did the foundation (either directly or indirectly)	N. (	/		C.A
		No	26		S.)
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disgualified person?	No	13	Ýł	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<b>E</b> .Z.		Ś	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	28	Щ.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		- N	50	<b>6</b> 1
	the benefit or use of a disqualified person)?	No	3	20	P.:
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		28		
	foundation agreed to make a grant to or to employ the official for a period after	No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	M		63	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		ь		X
	Organizations relying on a current notice regarding disaster assistance check here			- j	6-11
С	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?	1	c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		Í.		-
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			Ì.	
а	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?	No			E21
					F91
	If "Yes," list the years 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,			Č i	
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				63
	all years listed, answer "No" and attach statement—see instructions )	2	b	N/A	fillender Side
с	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			2: 7	<u> </u>
-	▶ 20 , 20 , 20 , 20	b)	1	<u>,</u> i	RA
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	S		e/i	r i se
	at any time during the year?	No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		1	80	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	Ø			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			38	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				<u>ri</u> 3
	foundation had excess business holdings in 2016 )			N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4	a	E i A	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4	Ь		x
	entimates perpose that has not been removed non-peoplicy before the not day of the law year beginning in 2010.			DE	(2016)

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Form 99	BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS		71-08	62108	Page 6
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Requir	ed (contin	ued)		_
5a <sub>.</sub>	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	X 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	X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	Yes	X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	🗌 Yes	X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary or educational purposes, or for the prevention of crueity to children or animals?	Yes	X No		
	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exception		d in		
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see instruction	ns) <sup>77</sup>		5b	N/A
c	Organizations relying on a current notice regarding disaster assistance check here 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?	T Yes	► []		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)				
	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	🗋 Yes	X No		
	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit or	ontract?		6b	×
	If "Yes" to 6b, file Form 8870	<b>— ,</b>			
	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the tran		X No		N/A
Part			aid Em		
rall	and Contractors	niging ra		pioyee	<i></i> ,
 1	List all officers, directors, trustees, foundation managers and their compensation (see ins	structions)			
		d) Contributions			

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(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account,
· · ·	devoted to position	enter -0-)	and deferred compensation	Outer allowances
See Attached Statement 8				
	00	0		
	00	0		
	00	0		
	00	0		

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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
NONE				
······				
Total number of other employees paid over \$50,000			►	l
			F	orm 990-PF (2016)

Form 9	190-PF (2016) BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS 71-08	362108 Page 7
Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		+
Total	number of others receiving over \$50,000 for professional services	<u> </u>
Pa	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
<u> </u>	NONE	
2		
3		
4		
Pa	t IX-B Summary of Program-Related Investments (see instructions)	
	conce the two largest program-related Investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	
2		
•		
<u>Δ</u> Β.	other program-related investments. See instructions	+
3		
v		
Total	. Add lines 1 through 3	0
		Form 990-PF (2016)

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Form 95	0-PF (2016) BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS	71-0862	2108 Page <b>8</b>
Part	X Minimum Investment Return (All domestic foundations must complete this part Foreig	n founda	tions,
	see instructions )		
1 '	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	51,415,323
b	Average of monthly cash balances	1b	43,193
с	Fair market value of all other assets (see instructions)	1c	0
đ	Total (add lines 1a, b, and c)	1d	51,458,516
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	51,458,516
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	771,878
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	50,686,638
6	Minimum investment return. Enter 5% of line 5	6	2,534,332
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	2,534,332
2a	Tax on investment income for 2016 from Part VI, line 5 2a 21,21	9	
b	Income tax for 2016 (This does not include the tax from Part VI ) 2b		
с	Add lines 2a and 2b	2c	21,219
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,513,113
4	Recoveries of amounts treated as qualifying distributions	4	13,086
5	Add lines 3 and 4	5	2,526,199
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,526,199
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	2,728,307
b	Program-related investmentstotal from Part IX-B	1b	
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		
а	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	2,728,307
5	Foundations that gualify under section 4940(e) for the reduced rate of tax on net investment income		·
	Enter 1% of Part I, line 27b (see instructions)	5	21,219
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,707,088
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	1	

