

Form **990-PF**Department of the Treasury  
Internal Revenue Service**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.  
▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No. 1545-0052

**2015**

Open to Public Inspection

For calendar year 2015 or tax year beginning , 2015, and ending , 20

Name of foundation <b>Delta Dental of Arkansas Foundation</b>		A Employer identification number <b>26 - 1569324</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1513 Country Club Road</b>	Room/suite	B Telephone number (see instructions) <b>501 - 992-1616</b>
City or town, state or province, country, and ZIP or foreign postal code <b>Sherwood, AR 72120</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here . . . <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation . . . <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here . . . <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>4,292,132</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . <input type="checkbox"/>

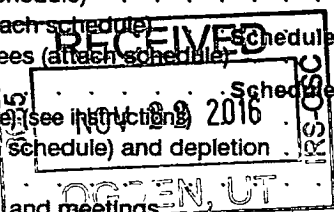
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Schedule 1</b>					
1	Contributions, gifts, grants, etc., received (attach schedule)	2,514,643			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	1,175	1,175		
4	Dividends and interest from securities	83,854	83,854		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		265,897		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	2,599,672	350,926	0	
<b>Operating and Administrative Expenses</b>					
13	Compensation of officers, directors, trustees, etc.	0	0	0	0
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)	38,096	18,096		
17	Interest				
18	Taxes (attach schedule) (see instructions)	3,445			
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	944			
24	Total operating and administrative expenses. Add lines 13 through 23	42,485	18,096	0	0
25	Contributions, gifts, grants paid	3,690,334			4,430,333
26	Total expenses and disbursements. Add lines 24 and 25	3,732,819	18,096	0	4,430,333
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	(1,133,147)			
b	Net investment income (if negative, enter -0-)		332,830		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2015)

SCANNED DEC 05 2016



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Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash—non-interest-bearing . . . . .	458,403		
	2 Savings and temporary cash investments . . . . .		1,344,802	1,344,802
	3 Accounts receivable ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	4 Pledges receivable ▶ . . . . .			
	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) ▶ . . . . .			
	Less: allowance for doubtful accounts ▶ . . . . .			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule) . . . . .			
	b Investments—corporate stock (attach schedule) . . . . . Schedule 12	2,962,621	1,816,323	1,797,838
	c Investments—corporate bonds (attach schedule) . . . . . Schedule 12	2,329,609	1,205,767	1,149,492
	11 Investments—land, buildings, and equipment: basis ▶ . . . . .			
Liabilities	Less: accumulated depreciation (attach schedule) ▶ . . . . .			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .			
	14 Land, buildings, and equipment: basis ▶ . . . . .			
	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) . . . . .	5,750,633	4,366,892	4,292,132
	17 Accounts payable and accrued expenses . . . . .	55,646	2,419,230	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ . . . . .)			
	23 Total liabilities (add lines 17 through 22) . . . . .	55,646	2,419,230	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted . . . . .	5,694,987	1,947,662	
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
	30 Total net assets or fund balances (see instructions) . . . . .	5,694,987	1,947,662	
	31 Total liabilities and net assets/fund balances (see instructions) . . . . .	5,750,633	4,366,892	

## 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	5,694,987
2 Enter amount from Part I, line 27a . . . . .	2	(1,133,147)
3 Other increases not included in line 2 (itemize) ▶ Schedule 20 . . . . .	3	(2,614,178)
4 Add lines 1, 2, and 3 . . . . .	4	1,947,662
5 Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	1,947,662

**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.)
<b>1a Publicly Traded Securities</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b> 3,972,047		3,706,150	265,897	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
<b>a</b>			265,897	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>	265,897
<b>3</b> 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			<b>3</b>	

**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.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	2,612,837		.00%
2013	1,282,826		.00%
2012	1,379,589		.00%
2011	796,978		.00%
2010	590,325		.00%
<b>2</b> Total of line 1, column (d)			<b>2</b>
<b>3</b> 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			<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			<b>4</b> 6,393,266
<b>5</b> Multiply line 4 by line 3			<b>5</b> 0
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 3,328
<b>7</b> Add lines 5 and 6			<b>7</b> 3,328
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 4,430,333

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	3,328
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	3,328
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	3,328
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3,328
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		<input checked="" type="checkbox"/>
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.		
c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
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.		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ None		
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		<input checked="" type="checkbox"/>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<input checked="" type="checkbox"/>	

