•							93493320185606		
Form	90	Return of Or	ganization Exempt From	ncom	e Tax		OMB No 1545-0047		
eonin 🕑			4947(a)(1) of the Internal Revenue Co	de (excej	ot private		2015		
Departme	ant of the	foundations) Do not enter socia	I security numbers on this form as it ma	y be mad	le public		Open to Public		
Treasury	Revenue Servic		Form 990 and its instructions is at <u>ww</u>	w IRS qov	<u>//form990</u>		Inspection		
		^ल । lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-2015						
	if applicable	C Name of organization ARKANSAS STATE DENTAL ASSOCIAT		-	D Employ	yer id	entification number		
·	ess change	ARRANSAS STATE DENTAL ASSOCIAT	71-02	5314	43				
·	e change Il return	Doing business as			—				
Fınal		Number and street (as D.O. bey if m	ad up not dolwored to streat address) Deem/suut		E Telepho	ne nu	mber		
return/ter	rminated ided return	7480 HIGHWAY 107	ail is not delivered to street address) Room/suit	e					
·	ation pending	City or town, state or province, coun	try, and ZIP or foreign postal code						
		SHERWOOD, AR 72120			G Gross n	eceipts	5 \$ 913,693		
		F Name and address of princip	al officer		s this a group	retur			
					ubordınates? No		Yes 🗸		
I Tax-e	exempt status	501(c)(3) √ 501(c)(6) ◄	(Insert no) 4947(a)(1) or 527		re all subordii icluded?	nates	Yes 🗸 No		
1 Web	site:► N/A					a list	(see instructions)		
	SILE. P N/P				Group exemption				
K Form o	of organization	Corporation Trust Associa	tion 🔽 Other 🕨	L Year	of formation		M State of legal domicile		
Part	I Sum	mary							
		cribe the organization's mission							
e	THE ASS	JCIATION PROVIDES ITS MEN	1BERS WITH LEGISLATIVE REPRESE	NTATIO	N, EDUCATIO	JNA	ND OTHER SERVICES		
anc									
ema	2 Check th	is hox > If the organization du	scontinued its operations or disposed o	f more th	an 25% of its	net :	accetc		
Governance			scontinued its operations of disposed of	i more ui		neti	355615		
×	3 Number o	of voting members of the governi	ng body (Part VI, line 1a)			3	5		
ž I			f the governing body (Part VI, line 1b)			4	4		
IT I			alendar year 2015 (Part V, line 2a) .			5	5		
			rt VIII, column (C), line 12			6 7a	63,753		
			m Form 990-T, line 34		· · ·	7a 7b	03,733		
					Prior Year		Current Year		
	8 Contri	butions and grants (Part VIII, lir	ne1h)				0		
enue ve	-	• • •	ne 2g)		803,3		887,837		
		ment income (Part VIII column	(A), lines 3, 4, and 7d)						
··· 1:	1 ()ther	· ·			48,8		12,874		
		revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		28,5	513	12,874 12,982		
1:		revenue (Part VIII, column (A),				513	12,874		
	.2 Total 12) .3 Grants	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3)		28,5	513	12,874 12,982 913,693 0		
1:	.2 Total 12) .3 Grants .4 Benefi	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4)		28,5	513	12,874 12,982 913,693		
1:	.2 Total 12) .3 Grants .4 Benefi	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3)		28,5	513	12,874 12,982 913,693 0 0		
1:	2 Total 12) 3 Grants 4 Benefi 5 Salari 5-10)	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4)		28,5 880,6	513	12,874 12,982 913,693 0		
11: 14 88 80 10	.2 Total 12) .3 Grants .4 Benefi .5 Salari .5-10) .6a Profes	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	Innes 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) e benefits (Part IX, column (A), lines column (A), line 11e)		28,5 880,6	513	12,874 12,982 913,693 0 0 351,700		