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Form 990-PF (2016)

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#### Form 990-PF (2016) VIII

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#### BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS

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#### 71-0862108 Page 9

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Part	Part XIII Undistributed Income (see instructions)											
1 `	Distributable amount for 2016 from	Part XI	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016						
	line 7		- 156 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	v Kriskad - m		2,526,199						
2	Undistributed income, if any, as of the	end of 2016	R. S. S. Strike		262864 Print 200							
а	Enter amount for 2015 only		TINX MA		2 393 238							
b	-	20	8330.844		C. N. Print House	M. S. A. MAR						
3	Excess distributions carryover, if a		C. W. M. Y. Y. C. L.	Pr. N. S. Maleria	e al an							
а	From 2011					SULTAR.						
b	From 2012											
с	From 2013											
d	From 2014	· · · · · · · · · · · · · · · · · · ·										
e	From 2015											
f	Total of lines 3a through e	<u></u> _	1 0		ins met							
4	Qualifying distributions for 2016 fro	om Part XII.	C. C		231 <b>2)</b> 87482							
	line 4 ► \$ 2,728,307											
a	Applied to 2015, but not more than	line 2a			2,393 238							
b	Applied to undistributed income of		1. N. S. B. S. M.									
	(Election required-see instruction											
с	Treated as distributions out of corp					947A207378						
	required—see instructions)											
d	Applied to 2016 distributable amou	unt	R. C. C. W.	- 1. j.		335,069						
е	Remaining amount distributed out				ta Alexandre							
5	Excess distributions carryover app											
	(If an amount appears in column (			R. 76 77 E. S.	9. je . Alti							
	amount must be shown in column			RIGE								
6	Enter the net total of each colum											
	indicated below:		Reiter Carlo									
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	0			343,64 <sup>-</sup> 1.53						
b	Prior years' undistributed income											
	line 4b from line 2b			c								
с	Enter the amount of prior years' ur	ndistributed										
	income for which a notice of deficit	ency has										
	been issued, or on which the section	on 4942(a)										
	tax has been previously assessed				NFALMUY							
d	Subtract line 6c from line 6b Taxa	ble										
	amountsee instructions					25-26 St 8 372						
е	Undistributed income for 2015 Su	btract line										
	4a from line 2a Taxable amount	see										
	instructions				<u>۲</u>	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
f	Undistributed income for 2016 Su	btract lines										
	4d and 5 from line 1 This amount	must be			ALC: SA							
	distributed in 2017					2,191,130						
7	Amounts treated as distributions o	•										
	to satisfy requirements imposed by											
	170(b)(1)(F) or 4942(g)(3) (Electio	n may be										
	required—see instructions)				7.4.2.5 AAC 2.5 PM	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
8	Excess distributions carryover from			1200								
	applied on line 5 or line 7 (see inst											
9	Excess distributions carryover t		[									
	Subtract lines 7 and 8 from line 6a											
10	Analysis of line 9	1										
а	Excess from 2012			and the second								
ь	Excess from 2013		_									
с	Excess from 2014			Sector Sector								
d	Excess from 2015			12778-1277								
<u>e</u>	Excess from 2016		PROTODOR STATUS	CONTRACTOR	Printed and the state							
						Form <b>990-PF</b> (2016)						