**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
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	✓
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	✓
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.ddarfoundation.com</u>	13	✓
14 The books are in care of ► <u>Phyllis Rogers</u> Telephone no. ► <u>501-992-1616</u> Located at ► <u>1513 Country Club Road Sherwood, AR</u> ZIP+4 ► <u>72120-0000</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . 15		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . 16	✓	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . 1b	N/A	
Organizations relying on a current notice regarding disaster assistance check here . . . . . <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . . 1c		✓
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 , 20 , 20 , 20	N/A	
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	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) . . . . . 3b	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	✓

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 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)?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

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

Total number of other employees paid over \$50,000

0

**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		0
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	Community Fluoridation Projects - provide fluoridation equipment to local communities	3,426,399
2	University Dental Program Support - provide support to universities providing dental education for future Arkansas dentists	450,000
3	Community Dental Clinics - enhance and support dental clinics in Arkansas communities	258,935
4	Arkansas Missions of Mercy - free annual dental clinic held in Arkansas for two full days where thousands of patients are helped	95,000

**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	NONE	0
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.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	5,258,846
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	1,231,779
<b>c</b>	Fair market value of all other assets (see instructions) . . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	6,490,625
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	6,490,625
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	97,359
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	<b>5</b>	6,393,266
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	319,663

**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.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	319,663
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5 . . . . .	<b>2a</b>	3,328
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	3,328
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	316,335
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4 . . . . .	<b>5</b>	316,335
<b>6</b>	Deduction from distributable amount (see instructions) . . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	<b>7</b>	316,335

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 . . . . .	<b>1a</b>	4,430,333
<b>b</b>	Program-related investments—total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	<b>4</b>	4,430,333
<b>5</b>	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) . . . . .	<b>5</b>	3,328
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	4,427,005

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

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7 . . . . .				<b>316,335</b>
<b>2</b> Undistributed income, if any, as of the end of 2015:				
<b>a</b> Enter amount for 2014 only . . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010 . . . . . <b>590,325</b>				
<b>b</b> From 2011 . . . . . <b>796,978</b>				
<b>c</b> From 2012 . . . . . <b>1,379,589</b>				
<b>d</b> From 2013 . . . . . <b>1,282,826</b>				
<b>e</b> From 2014 . . . . . <b>2,612,837</b>				
<b>f</b> Total of lines 3a through e . . . . . <b>6,662,555</b>				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ► \$ <b>4,430,333</b>				
<b>a</b> Applied to 2014, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions) . . . . .				
<b>d</b> Applied to 2015 distributable amount . . . . . <b>316,335</b>				
<b>e</b> Remaining amount distributed out of corpus . . . . . <b>4,113,998</b>				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . . <b>10,776,553</b>				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . . <b>0</b>				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . . <b>0</b>				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . <b>0</b>				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 . . . . . <b>0</b>				
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . . . <b>590,325</b>				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . . <b>10,186,228</b>				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011 . . . . . <b>796,978</b>				
<b>b</b> Excess from 2012 . . . . . <b>1,379,589</b>				
<b>c</b> Excess from 2013 . . . . . <b>1,282,826</b>				
<b>d</b> Excess from 2014 . . . . . <b>2,612,837</b>				
<b>e</b> Excess from 2015 . . . . . <b>4,113,998</b>				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	N/A	N/A	N/A	N/A	N/A
<b>b</b> 85% of line 2a . . . . .	N/A	N/A	N/A	N/A	N/A
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	N/A				N/A
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					N/A
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	N/A	N/A	N/A	N/A	N/A
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					N/A
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					N/A
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .	N/A	N/A	N/A	N/A	N/A
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					N/A
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					N/A
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					N/A
<b>(4)</b> Gross investment income . . . . .					N/A

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 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. James T Johnston 1513 Country Club Road Sherwood, AR 72120 501-992-1616

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

See attached statement

- c** Any submission deadlines:

See attached statement

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

See attached statement

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>  See Attached Statement				4,430,333
<b>Total</b>			<b>3a</b>	4,430,333
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Part VII-A Analysis of Income-Producing Activities 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	1,175	
4	Dividends and interest from securities . . . . .			14	83,854	
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					
9	Net income or (loss) from special events . . . .					
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		85,029	0
13	Total. Add line 12, columns (b), (d), and (e) . . . . .				13	85,029