11 14 15 16 10 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17	2 Total 12 (12) .3 Grants .4 Benefit .5 Salarit 5-10 () Salarit .6a Profest b Total fu .7 Other	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) the benefits (Part IX, column (A), lines column (A), line 11e) the line 25) $\blacktriangleright_{0}^{0}$ lines 11a–11d, 11f–24e)		28,5 880,6 357,5 581,2	513 578 926 244	12,874 12,982 913,693 0 0 351,700 0 541,967		
11 14 19 88 10 88 10 14 11 11 11	2 Total 12 (12) .3 Grants .4 Benefit .5 Salaria 5-10 (10) Salaria .6a Profess b Total fu .7 Other .8 Total fu	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I expenses Add lines 13–17 (mus	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) e benefits (Part IX, column (A), lines column (A), line 11e) , line 25) $\blacktriangleright_{0}^{0}$ ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)		28,5 880,6 357,5 581,2 939,1	513 578 926 244 170	12,874 12,982 913,693 0 0 351,700 0 541,967 893,667		
EXD 403568	2 Total 12 (12) .3 Grants .4 Benefit .5 Salaria 5-10 (10) Salaria .6a Profess b Total fu .7 Other .8 Total fu	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I expenses Add lines 13–17 (mus	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) the benefits (Part IX, column (A), lines column (A), line 11e) the line 25) $\blacktriangleright_{0}^{0}$ lines 11a–11d, 11f–24e)		28,5 880,6 357,5 581,2 939,1 -58,4	513 578 926 244 170 192	12,874 12,982 913,693 0 0 351,700 0 541,967 893,667 20,026		
EXD 403568	2 Total 12 (12) .3 Grants .4 Benefit .5 Salaria 5-10 (10) Salaria .6a Profess b Total fu .7 Other .8 Total fu	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I expenses Add lines 13–17 (mus	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) e benefits (Part IX, column (A), lines column (A), line 11e) , line 25) $\blacktriangleright_{0}^{0}$ ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)		28,5 880,6 357,5 581,2 939,1	513 578 926 244 170 192	12,874 12,982 913,693 0 0 351,700 0 541,967 893,667 20,026 End of Year		
EXD 403568	2 Total 12 (12) .3 Grants .4 Benefit .5 Salario .6a Profes b Total fu .7 Other .8 Total fu .9 Reven	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I expenses Add lines 13–17 (mus ue less expenses Subtract line i assets (Part X, line 16)	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) e benefits (Part IX, column (A), lines column (A), line 11e) , line 25) $\blacktriangleright_{0}^{0}$ lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12		28,5 880,6 357,5 581,2 939,1 -58,4 ng of Current M 1,377,6	513 578 926 244 170 192 '	12,874 12,982 913,693 0 0 351,700 0 541,967 893,667 20,026 End of Year 1,388,444		
let Assets or Lind Balances 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2 Total 1 12) 12) .3 Grants .4 Benefit .5 Salaring .6a Profest b Total fu .7 Other .8 Total fu .9 Reven 20 Total fu .10 Total fu	revenue (Part VIII, column (A), revenue—add lines 8 through 11 and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), I expenses Add lines 13–17 (mus ue less expenses Subtract line assets (Part X, line 16) iabilities (Part X, line 26)	lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1–3) X, column (A), line 4) e benefits (Part IX, column (A), lines column (A), line 11e) , line 25) $\blacktriangleright_{0}^{0}$ lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12		28,5 880,6 357,5 581,2 939,1 -58,4 ng of Current Y	513 578 378 926 244 170 492 492 492 492 492	12,874 12,982 913,693 0 0 351,700 0 541,967 893,667 20,026 End of Year		