Form 99	BO-PF (2016) BLUE AND YOU FOUN	DATION FOR A	HEALTHIER ARKAI	NSAS	71-086	2108 Page 10
Part	XIV Private Operating Foundat	ions (see instru	ictions and Part \	/II-A, question 9)		N/A
1a	If the foundation has received a ruling o	r determination le	tter that it is a priva	te operating		
·	foundation, and the ruling is effective for		•	▶ [		
	Check box to indicate whether the foundation		iting foundation desc	ribed in section	4942(j)(:	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	ļ	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
L	each year listed		<u> </u>			0
	85% of line 2a		<u> </u>			0
¢	Qualifying distributions from Part XII, line 4 for each year listed					0
d	Amounts included in line 2c not used directly		·			
ŭ	for active conduct of exempt activities					0
е	Qualifying distributions made directly		1			
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon			{ }		
а	"Assets" alternative testenter					_
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test-enter 2/3		+			
	of minimum investment return shown in					0
с	Part X, line 6 for each year listed "Support" alternative testenter	· · · · · · · · · · · · · · · · · · ·				·· <u></u>
v	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)	<u></u>	<u> </u>			0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(m)					0
	(3) Largest amount of support from					0
	an exempt organization (4) Gross investment income		+			0
Part	<u> </u>	(Complete th	is part only if th	e foundation had	d \$5.000 or mor	
	any time during the year-					
1	Information Regarding Foundation M					
а	List any managers of the foundation wh					foundation
	before the close of any tax year (but onl	y if they have con	tributed more than	\$5,000) (See section	on 507(d)(2))	
NON						
b	List any managers of the foundation wh ownership of a partnership or other entit				qually large portion	n of the
NONE		y) of which the lo	unuation nas a 107	o or greater interest		
2	Information Regarding Contribution,	Grant Gift Loan	Scholarshin etc.	Programs:		
-	Check here  Cite in the foundation on			+	ations and does no	t accept
	unsolicited requests for funds If the fou					
	under other conditions, complete items	2a, b, c, and d				
а	The name, address, and telephone num	ber or e-mail add	ress of the person	to whom application	s should be addres	ssed
	ICK O'SULLIVAN 320 WEST CAPITOL S					
b	The form in which applications should b	e submitted and i	nformation and mat	erials they should in	iciude	
SEF 4	ATTACHED STATEMENT 9					
	Any submission deadlines.			<u></u>		
	ATTACHED STATEMENT 10					
	Any restrictions or limitations on awards	, such as by geog	graphical areas, cha	aritable fields, kinds	of institutions, or of	ther
	factors					
SEE /	ATTACHED STATEMENT 10					

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#### Form 990-PF (2016) BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS

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Part XV Supplementary Information ( 3 Grants and Contributions Paid Du	This the real of Approve	1 1	rayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or busines	SS) or substantial contributor			
a Paid during the year SEE ATTACHED STATEMENT 11				2 728,307
Total		l		<b>3a</b> 2,728,307
b Approved for future payment		1		2,120,001
Total		L	▶ ;	3 <b>b</b> C