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

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

[illegible]



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2015**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Delta Dental of Arkansas Foundation

Employer identification number

26 - 1569324

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 1/3 % 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Delta Dental of Arkansas Foundation	Employer identification number 26 - 1569324
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Delta Dental of Arkansas, Inc.  1513 Country Club Road  Sherwood, AR 72120	\$ 2,514,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Delta Dental of Arkansas Foundation</b>	Employer identification number <b>26 - 1569324</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Delta Dental of Arkansas Foundation</b>	Employer identification number <b>26 - 1569324</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Delta Dental of Arkansas Foundation

Employer identification number

26 - 1569324

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00

Name of organization  
Delta Dental of Arkansas Foundation

Employer identification number  
26 - 1569324

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00
		\$	/ / 00

Name of organization

**Delta Dental of Arkansas Foundation**

Employer identification number

26 - 1569324

### 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

Name of organization <b>Delta Dental of Arkansas Foundation</b>	Employer identification number <b>26 - 1569324</b>
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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
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----

**Attachments to IRS Form 990-PF**  
**Delta Dental of Arkansas Foundation**  
**26-1569324**  
**Tax Year 2015**

**Schedule 1: Part I, Line 1 - Contributions, Gifts, Grants, etc. Received**

Description	Amount
1 Delta Dental of Arkansas, Inc	2,514,643
<b>Total</b>	<b>2,514,643</b>

**Schedule 0: Part I, Line 6a - Net Gain or (Loss) from Sale of Assets Not on Line 10**

Description	Date Acquired	How Acquired	Gross Sales Price	Cost, Other basis, or Donated Value		To Part XVI-A Line 8 (See Note)
				Amount	Which One	
<b>Total</b>			0	0		

Description	Date Sold	To Whom Sold	Expense of Sale and Cost of Improvements	Depreciation Since Acquisition	Gain or (Loss)
<b>Total</b>			0	0	0

Amounts Carried	Gross Sales Price	Cost or Other Basis	Expense of Sale and Cost of Improvements	Depreciation Since Acquisition	Gain or (Loss)
Unrelated Business Income (Col B)	0	0	0	0	0
Excluded by Sec 512, 513, or 514 (Col D)	0	0	0	0	0
Related / Exempt Function Income (Col E)	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**Note** Numeric codes used above are

1 - if Unrelated Business Income (Part XVI-A, Column B),

2 - if Excluded by Sec 512, 513, or 514 (Part XVI-A, Column D)

Balance is Related / Exempt Function Income (Part XVI-A, Column E)

**Attachments to IRS Form 990-PF**  
**Delta Dental of Arkansas Foundation**  
**26-1569324**  
**Tax Year 2015**

**Schedule 0: Part I, Line 10 - Gross Profit from Sales of Inventory**

Description:	Gross Sales, Less Returns and Allowances	Cost of Goods Sold	Gross Profit of (Loss)	To Part XVI-A Line 10 (See Note)
<b>Total</b>	0	0	0	
<b>Amounts Carried</b>				
Unrelated Business Income (Col B)	0	0	0	
Excluded by Sec 512, 513, or 514 (Col D)	0	0	0	
Related / Exempt Function Income (Col E)	0	0	0	
<b>Total</b>	0	0	0	

**Note** Numerical codes used above are:

1 - if Unrelated Business Income (Part XVI-A, Column B),  
 2 - if Excluded by Sec 512, 513, or 514 (Part XVI-A, Column D)  
 Balance is Related / Exempt Function Income (Part XVI-A, Column E)

**Schedule 0: Part I, Line 11 - Other Income**

Description	From Part XVI-A			Total to Part I, Line 11
	Unrelated Business Income (Column (b))	Excluded by Section 512, 513, or 514 (Column (d))	Related or exempt function income (Column (e))	
1 Program Service Revenue (total of lines 1a through 1g)	0	0	0	0
2 Membership dues and assessments	0	0	0	0
7 Other investment income	0	0	0	0
9 Gross revenue from special events	0	0	0	0
11 Total Other Revenue (listed separately on line 11)				
a	0	0	0	0
b	0	0	0	0
c	0	0	0	0
d	0	0	0	0
e	0	0	0	0
Total line 11	0	0	0	0
<b>Total</b>	0	0	0	0