May the IRS discuss this return with the preparer shown above? (see in For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015)				Page 2					
Par	t IIII Stater	nent of Program Service	Accomplishments							
		f Schedule O contains a response be the organization's mission	e or note to any line in this Part I	II	<u> </u>					
1	,	5								
THE	ASSOCIATION	N PROVIDES ITS MEMBERS WIT	H LEGISLATIVE REPRESENTA	TION, EDUCATION AND OT	HER SERVICES					
2	Did the organi	zation undertake any significant p	rogram services during the year	which were not listed on						
	•	990 or 990-EZ?			└─Yes \√No					
3		zation cease conducting, or make		nducts, any program						
	services?									
	If "Yes," desci	ribe these changes on Schedule C)							
4	expenses Sec	organization's program service acc tion 501(c)(3) and 501(c)(4) org nses, and revenue, if any, for each	anizations are required to report							
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	ANNUAL SCIENT	IFIC SESSION - MEMBER MEETING FOR E	EDUCATIONAL PURPOSE							
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	SPECIFIC SEMIN	ARS FOR MEMBERS - CONTINUING PROF	ESSIONAL EDUCATION							
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)					
	PUBLICATION OF	TRADE MAGAZINE FOR MEMBERS EDUC	ATION							
4d	Other program	m services (Describe in Schedule	0)							
	(Expenses \$	including	g grants of \$) (Revenue \$)					
4e	Total program	n service expenses 🕨								