Form	990-PF	(2016) BLUE AND YOU FOUNDATION	FOR A HEALTH	HER ARKANSA	S	71-08	62108 Page <b>12</b>
Ра	rt XV	-A Analysis of Income-Producing Ac	ctivities				
Ente	er gros	is amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by sector	on 512, 513, or 514	(-)
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue	Dusiless code		Exclusion code		(See instructions )
	а	······································		<u></u>			
	Ь_				l l		
				·····	·		
					<u> </u>		
	e_ f						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments			ļ		
3	Intere	est on savings and temporary cash investments			<u> </u>		<u> </u>
4	-	lends and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	1,114,575	
5		rental income or (loss) from real estate	KANA M		المشككي فقترمهما	<u> (1942-1961)</u>	<u> an star sea an /u>
		Debt-financed property			++		
c		Not debt-financed property rental income or (loss) from personal property			+		<u></u>
6 7		r investment income			<u> </u>		
8		or (loss) from sales of assets other than inventory			18	7,354,361	
9		ncome or (loss) from special events			t		
10		s profit or (loss) from sales of inventory					·····
11		r revenue a					
	b _						
	c _			<u></u>			
	d _			·····	<u>+</u> +		
	e _						
		otal Add columns (b), (d), and (e)	<u> </u>	C		8,468,936	المحقوقي والتناسب مجاداته بجريها والمح
		I. Add line 12, columns (b), (d), and (e)				13	8,468,936
	rt XVI	sheet in line 13 instructions to verify calculations B Relationship of Activities to the A		ant of Examp			
	e No.	Explain below how each activity for which incon					······································
	♥	accomplishment of the foundation's exempt pur	poses (other than	by providing func	is for such purpose	es) (See instruction	ons)
		<b>*</b>					
						·····	. <u></u>
	··						·
			<u> </u>	······································			
			·····			<b>_</b>	······
					<u> </u>		
		1			·		·····
			<u> </u>			<u> </u>	
	~						
					·····		<u></u>
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~			- <u></u>				<u></u>
<u> </u>			<u> </u>				
			·				·····
		<u></u>		<u></u>	- <u></u>	<del>,</del>	<u></u>
<del>~~~</del>		<b></b>					
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Form 99	90-PF (2	2016) BLUE AN	D YOU FOUNDATIO	ON FOR A HEALTHIER ARKA	NSAS	71-0862108	Page 13
Part	XVII	Information Exempt Org		sfers To and Transaction	ns and Relationships With No	ncharitable	
1	Didt	كذبعه يعربها ويتليدن أنبتك فتتقفف فبعاد مستعد	the second s	and any of the following	with any other organization describe	ad Del	Yes No
I					s) or in section 527, relating to		
		cal organizations	•	ection 30 r(c)(3) organization	s) of its section 527; relating to	and the second se	
-		-		a nonchantable exempt orgai	nization of	2.1.1	G. N
a	(1) C		ording loondation to	a nonchainable exempt organ		12(1)	XX. Shiridaanaa X
	• •	other assets				1a(2)	- Â
ь	•••	r transactions					<u>Jela</u> :
U			a noncharitable exer	met ergenization		1b(1)	X
				ble exempt organization		1b(2)	$\frac{\hat{x}}{\hat{x}}$
	• •		equipment, or other			15(2)	X
		Reimbursement ar		855615		1b(4)	X
		oans or loan gua	-		-	1b(5)	X
		-		p or fundraising solicitations	·	1b(6)	X
с				is, other assets, or paid emplo	ovees	1c	
ď					olumn (b) should always show the fair	the second se	
ų	value	of the goods, othe	assets, or services g	iven by the reporting foundation	n. If the foundation received less than	fair market	
		(b) Amount involved			e of the goods, other assets, or service (d) Description of transfers, transaction		
(a) Line		In Amount myoived	(c) Name or hono	haritable exempt organization	(a) beauption of transfers, bansaction	e, and energy anding	Jeanen 19
						·	
	+				<u>+</u>		
	+						
				- <u> </u>			
	+						
		- <u></u>		<u></u>			
	-+	· · · · · · · · · · · · · · · · · · ·					
					1		
2a				ited with, or related to, one or ther than section 501(c)(3)) o	more tax-exempt organizations	🗌 Yes 🛛	XI No
ь			following schedule				
		(a) Name of organ		(b) Type of organization	(c) Description	n of relationship	
	····•						
<del></del>	Unde	r cenaities of cenury. I dec	iane that I have examined this re-	hum, including accompanying schedules and	statements, and to the best of my knowledge and belie	al, et us true.	
Sign				iver) is based on all information of which prep	arer has any knowledge	May the iRS discuss th	us ceturn
Here		/ Harrie K	Jullion	11/8/201			
INCIC	Sig	nature of officer or trus	tee	Date /			
		Print/Type preparer	s name	Preparer's signature			
Paid		KEVIN HORN		1 The second sec			
Prepa		Fam's name	BKD LLP				
Use (	Dnly	Form's address	PO BOX 3667, LITT	LE ROCK AR 7220			
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# Stmt 1

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Part I, Line 11 (990-PF) - Other Income

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		15,429	0	0
	Description	Revenue and Expenses per Books	Net Investment	Adjusted Net Income
1	REFUNDS	13,086	0	
2	MISC INCOME	2,343	0	

t I, Line 16b (990-PF) - Accounting Fees	•		< 	Stuf 2
	11,581	0	0	0
Description	Revenue and Expenses per Books	Net Investment	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 AUDIT & TAX FEES	11,581			0

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## Part I, Line 16c (990-PF) - Other Professional Fees

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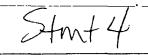
	138,609	138,609	0	0
1				Disbursements
1 ·	Revenue and			for Charitable
	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 PORTFOLIO MANAGER FEES	138,609	138,609		0

Start

### Part I, Line 18 (990-PF) - Taxes

.