**Schedule 5: Part I, Line 16c - Other Professional Fees**

Type of service	Amount
1 Student Loan Repayment	20,000
2 Investment Management Fees	18,096
<b>Total</b>	38,096

Attachments to IRS Form 990-PF  
 Delta Dental of Arkansas Foundation  
 26-1569324  
 Tax Year 2015

**Schedule 6: Part I, Line 18 - Taxes**

Type of tax	Amount
1 Taxes	3,445
<b>Total</b>	<b>3,445</b>

**Schedule 0: Part I, Line 19 - Depreciation and Depletion**

Description	Date Acquired	Cost or Other Basis	Depreciation Allowable in Prior Years	Depreciation Method	Rate (%)	Depreciation This Year
Total		0	0			0
Less Depreciation included in cost of goods sold and not on line 19						
<b>Total</b>						<b>0</b>

**Schedule 8: Part I, Line 23 - Other Expenses**

Description	Amount
1 Bank Charges	944
<b>Total</b>	<b>944</b>

**Schedule 0: Part I, Line 25 - Contributions, Gifts, Grants Paid**

From detail below:	Cash Amount	Property Other than Cash	Total
Paid during the year	0	0	0
Approved for future payment	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Paid During the Year:**

Class of Activity:	Cash Amount	Property Other than Cash (1)	Relationship to Disqualified Persons (2)	Organizational Status of Donee (3)
<b>Donee Name</b>				
<b>Donee Address</b>				
Total amount paid for which the foundation exercised expenditure responsibility				
<b>Total Paid During the Year</b>	<b>0</b>	<b>0</b>		

- (1) Additional information for property other than cash included on continuation sheet  
 (2) Relationship of donee if related by blood, marriage, adoption or employment (including children of employees) to any disqualified person  
 (3) The organizational status of donee (e.g., public charity—an organization described in section 509(a)(1), (2), or (3))

Attachments to IRS Form 990-PF  
 Delta Dental of Arkansas Foundation  
 26-1569324  
 Tax Year 2015

**Schedule 0: Part II, Line 6 - Receivables Due from Officers, Directors, Trustees, and Other Disqualified Persons**

	End of Year	
	Book Value	Value
<b>Receivables Reported as Single Total:</b>		
Subject to same terms and conditions as receivables from general public		
Travel advances for official business of the organization		
<b>Receivables Reported Separately (see details below)</b>	0	0
<b>Total</b>	0	0

**Details of Receivables Reported Separately:**

Details of Receivables Reported Separately:			Fair Market	
			Value	Date
Borrower's Name and Title			at Year end	of Note
1				
Total			0	0
Maturity		Interest	Security Provided by Borrower	
Date	Repayment Terms	Rate		
Purpose of Loan		Description and Fair Market Value of Consideration		

**Schedule 0: Part II, Line 7 - Other Notes and Loans Receivable**

	End of Year	
	Book Value	Fair Market Value
<b>Notes Receivable not listed on line 6 and not acquired as investments (see details below)</b>	0	0
<b>Loans receivable from the normal activities of the filing organization:</b>		
Total	0	0
Less allowance for doubtful accounts	0	0
<b>Net amount</b>	0	0

**Schedule 12: Part II, Line 10 - Investments—Government Obligations, Corporate Stocks and Bonds**

	End of Year	
	Book Value	Fair Market Value
Total U S Government obligations		
<b>Total</b>	0	0

**Line 10b - Investments - Corporate Stock**

1 Common Stock	2,962,621	1,816,323	1,797,838
<b>Total</b>		1,816,323	1,797,838

**Line 10c - Investments - Corporate Bonds**

1 Bonds	2,329,609	1,205,767	1,149,492
<b>Total</b>		1,205,767	1,149,492

Attachments to IRS Form 990-PF  
 Delta Dental of Arkansas Foundation  
 26-1569324  
 Tax Year 2015

**Schedule 0: Part II, Line 11 - Investments—Land, Buildings, and Equipment**

Description:	Cost or Other Basis	Accumulated Depreciation	End of Year	
			Book Value	Fair Market Value
Total	0	0	0	0

**Schedule 0: Part II, Line 13 - Investments—Other**

Description:	Valued at Cost or Market Value	End of Year	
		Book Value	Fair Market Value
Total		0	0