Form 990 (2015)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🧐	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 😒	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕱	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \mathfrak{B}	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? \ldots \ldots \ldots	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2015)
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year ?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> <i>Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)^{2}$	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		E.	orm 000	(2010)

Page **4**

Form	990 (2015)			Page S				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V			<u>. </u>				
15	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a		Yes	No				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
2a	gaming (gambling) winnings to prize winners?	1c		No				
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
Ь	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55						
		5c						
6 a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year							
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
C	bla the organization receive any rands, directly of maneetly, to pay premiums on a personal benefit contract.	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. DId a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9 2	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		No No				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No				
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the							
13	year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	-						
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for							
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		No				
	In which the organization is licensed to issue qualified health plans 13b	-						
	Enter the amount of reserves on hand	 		 או.				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No				
D	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule 0</i>	14b						

orm	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	b belo	w,
	Check If Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \ldots \ldots \ldots \ldots \ldots \ldots	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			N
60	organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	9	in Cod	
36	cton B. Poncies (This Section B requests information about policies not required by the Internal R	event	Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
	the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►			
10	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable) 990, and 990-T (501(c))			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ↓ Upon request ☐ Other (explain in Schedule O)
 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ARKANSAS STATE DENTAL ASSOC 7480 HIGHWAY 107 SHERWOOD, AR 72120 (501) 834-7650

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec x, unle n offic rustee	ess er	from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organızatıons below dotted lıne)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BILLY TARPLEY	40 00							152 404		
EXEC DIRECTOR	0 00	X						153,481	0	U
(2) DR DWIGHT DUCKWORTH	0 00									
PRES ELEC 14-15	0 00	×		X				0	0	0
(3) DR CHUCK WOOD	0 00									
PRESIDENT 15-16	0 00	×		X				0	0	0
(4) DR DREW TOOLE	0 00									
President 14-15	0 00	×		X				0	0	0
(5) DR TOM ISBELL	0 00									
SEC/TREAS 14-16	0 00	×		X				0	0	0
(6) DR DAVID VAMMEN	0 00									
PRES ELEC 15-16	0 00	×						0	0	0
(7) DR JOHN PITTS	0 00									
VICE PRES 15-16	0 00	X						0	0	0
										Form 990 (2015)

Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		T						I	-				
	(A) Name and ⊤itle	(B) Average hours per week (list any hours for related	more t perso and	han d on is l	one l both ector	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	-	(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	T 2/10/5/11/5C/ 2/10/5/11/5C			rganızatı relate organıza	d
											_		
											_		
											+		
											-		
											+		
											+		
											+		
1b	Sub-Total			•	•	• •	. ►						
c d	Total from continuation sheet Total (add lines 1b and 1c) .				•	• .	. ▶		153,481				
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	ose l	liste	d abov	e) wl	no received more th	an			
												Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete S</i>						emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual	izations greater	than \$	150,0	000	? If	"Yes," a	comp				N a a	
5	Did any person listed on line 1									or individual for	4	Yes	
	services rendered to the organ									• • • •	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) $$100,000$ of compensation from the organization \blacktriangleright 0	who received more than	