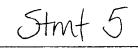
•



		108,791	18,669	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	OTHER TAXES	10			
2	PROPERTY TAXES	48			
3	FOREIGN WITHHOLDING TAX	18,669	18 669		
4	EXCISE TAX	28,035			
5	DEFERRED EXCISE TAX	62,029			

### Part I, Line 23 (990-PF) - Other Expenses

.



		35 396	8	(	) 0
	······································	Revenue and			Disbursements
· ·		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	MISC	32,719	0		
2	CORPORATE DUES	500	0		
3	BANK FEES	8	8		
4	PRINTING & POSTAGE	2,169	0		

Start 7

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# Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

	Amount	_												•
Long Term CG Distributions	0	]												1 40 4 607
Short Term CG Distributions	0				16,383,449	(	)	0	15,218,882	1,164,567	(	<u> </u>	Ų.	1,164,567
									Cost or Other		FMV	Adjusted Basis	Excess of FMV	-Gains Minus
		Acquisition	Date	Date	Gross	Depreciation			Basis Plus		as of	as of	Over	Excess FMV Over
Description of Property Sold	CUSIP #	Method	Acquired	Sold	Sales Price	Allowed	Adjust	nents	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adj Basis or Losses
1 HEWLETT PACKARD ENTERPRISE ORC	42824C109	Р	7/26/2012	5/31/2016	350,863				187,517	163,346		0 0	C	163,346
2 LEXMARK INTERNATIONAL CLAORE	529771107	P	7/25/2012	10/28/2016	722,045				423,542	298,503		0 0	C	298,503
3 LEXMARK INTERNATIONAL INC	529772AE5	Р	5/30/2012	12/31/2016	255,000				264,576	-9,576		00	0	-9,576
4 UNITED STATES TREASURY	912796HX0	Р	12/17/2015	6/16/2016	7,998,562				7 997,632	930		00	0	930
5 UNITED STATES TREASURY	912796JY6	P	6/16/2016	12/15/2016	5,998,789				5 998,217	572		0 0		572
6 VALERO ENERGY ORD	91913Y100	P	10/22/2008	1/15/2016	985,845				245,054	740,791		0 0	C	740,791
7 AUSTRALIA (COMMONWEALTH)	Q0819AEU0	Р	1/21/2011	6/3/2016	72,345				102,344	-29,999		00	(	-29,999
Enter information on Detail	and the second statement of th	<u>.</u>												

Enter information on Detail - Part I, Line 6

#### Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

# STMT 8

	<u>-</u>	~ <del>~~</del> ~~~~				·····				157 881	34 532	34 532 0]	
1		Check X		)					AvgHrs			Evoerse	
	Name	# Business	Street	City	State		Foreign Country	Ite	Per Vleek	Compensation	Benefts	Account	Explanation -
[	PATRICK O'SULLIVAN		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		DIRECTOR	30.00	187,881	34 532		
11	•										j		
	ROBERT CABE		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		CHAIRMAN	0 25	0			
2				L				1					
i	SCOTT WINTER		220 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		TREASURER	0 25	0		-	
; ]	· · · · · · · · · · · · · · · · · · ·		 		_								
)	LEE DOUGLASS		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		SECRETARY	0 25	0			
. 4													
	SUSAN BRITTAIN		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	?2201		BOARD MEMBER	025	0			
15									ļ				
ł	ROB BROTHERS		220 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		BOARD MEMBER	0 25	C			
6					• 								
	JIM KELLEY		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		BOARD MEMBER	0 25	0			
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	TONIN'Y MAY		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		BOARD MEMBER	0 25	0		-	
18	1	1											
	DAN NABHOLZ		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		BOARD	025	0			
1.9	*							MEMBER					
<u> </u>	SHERMAN TATE		320 W CAPITOL SUITE 200	LITTLE ROCK	AR	72201		BCARD MEMBER		0			
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