**Schedule 0: Part II, Line 14 - Land, Buildings, and Equipment**

Description:	Cost or Other Basis	Accumulated Depreciation	End of Year	
			Book Value	Fair Market Value
Total	0	0	0	0

**Schedule 0: Part II, Line 15 - Other Assets**

Description:	End of Year	
	Book Value	Fair Market Value
Total	0	0

**Schedule 0: Part II, Line 20 – Loans from Officers, Directors, Trustees, and Other Disqualified Persons**

Name and Title of Lender	Original Amount	End of Year Balance Due	Date of Note	Maturity Date
Total		<u>0</u>		
Repayment Terms	Interest Rate	Security Provided by Borrower		
Purpose of Loan	Description and Fair Market Value of Consideration			

**Schedule 0: Part II, Line 21 - Mortgages and Other Notes Payable**

	End of Year Balance Due
All mortgages payable	
All Other Notes Payable (see details below)	0
Total	0

Attachments to IRS Form 990-PF  
Delta Dental of Arkansas Foundation  
26-1569324  
Tax Year 2015

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Schedule 0: Part II, Line 22 - Other Liabilities

Description:	End of Year Amount
Total	<u>0</u>

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Schedule 20: Part III, Line 3 - Other Increases Not Included in Line 2

Description	Amount
1 Accrual of multi-year commitments	(2,880,000)
2 Capital Gain	265,822
Total	<u>(2,614,178)</u>

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Schedule 0: Part III, Line 5 - Decreases Not Included in Line 2

Description	Amount
Total	<u>0</u>

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Schedule 0: Part VII-A Line 11 - Information Regarding Controlled Entities

(B) Employer

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Delta Dental of Arkansas Foundation  
26-1569324  
Tax Year 2015

Statement 23 - Form 990-PF, Part VII-A, Line 8b - Reporting to State Attorney General Office

This is not required by the Arkansas State Attorney General's Office - they simply require copies be available in the event they request

Statement 24 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributions

Name	Address	City, State, Zip
Delta Dental Plan of Arkansas, Inc	1513 Country Club Road	Sherwood, AR 72120

Statement 25 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Betsy Reithemeyer 1126 South 13th Street Rogers, AR 72758	Chairman		-	-	-
Mel Collazo 11811 Hinson Road, Suite 100 Little Rock, AR 72212	Vice Chairman/Secretary		-	-	-
Billy Tarpley 7480 Highway 107 Sherwood, AR 72120	Treasurer		-	-	-
Ed Choate 1513 Country Club Road Sherwood, AR 72120	President		-	-	-
Dr Michael Zweifler 623 Main Street Little Rock, AR 72201	Director		-	-	-
Susan Smith 425 West Capitol Avenue, 14th Floor Little Rock, AR 72201	Director		-	-	-
Dr Jim Phillips 2609 Browns Lane Jonesboro, AR 72401	Director		-	-	-
Martine Pollard 2710 Rife Medical Lane Rogers, AR 72758	Director		-	-	-
James T Johnston 200 Pine Street Marion, AR 72364	Director		-	-	-
Tamika Edwards 1400 West Markham, Suite 306 Little Rock, AR 72223	Director		-	-	-
Blake Woolsey 2 N College Avenue Fayetteville, AR 72701	Director		-	-	-

Delta Dental of Arkansas Foundation  
26-1569324  
Tax Year 2015

Statement 26 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

Grant Application Packet  
Description of organization, project description, project evaluation, budget information, oral health improvement, past funding

Other Required Documentation.  
Copy of current year organization budget  
Right to request copy of organization's most recent financial audit report  
List of officers and board members  
Current resume and contact data for Executive Director  
Current resume and contact data for Project Officer  
Proof of tax exemption status (IRA tax exception letter)

Statement 27 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

Services provided to low-income clients  
Established, written non-discrimination policy  
All information must be provided in the request for proposal prior to the established deadline  
Project must clearly advance oral health initiatives in Arkansas