Form 990 (2015)
Part VIII Statement of Revenue

		Check if Schedu	ule O contains a respon	se or note to any li	ne in this Part VIII	<u> </u>		<u>· · · · [</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated cam	paigns 1a					512-514
nts nts								
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership du						
An C	с	Fundraising eve	ents 1c					
Sift Iar	d	Related organiz	zations 1d					
s, (е	Government grants	s (contributions) 1e					
r Si	f		ons, gifts, grants, and 1f					
but the		similar amounts no	ot included above ons included in lines					
i di	g	1a-1f \$	ons included in lines					
an C	h	Total. Add lines	s1a-1f	🕨	0			
e.				Business Code				
คมค	2a	ADMINISTRATION I	FEES		61,740			61,740
P4 H	b	ANNUAL SCIENTIFI	IC SESSION		147,117			147,117
e Ce	с	Membership Dues	& Assessments		286,604	286,604		
ler v	d	MISCELLANEOUS IN	NCOME		197,633			197,633
5	е	SEMINARS - PROF	DEVELOPMT		130,990			130,990
Program Service Revenue	f	All other progra	am service revenue		63,753		63,753	
ž	g	Total. Add lines	s2a-2f	🕨	887,837			
	3		ome (including dividend		1,407	1,407		
	4		ar amounts) .tment of tax-exempt bond p		0	1,107		
	5	Royalties		►	0			
	_	,	(I) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental						
	-	expenses Rental income						
		or (loss)						
	d	Net rental Incol	me or (loss) (1) Securities	· · · · ·	0			
	7a	Gross amount from sales of assets other	11,467	(II) Other				
		than inventory						
	b	other basis and						
	с	sales expenses Gaın or (loss)	11,467					
	d	Net gain or (los	s)	· · · •	11,467	11,467		
Q	8a	Gross income f	5					
Other Revenue		events (not inc \$	luding					
eve		of contributions	reported on line 1c)					
Ľ		See Part IV, lin	a 18.					
the	Ь	Less directex	penses b					
0	с		loss) from fundraising e	events 🕨	0			
	9a	Gross income f	rom gaming activities					
		See Part IV, lin	ne 19 a					
	Ь	less directer	penses b					
			(loss) from gaming activ	vities	0			
		Gross sales of	inventory, less	•				
	Ь	returns and allo	owances . a oodssold b					
		-	(loss) from sales of inve	ntory 🕨	0			
		Miscellaneous		Business Code				
	11a	ROYALTY INC	OME		12,982			12,982
	b							
	с							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🕨	12,982			
	12	Total revenue.	See Instructions	.		200 479	63 753	
					913,693	299,478	63,753	550,462 Form 990 (2015)

F

	990 (2015)				Page 10
	IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	this Part IX			
	t include amounts reported on lines 6b, 9, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV , line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
	and 16	0			
4		0			
5	Compensation of current officers, directors, trustees, and key employees	151,528			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	137,363			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	41,792			
10	Payroll taxes	21,017			
11	Fees for services (non-employees)				
а	Management	0			
b	 Legal	4,135			
с	Accounting	4,200			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	21,284			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	12,293			
17	Travel	43,088			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	293,088			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,433			
23	Insurance	7,460			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DENTAL JOURNAL EXPENSE	50,732			
b	OTHER PROFESSIONAL SERVICES	49,012			
с	SERVICE CHARGES	15,911			
d	TELEPHONE	8,064			
е	All other expenses	23,267			
25	Total functional expenses. Add lines 1 through 24e	893,667	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	tΧ	Balance Sheet					_		
		Check If Schedule O contains a response or note to any line	in this I	PartX		• •			
					(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			837,412	1	841,662		
	2	Savings and temporary cash investments				2	0		
	3	Pledges and grants receivable, net				3	0		
	4	Accounts receivable, net			51,496	4	66,718		
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Con Schedule L				5	0		
Assets	6	section 4958(f)(1)), persons described in section 4958(c) contributing employers and sponsoring organizations of se	Loans and other receivables from other disqualified persons (as defined unde section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete II of Schedule L						
SSI	_	Niches and larger was welled as t				6	0		
4	7	Notes and loans receivable, net		-		7			
	8	Inventories for sale or use			4 500	8	0		
	9 10a	Prepaid expenses and deferred charges	· ·	· · ·	1,586	У	2,324		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	726,710					
	b	Less accumulated depreciation	248,970	487,173	10c	477,740			
	11	Investments—publicly traded securities			11	0			
	12	Investments—other securities See Part IV, line 11		12	0				
	13	Investments—program-related See Part IV, line 11				13	0		
	14	Intangible assets				14	0		
	15	Other assets See Part IV, line 11				15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,377,667	16	1,388,444		
	17	Accounts payable and accrued expenses			307,602	17	283,027		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
ŝ	21	Escrow or custodial account liability Complete Part IV of				21			
.iabilities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disq							
ide		persons Complete Part II of Schedule L	• •			22			
Ľ,	23	Secured mortgages and notes payable to unrelated third pa	arties			23			
	24	Unsecured notes and loans payable to unrelated third part				24			
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,					
					199,418	25	214,744		
	26	Total liabilities. Add lines 17 through 25			507,020	26	497,771		
ses		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	•	and complete					
alanc	27	Unrestricted net assets				27			
č	28	Temporarily restricted net assets				28			
pur	29	Permanently restricted net assets		[29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	ck here	I and					
ts i	30	Capital stock or trust principal, or current funds				30			
se	31	Paid-in or capital surplus, or land, building or equipment fu				31			
Ä	32	Retained earnings, endowment, accumulated income, or ot			870,647	32	890,673		
Vet	33	Total net assets or fund balances			870,647	33	890,673		
-	34	Total liabilities and net assets/fund balances			1,377,667	34	1,388,444		
			-	-	.,,		Form 990 (2015)		

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u></u>	🗆
	Total reverses (reverse areal Dart) (TH, as lown (A), but 12)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		ç	913,693
2	Total expenses (must equal Part IX, column (A), line 25)	2		{	893,667
3	Revenue less expenses Subtract line 2 from line 1	3			20,026
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $$.				
5	Net unrealized gains (losses) on investments	4			870,647
5		5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			
	column (B))	10			890,673
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· ·</u>	 Yes	. No
	Accounting method used to prepare the Form 990 Cash 🔽 Accrual 🔽 Other				
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or re a separate basis, consolidated basis, or both	eviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accounts	2	2c		No
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O	iin in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Single Audit Act and OMB Circular A-133?	n the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi		3b		
	requires address address explain mit in senedate of and describe any steps taken to andergo such address			<u> </u>	

efi	le GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN:	93493320185606
	HEDULE D m 990)	Supplen	nental Financ	ial Statements			OMB No 1545-0047
Depa	rtment of the			vered "Yes," on Form 990 c, 11d, 11e, 11f, 12a, or 1 n 990.			2015 Open to Public
Treas	ury nal Revenue Service	Information about Schedule D	(Form 990) and its ir	structions is at <u>www.irs</u>	s.gov/foi	<u>rm990</u> .	Inspection
Na	me of the organi (ANSAS STATE DENT.						ification number
Ра		izations Maintaining Donor				53143 • Accou	nts.
	compre		(a) Donor advised		(b) Fu	unds and	other accounts
1	Total numbe	r at end of year					
2	Aggregate v year)	alue of contributions to (during					
3	Aggregate v	alue of grants from (during year)					
4	Aggregate v	alue at end of year					
5	funds are the o	ation inform all donors and donor a rganization's property, subject to b	the organization's ex	clusive legal control?		d	Yes No
6	used only for cl	ation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?				ourpose	∏Yes ∏No
Pa	rt III Conse	rvation Easements. Comple	ete if the organizat	tion answered "Yes" o	n Form	990, Pa	rt IV, line 7.
1	Purpose(s) of c	onservation easements held by th	ie organization (chec	k all that apply)			
	education)	on of land for public use (e g , recr	eation or	Preservation of a			
	•	of natural habitat		Preservation of a	certified	historic s	structure
_	•	on of open space				<i>c</i>	
2		2a through 2d if the organization ne last day of the tax year	held a qualified cons	ervation contribution in t	he form o		the End of the Year
а	Total number o	f conservation easements			2a	Tield de	
b	Total acreage r	restricted by conservation easeme	ents		2b		
с	Number of cons	servation easements on a certified	historic structure in	cluded in (a)	2c		
d		servation easements included in (are listed in the National Register	c) acquired after 8/1	7/06, and not on a	2d		
3		servation easements modified, trai	nsferred, released, e:	xtinguished, or terminate	d by the	organızat	ion during the
4	Number of stat	es where property subject to cons	ervation easement is	located ►			
5	-	nization have a written policy regar enforcement of the conservation e		nitoring, inspection, hand	dling of	I	Yes No
6	year	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforci	ng conse	rvation e	asements during the
	▶						
7		enses incurred in monitoring, inspe	ecting, handling of vi	plations, and enforcing c	onservatı	on easen	nents during the year
8	(B)(ı) and sectı	servation easement reported on li on 170(h)(4)(B)(ii)?	., .	·		l I	Yes No
9	balance sheet,	escribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th				
Par		izations Maintaining Collec			or Othe	r Simil	ar Assets.
		ete if the organization answere tion elected, as permitted under SI				mentand	halance cheet
1a	works of art, his	storical treasures, or other similar e, in Part XIII, the text of the foot	assets held for publ	ic exhibition, education,	or resear	ch in furt	
b	works of art, his	tion elected, as permitted under SI storical treasures, or other similar e the following amounts relating to	assets held for publ				
((i) _{Revenue inclu}	ided on Form 990, Part VIII, line :	1		▶\$		
(i	ii) _{Assets} include	ed in Form 990, Part X		ł			
2	If the organizat	cion received or held works of art, i nts required to be reported under S	,	or other similar assets fo			
а	Revenue includ	led on Form 990, Part VIII, line 1				►\$	
b	Assets include	d in Form 990, Part X				▶\$	
For I		tion Act Notice, see the Instruction	ons for Form 990.	Cat No	522830		edule D (Form 990) 2015

Schedule D (Form 990) 2015 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) d а Public exhibition Loan or exchange programs b Other Scholarly research с Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table A mount h С 1c Beginning balance d 1d Additions during the year е 1e Distributions during the year f 1f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2a b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ... Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Prior year **b** (c)Two years back (d)Three years back (e)Four years back **1**a Beginning of year balance Contributions h Net investment earnings, gains, and losses d Grants or scholarships . . Other expenditures for facilities e and programs f Administrative expenses . End of year balance g 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment > а b Permanent endowment 🕨 с Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by Yes No 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations Зb If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form	1 990, Part IV, III	he 11a.See For	m 990, Part X,∣	ine 10.			
Description of property	(a) Cost or other basıs (ınvestment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d) Book value			
1a Land		220,000		220,000			
b Buildings		342,941	85,740	257,201			
c Leasehold Improvements							
d Equipment		80,579	80,200	379			
e Other		83,190	83,030	160			
Total. A dd lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))							

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the orga	nization answered	'Yes' on Form	n 990, Part IV, line 11b.
	(a) Description of security or categor (including name of security)	у	(b) Book value		c)Method of valuation r end-of-year market value
	Il derivatives				
[2) Closely- [3) Other	held equity interests				
		•			
	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.				
	Complete if the organization answere	d 'Yes' on Form 99			
	(a) Description of investment		(b) Book value) Method of valuation r end-of-year market value
					·
Part IX	nn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organizati	Ion answered 'Yes' or	Form 990, Part IV, II	ne 11d See For	rm 990, Part X, line 15
	(a) Des		· ·		(b) Book value
	mn (b) must equal Form 990, Part X, col (B) Ine		<u></u>	►	
Part X	Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answere	d 'Yes' on Form 99	0, Part IV, lır	ne 11e or 11f.
1.	(a) Description of liability	(b) Book valu	e		
Federal inco	ome taxes				
Rounding			4		
UNEARNED	DREVENUE	214	740		
-					

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 214,744

 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Ρ	а	g	e	4
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Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
с	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part			
	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	•	Return.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	•	Return.
1 2 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	•	Return.
1 2 a b	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2 a b c	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	•	Return.
1 2 b c d	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	1	Return.
1 2 b c d e	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d	1 2e	Return.
1 2 b c d e 3	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	Return.
1 2 b c d e 3 4	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	Return.
1 2 b c d e 3 4 a	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 2e	Return.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