Delta Dental of Arkansas Foundation  
 26-1569324  
 Tax Year 2015

Statement 28 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name and Address	Purpose	Amount
Arkansas Children's Hospital Foundation Total 1 Children's Way, Slot 661 Little Rock, AR 72202-3591	Community Clinic	150,000 00
ARMOM Total 7480 Arkansas 107 Sherwood, AR 72120	Rural Dental Clinic	95,000 00
Baptist Health Foundation Total 9601 I 630, Exit 7 Little Rock, AR 72205	Community Clinic	10,000 00
BLACK RIVER TECHNICAL COLLEGE Total 1410 HWY 304 EAST POCAHONTAS, AR 72455	Community Clinic	12,500 00
Carroll- Boone Water District Total 11510 Hwy 187 EUREKA SPRINGS, AR 72631	Fluoridation Equipment	419,493 72
CARTI Foundation Total PO Box 55011 Little Rock, AR 72215	Community Grant	50,000 00
CHI ST VINCENT FOUNDATION Total Two St Vincent Circle Little Rock, AR 72205	Community Clinic	10,725 00
City of Alma Total 811 Fayetteville Highway ALMA, AR 72921	Fluoridation Equipment	144,624 82
City of Fort Smith Total 3900 Kelly Highway FORT SMITH, AR 72904	Fluoridation Equipment	1,107,065 00
City of Greenwood Total P O BOX 1450 GREENWOOD, AR 72936	Fluoridation Equipment	138,579 85
City of Hot Springs Total PO Box 6300 HOT SPRINGS NATIONAL PARK, AR 71902	Fluoridation Equipment	323,654 90
Community Dental Clinic Total PO Box 4069 Fort Smith, AR 72914	Community Clinic	10,000 00
Community Water System Total 299 Lakeshore Drive Greers Ferry, AR 72067	Fluoridation Equipment	190,667 80

Delta Dental of Arkansas Foundation  
26-1569324  
Tax Year 2015

Danville Water Department Total PO Box 69 DANVILLE, AR 72833	Fluoridation Equipment	303,731 53
Delta Dental of South Dakota Foundation Total P O BOX 1157 PIERRE, SD 57501	CARE Mobile	30,000 00
Grand Prairie Bayou Two P W A Total 11177 AR Highway 31 N AUSTIN, AR 72007	Fluoridation Equipment	228,120 73
Harmony Health Clinic Total 201 E Roosevelt Rd Little Rock, AR 72206	Community Clinic	8,125 00
Hope Cancer Resources Total 5835 S Sunset Avenue Springdale, AR 72762	Community Clinic	6,500 00
Little River County R D A Water System Total PO Box 527 FOREMAN, AR 71836	Fluoridation Equipment	83,064 50
LSU Health Sciences Ctr Foundation Total 1100 Florida Ave New Orleans, LA 70119	Clinic Renovation	150,000 00
McGehee Water & Sewer System Total P O Box 289 MC GEHEE, AR 71654	Fluoridation Equipment	65,215.12
National Children's Oral Health Foundati Total 4108 Park Road, Suite 300 CHARLOTTE, NC 28209	Arkansas Oral Health Program	90,000 00
NORTH GARLAND COUNTRY REGIONAL WATER DIS Total 138 CEDAR MOUNTAIN CIRCLE HOT SPRINGS, AR 71909	Fluoridation Equipment	107,933 43
Northwest Arkansas Free Health Center Total 1100 N Woolsey Avenue Fayetteville, AR 72703	Community Clinic	5,000 00
Ozark Water Department Total P.O Box 513 OZARK, AR 72949	Fluoridation Equipment	203,499 19
River City Ministry of Pulaski County Total 1021 East Washington Street North Little Rock, AR 72114	Community Clinic	8,417 00
TECO, Inc Total 160 Allison Drive Mountain View, AR 72560	Fluoridation Equipment	57,265 00
UALR Children International Total 2801 S University LITTLE ROCK, AR 72204	Community Clinic	10,416 67

Delta Dental of Arkansas Foundation  
26-1569324  
Tax Year 2015

UALR Children International 2801 S University LITTLE ROCK, AR 72204	Community Grant	20,000 00
UAMS Foundation Total 4301 W Markham St #716 Little Rock, AR 72205	UAMS Dental Clinic	200,000 00
University of Tennessee Foundation Total 600 Henley St Knoxville, TN 37996	University of Tennessee Foundation	100,000 00
Washington Regional Medical Foundation Total PO Box 356 Fayetteville, AR 72702	CARE Mobile	30,000 00
Western Greene CO Regional Water Distric Total PO Box 44 WALCOTT, AR 72474	Fluoridation Equipment	48,324 13
		<u>4,417,923 39</u>
Total Grants < \$5,000 each		<u>12,410 00</u>
Total		<u>4,430,333 39</u>