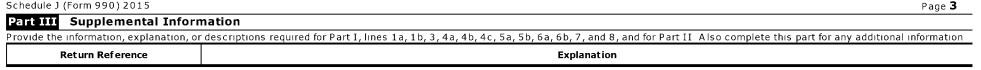
efil	e GRAPHIC p	orint - DO NOT PROCESS As Fil	ed	Data -	DLN: 934	9332	0185	606
Sch	edule J	Compen	sat	tion Information	ОМІ	3 N o 1	L545-0	0047
Depar Treasu	m 990) tment of the лу al Revenue Service	Com Complete if the organization	pens ans ttac	Trustees, Key Employees, and High ated Employees wered "Yes" on Form 990, Part IV, ch to Form 990.) and its instructions is at <u>www.irs</u>	line 23. .gov/form990. 0	pen t	o Pul ectio	olic
Nar	ne of the organiz				Employer identificat	ion nui	nber	
ARK	ANSAS STATE DENT	AL ASSOCIATION			71-0253143			
Ра	rt I Questi	ons Regarding Compensation			/1 0255145			
		5 5 1					Yes	No
1 a	990, Part VII,	opiate box(es) if the organization provide Section A, line 1a Complete Part III to p		de any relevant information regardi	ng these items			
	•	s or charter travel		Housing allowance or residence fo			l	
		companions		Payments for business use of pers			l	
	•	nification and gross-up payments		Health or social club dues or initia			1	
	Discretion	nary spending account	I	Personal services (e g , maid, cha	uffeur, chef)		1	
b		xes in line 1a are checked, did the organi or provision of all of the expenses descri				1b		
2	5	ation require substantiation prior to reiml ees, officers, including the CEO/Executiv		5 5 1	,			
	unectors, trust	ees, oncers, including the CEO/Executiv	e Di	rector, regarding the items checked	a in fine 1ar	2		
3	organization's d used by a relation Compensa	, if any, of the following the filing organizat CEO/Executive Director Check all that a ed organization to establish compensatio ation committee ent compensation consultant	pply	Do not check any boxes for metho	ods			
	Form 990	of other organizations	\square	Approval by the board or compens	ation committee			
4	During the year or a related org	r, dıd any person lısted on Form 990, Parl Ianızatıon	VII	, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control pay	ment	7		4a		No
b		or receive payment from, a supplemental				4b		No
с		or receive payment from, an equity-basec of lines 4a-c, list the persons and provid			ın Part III	4c		No
5	For persons list	, 501(c)(4), and 501(c)(29) organization ted on Form 990, Part VII, Section A, lin- contingent on the revenues of		-	any			
а	The organizatio	on?				5 a		
b	Any related org					5b		L
		e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A, lin- contingent on the net earnings of	e 1a	, did the organization pay or accrue	any			
а	The organizatio					6 a		<u> </u>
b	Any related org					6b		
	-	e 6a or 6b, describe in Part III						
7	payments not d	ted on Form 990, Part VII, Section A, lin- lescribed in lines 5 and 6? If "Yes," desc	rıbe	in Part III		7		
8		Ints reported on Form 990, Part VII, paid nitial contract exception described in Reg				8		
9	If "Yes" on line section 53 495	8, did the organization also follow the rel 8-6(c)?	butta	ble presumption procedure describ	ed in Regulations	9		
			_					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(11) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	• •	(E) Total of columns		
		Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 BILLY TARPLEY EXEC DIRECTOR	(i) (ii)	153,481					153,481		





efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493320185606
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue	Supplementa Complete to provi Form 990 or	I Information t ide information for res 990-EZ or to provide a ► Attach to Form 99	or 990-EZ) and its instructions is at	омв No 1545-0047 2015 Open to Public
Service				

Name of the organization	Employer identification number
ARKANSAS STATE DENTAL ASSOCIATION	71-0253143

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	NO REVIEW WAS OR WILL BE CONDUCTED
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC