






Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 71-0561140	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number (501) 835-3400	
C Name of organization DELTA DENTAL PLAN OF ARKANSAS INC		G Gross receipts \$ 417,294,211	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address) Room/suite 1513 Country Club Road			
City or town, state or country, and ZIP + 4 Sherwood, AR 72120			
F Name and address of principal officer Phyllis L Rogers 1513 Country Club Road Sherwood, AR 72120		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ www.ddpar.com		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1982	M State of legal domicile AR

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,912,716	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-297,524	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	353,673,493	371,992,597
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,037,964	1,603,363
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,681,516	1,912,247
		357,392,973	375,508,207
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,162,431	2,783,120
	14 Benefits paid to or for members (Part IX, column (A), line 4)	324,074,110	341,383,917
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	236,310	266,575
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,773,909	28,914,467
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	352,246,760	373,348,079
	19 Revenue less expenses Subtract line 18 from line 12	5,146,213	2,160,128
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		77,114,622	82,893,320
21 Total liabilities (Part X, line 26)		13,601,076	17,219,646
22 Net assets or fund balances Subtract line 21 from line 20		63,513,546	65,673,674

Part II		Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has knowledge.			
Sign Here			
	Signature of officer		
	 Phyllis Rogers Senior VP & CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 		Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 		

May the IRS discuss this return with the preparer shown above? (see instruction

Part IIIS

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

Promote oral health and vision health in the state of Arkansas and to improve the awareness and education of the public on oral and vision health matters

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 364,577,961 including grants of \$ 2,783,120) (Revenue \$ 372,068,761)

Promote the oral health care of the community through group and individual dental insurance contracts and third party dental claims administration and support programs for dental care The company promotes and supports study, learning and research in the field of dentistry and related services The company processed 2.3 million claims for more than 1.8 million covered lives in 2011

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)





(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses \$ 364,577,961

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)? <i>If "Yes," complete Schedule A</i>	1	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9	Did the organization report an amount in Part X, line 21, 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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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
c	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>	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	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, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part 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>	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? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, questions 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	49,514
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	2
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," 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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	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?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	7b	
c	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.	7d	
e	Did the organization receive any funds, directly or indirectly, 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	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.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Phyllis L Rogers 1513 Country Club Road Sherwood, AR 72120 (501) 992-1616

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees. 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ronald Ownbey Director	5	X						5,375	0	16,500
(2) Dr Paul Fitzgerald Director	5	X						15,575	0	0
(3) Byron Southern Director	5	X						4,350	0	16,500
(4) Dr James T Johnston DDS Vice Chairman	5	X						21,375	0	0
(5) Harold Pernn Director	5	X						19,975	0	0
(6) Robert Gladden Director	5	X						18,475	0	0
(7) Dr Robert Matlock DDS Director	5	X						19,575	0	0
(8) Weldon Johnson Jr Chairman	8 00	X						15,250	0	21,000
(9) Susie Smith Treasurer	5	X						5,550	0	16,500
(10) Dr Mel Collazo Secretary	5	X						16,575	0	0
(11) Ed Choate President & CEO	60			X				18,467	457,779	28,546
(12) Lynn Harbert Senior VP & COO	60			X				0	247,491	21,738
(13) Phyllis Rogers Senior VP & CFO	60			X				18,467	235,577	23,288
(14) Jim Johnson Senior VP Sales/Marketing	60			X				0	242,007	22,535
(15) Dr Herman Hurd VP Professional Relations	60			X				0	212,424	19,520
(16) Allen Moore VP Information Technology	60			X				0	196,681	17,390
(17) Chrsta Pittman Director of Sales	60					X		0	150,316	9,146

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Melissa Masingill Director Communications	60					X		0	138,905	12,253
(19) Julia Storey Director of Account Management	60					X		0	116,338	11,492
(20) David Brockman Dental Consultant	60					X		0	115,769	12,771
(21) Louis Crow Dental Consultant	60					X		0	108,390	11,115
(22) Tim Carney Senior VP Sales & Marketing	60						X	0	252,547	6,523
(23) William Campbell National Director of Sales	60						X	0	113,781	1,356
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								179,009	2,588,005	268,173

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

7

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 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
Avisis PO Box 7777 Phoenix, AZ 850117777	Vision TPA	3,114,048
Emdeon Business Services PO Box 572490 Murray, UT 841572490	Printing & Postage	2,000,099
The Hatcher Agency PO Box 3505 Little Rock, AR 72203	Brokers	896,616
Monitor Company Group LP 2 Canal Park Cambridge Park, MA 02141	Consultants	629,466
Delta Dental Plan of Virginia 4818 Starkey Rd Roanoke, VA 240144010	Software Lic&Im	589,141
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	29

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		0				
Program Service Revenue			Business Code					
	2a	Dental Benefits	524298	371,992,597	371,992,597	0	0	
	b							
	c							
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		371,992,597				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		804,631	0	0	804,631	
	4	Income from investment of tax-exempt bond proceeds . .		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	(i) Real		(ii) Personal				
		Gross rents	1,422,156	0				
		b Less rental expenses	1,859,576	0				
		c Rental income or (loss)	-437,420	0				
	d	Net rental income or (loss)		-437,420	0	-437,420	0	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	40,725,160	0				
		b Less cost or other basis and sales expenses	40,002,592	-76,164				
		c Gain or (loss)	722,568	76,164				
	d	Net gain or (loss)		798,732	76,164	0	722,568	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a		0					
	b	Less direct expenses	b	0				
	c	Net income or (loss) from fundraising events . .		0		0	0	
	9a	Gross income from gaming activities See Part IV, line 19						
	a		0					
	b	Less direct expenses	b	0				
	c	Net income or (loss) from gaming activities . .		0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances						
	a		0					
	b	Less cost of goods sold	b	0				
	c	Net income or (loss) from sales of inventory . .		0	0	0	0	
	Miscellaneous Revenue		Business Code					
11a	Vision Benefits	524298	2,350,136	0	2,350,136	0		
b	Gain/Loss on 457 Plan	900099	-4,912	0	0	-4,912		
c	Other income	900099	4,443	0	0	4,443		
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		2,349,667					
12	Total revenue. See Instructions		375,508,207	372,068,761	1,912,716	1,526,730		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States See Part IV, line 21	2,783,120	2,783,120		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	341,383,917	341,383,917		
5	Compensation of current officers, directors, trustees, and key employees	212,575	0	212,575	0
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	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,411	0	38,411	0
9	Other employee benefits	11,710	7,026	4,684	0
10	Payroll taxes	3,879	0	3,879	0
11	Fees for services (non-employees)				
a	Management	925,850	555,510	370,340	0
b	Legal	69,466	0	69,466	0
c	Accounting	185,326	0	185,326	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	161,147	0	161,147	0
g	Other	20,653,064	14,741,017	5,912,047	0
12	Advertising and promotion	391,833	0	391,833	0
13	Office expenses	1,668,920	1,502,028	166,892	0
14	Information technology	84,347	84,347	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	161,651	96,991	64,660	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	235,365	141,219	94,146	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	585,399	585,399	0	0
23	Insurance	17,562	0	17,562	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Claims processing	1,561,891	1,561,891	0	0
b	Equip Repairs & Maintenance	1,048,181	628,909	419,272	0
c	Dues and Taxes	593,001	0	593,001	0
d	Arkansas Premium Tax	409,271	409,271	0	0
e					
f	All other expenses	162,193	97,316	64,877	0
25	Total functional expenses. Add lines 1 through 24f	373,348,079	364,577,961	8,770,118	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			13,289,975	1	11,604,580
	2	Savings and temporary cash investments			245,000	2	245,000
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			6,704,197	4	13,073,533
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	
	7	Notes and loans receivable, net			0	7	
	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges			697,559	9	857,827
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	24,245,399			
	b	Less: accumulated depreciation	10b	11,942,027	12,623,244	10c	12,303,372
	11	Investments—publicly traded securities			40,445,441	11	41,075,844
	12	Investments—other securities. See Part IV, line 11			1,238,943	12	1,315,106
	13	Investments—program-related. See Part IV, line 11			0	13	
	14	Intangible assets			0	14	
	15	Other assets. See Part IV, line 11			1,870,263	15	2,418,058
16	Total assets. Add lines 1 through 15 (must equal line 34)			77,114,622	16	82,893,320	
Liabilities	17	Accounts payable and accrued expenses			7,772,460	17	8,428,246
	18	Grants payable			0	18	
	19	Deferred revenue			1,595,010	19	2,917,374
	20	Tax-exempt bond liabilities			0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	
	23	Secured mortgages and notes payable to unrelated third parties			0	23	
	24	Unsecured notes and loans payable to unrelated third parties			0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			4,233,606	25	5,874,026
	26	Total liabilities. Add lines 17 through 25			13,601,076	26	17,219,646
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			63,513,546	27	65,673,674
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			63,513,546	33	65,673,674
34	Total liabilities and net assets/fund balances			77,114,622	34	82,893,320	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	375,508,207
2	Total expenses (must equal Part IX, column (A), line 25)	2	373,348,079
3	Revenue less expenses Subtract line 2 from line 1	3	2,160,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,513,546
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	65,673,674

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 11000129
Software Version: v1.00
EIN: 71-0561140
Name: DELTA DENTAL PLAN OF ARKANSAS INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization
DELTA DENTAL PLAN OF ARKANSAS INC

Employer identification number
71-0561140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii)

Assets included in Form 990, Part X

▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,356,490		2,356,490
b Buildings	0	8,703,033	1,336,874	7,366,159
c Leasehold improvements	0	47,045	47,045	0
d Equipment	0	12,659,707	10,522,279	2,137,428
e Other	0	479,124	35,829	443,295
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				12,303,372

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
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	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	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	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information		
Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information		
Identifier	Return Reference	Explanation
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Not applicable

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

DLN: 93493320020372

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
DELTA DENTAL PLAN OF ARKANSAS INC

Employer identification number
71-0561140

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Delta Dental Foundation of Arkansas1513 Country Club Road Sherwood,AR 72120	26-1569324	501	2,341,306	0	Not applicable	Not applicable	Charitable mission
(2) UAMS Foundation1401 W Capitol Avenue Suite 300 Victory Bldg Little Rock,AR 72201	71-6056774	501	200,000	0	Not applicable	Not applicable	Sponsorship
(3) Arkansas State Dental Association7480 Highway 107 Sherwood,AR 72120	71-0253143	501	50,000	0	Not applicable	Not applicable	Building mortgage
(4) Rotary Club of Little Rock1501 N University Ave Suite 240 Little Rock,AR 72207	71-6050594	501	20,000	0	Not applicable	Not applicable	Sponsorship
(5) Democratic Legislative Campaign1401 K Street NW Suite 201 Washington,DC 20008	52-1870839	527	15,000	0	Not applicable	Not applicable	Sponsorship
(6) Arkansas Rice DepotPO Box 34427 Little Rock,AR 72203	71-0574819	501	10,500	0	Not applicable	Not applicable	Sponsorship
(7) Ronald McDonald House1009 Wolfe St Little Rock,AR 72202	71-0525252	501	10,000	0	Not applicable	Not applicable	Sponsorship
(8) CARTI FoundationPO Box 55011 4 St Vincent Circle Little Rock,AR 72215	71-0589907	501	10,000	0	Not applicable	Not applicable	Sponsorship
(9) America's Dentists Care Foundation9110 E 35th St N Wichita,KS 67226	26-2275291	501	9,000	0	Not applicable	Not applicable	Sponsorship
(10) N-Sta-SmilePO Box 148 Hardy,AR 72542	27-2876554	501	8,040	0	Not applicable	Not applicable	Sponsorship
(11) Baptist Health Foundation9601 I 630 Exit 7 Little Rock,AR 72205	23-7169407	501	7,000	0	Not applicable	Not applicable	Sponsorship
(12) Arkansas Baptist College1621 Dr Martin Luther King Drive Little Rock,AR 72202	71-0298658	501	6,500	0	Not applicable	Not applicable	Sponsorship

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

62

3

Enter total number of other organizations listed in the line 1 table ▶

23

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	None

Software ID: 11000129
Software Version: v1.00
EIN: 71-0561140
Name: DELTA DENTAL PLAN OF ARKANSAS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Delta Dental Foundation of Arkansas1513 Country Club Road Sherwood, AR 72120	26-1569324	501	2,341,306	0	Not applicable	Not applicable	Charitable mission
UAMS Foundation1401 W Capitol Avenue Suite 300 Victory Bldg Little Rock, AR 72201	71-6056774	501	200,000	0	Not applicable	Not applicable	Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arkansas State Dental Association 7480 Highway 107 Sherwood, AR 72120	71-0253143	501	50,000	0	Not applicable	Not applicable	Building mortgage
Rotary Club of Little Rock 1501 N University Ave Suite 240 Little Rock, AR 72207	71-6050594	501	20,000	0	Not applicable	Not applicable	Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Democratic Legislative Campaign1401 K Street NW Suite 201 Washington, DC 20008	52-1870839	527	15,000	0	Not applicable	Not applicable	Sponsorship
Arkansas Rice DepotPO Box 34427 Little Rock, AR 72203	71-0574819	501	10,500	0	Not applicable	Not applicable	Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House1009 Wolfe St Little Rock, AR 72202	71-0525252	501	10,000	0	Not applicable	Not applicable	Sponsorship
CARTI Foundation PO Box 55011 4 St Vincent Circle Little Rock, AR 72215	71-0589907	501	10,000	0	Not applicable	Not applicable	Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
America's Dentists Care Foundation 9110 E 35th St N Wichita, KS 67226	26-2275291	501	9,000	0	Not applicable	Not applicable	Sponsorship
N-Sta-SmilePO Box 148 Hardy, AR 72542	27-2876554	501	8,040	0	Not applicable	Not applicable	Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baptist Health Foundation9601 I 630 Exit 7 Little Rock, AR 72205	23-7169407	501	7,000	0	Not applicable	Not applicable	Sponsorship
Arkansas Baptist College1621 Dr Martin Luther King Drive Little Rock, AR 72202	71-0298658	501	6,500	0	Not applicable	Not applicable	Sponsorship

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
DELTA DENTAL PLAN OF ARKANSAS INC

Employer identification number

71-0561140

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	Yes	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ed Choate	(i)	18,467	0	0	0	0	18,467	0
	(ii)	365,232	85,548	7,000	28,546	0	486,326	
(2) Lynn Harbert	(i)	0	0	0	0	0	0	0
	(ii)	198,518	48,973	0	21,738	0	269,229	
(3) Phyllis Rogers	(i)	18,467	0	0	0	0	18,467	0
	(ii)	187,534	48,018	25	23,288	0	258,865	
(4) Jim Johnson	(i)	0	0	0	0	0	0	0
	(ii)	194,923	46,984	100	22,535	0	264,542	
(5) Tim Carney	(i)	0	0	0	0	0	0	0
	(ii)	160,614	43,098	48,835	6,523	0	259,070	
(6) Dr Herman Hurd	(i)	0	0	0	0	0	0	0
	(ii)	169,621	42,303	500	19,520	0	231,944	
(7) Allen Moore	(i)	0	0	0	0	0	0	0
	(ii)	159,482	37,198	0	17,390	0	214,070	
(8) William Campbell	(i)	0	0	0	0	0	0	0
	(ii)	72,143	32,855	8,784	1,356	0	115,138	
(9) Christa Pittman	(i)	0	0	0	0	0	0	0
	(ii)	83,325	66,891	100	9,146	0	159,462	
(10) Melissa Masingill	(i)	0	0	0	0	0	0	0
	(ii)	117,787	21,119	0	12,253	0	151,159	
(11) Julia Storey	(i)	0	0	0	0	0	0	0
	(ii)	102,891	13,447	0	11,492	0	127,830	
(12) David Brockman	(i)	0	0	0	0	0	0	0
	(ii)	115,000	768	0	12,771	0	128,539	
(13) Louis Crow	(i)	0	0	0	0	0	0	0
	(ii)	108,003	387	0	11,115	0	119,505	

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The compensation of the CEO is established by the Compensation Committee using an independent compensation consultant, Form 990 of other organizations, compensation survey or study, and approval by the Board or Compensation Committee.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The 457(b) plan is a nonqualified plan that was established by Omega on April 1, 2003, as an inducement and motivation to its officers and directors. Participation in the plan is determined at the sole discretion of Omega's board of directors. All contributions to the plan are made by employees or directors only. Effective January 1, 2011, the Organization established a Supplemental Executive Retirement Plan intended to be an arrangement that is unfunded and is maintained by the Organization primarily for the purpose of providing deferred compensation for one or more persons who are part of a select group of management or highly compensated employees within the meaning of the Employee Retirement Income Security Act of 1974, and shall be interpreted and administered to the extent possible in a manner consistent with that intent. The plan terminates on December 31, 2015, or such earlier date as determined by the board of directors.
SchJ_P01_S00_L06	Schedule J, Part I, Line 6	Delta Dental's Management Incentive Plan and Profit Sharing Plan are based on its net contributions from operations.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DELTA DENTAL PLAN OF ARKANSAS INC

Employer identification number
71-0561140

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Metropolitan National Bank	Entity in which Susie Smith was officer/key employee at time of transaction	135,872	Bank fees		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization DELTA DENTAL PLAN OF ARKANSAS INC	Employer identification number 71-0561140
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Identifier	Return Reference	Explanation
F990_P01_S00_L01	Form 990, Part I, Line 1	DELTA DENTAL OF ARKANSAS' (DELTA DENTAL) MISSION IS TO PROMOTE ORAL HEALTH AND VISION HEALTH IN THE STATE OF ARKANSAS AND TO IMPROVE THE AWARENESS AND EDUCATION OF THE PUBLIC ON ORAL AND VISION HEALTH MATTERS IT IS DELTA DENTAL'S MISSION TO BE THE LEADING FORCE IN THE DELIVERY, ADMINISTRATION AND MARKETING OF QUALITY DENTAL AND VISION PROGRAMS, AND RELATED SERVICES, RESPONSIVE TO THE NEEDS OF PURCHASER, THE PATIENTS, AND MEMBER PROVIDERS FOR THE PURPOSE OF PROMOTING DENTAL AND EYESIGHT HEALTH FOR ARKANSAS IN FULFILLING THIS MISSION, DELTA DENTAL WILL MAINTAIN FINANCIAL SOUNDNESS AND SEEK TO GROW THROUGH NEW PRODUCT DEVELOPMENT AND CONSIDERATION OF MARKETING OPPORTUNITIES CONSISTENT WITH OUR AREAS OF EXPERTISE DELTA DENTAL OF ARKANSAS IS THE STATE'S LARGEST DENTAL BENEFITS ADMINISTRATOR SERVING ARKANSAS EMPLOYERS OF ALL SIZES AS WELL AS INDIVIDUALS DELTA DENTAL HAS THE LARGEST NETWORK OF PARTICIPATING DENTISTS NINE OUT OF TEN ARKANSAS DENTISTS ARE MEMBERS OF DELTA DENTAL'S NETWORK IN 2011, DELTA DENTAL OF ARKANSAS PROCESSED MORE THAN 2.2 MILLION CLAIMS WITH AN AVERAGE TURNAROUND TIME FOR PAYING CLAIMS OF LESS THAN ONE CALENDAR DAY DURING THE SAME PERIOD, OUR CUSTOMER SERVICE CENTER ANSWERED MORE THAN 667,000 PHONE CALLS WITH AN AVERAGE RESPONSE RATE OF 11 SECONDS ON AVERAGE, 99.83% OF CUSTOMER CALLS ARE RESOLVED ON THE FIRST CONTACT WHICH RESULTS IN AN EXTREMELY HIGH DEGREE OF CUSTOMER SATISFACTION (CONSISTENTLY OVER 95%) IN JUNE 2011, THE DELTA DENTAL OF ARKANSAS CALL CENTER WAS CERTIFIED AS A "CENTER OF EXCELLENCE" BASED ON SUPERIOR PERFORMANCE AS MEASURED BY DATA FROM THE CENTER FOR CUSTOMER-DRIVEN QUALITY AT PURDUE UNIVERSITY IN CONJUNCTION WITH BENCHMARK PORTAL THE CENTER FOR CUSTOMER-DRIVEN QUALITY HOSTS A DATA MART OF KEY PERFORMANCE METRICS COLLECTED FROM THOUSANDS OF CALL CENTERS CREATING A WORLDWIDE SOURCE FOR BEST PRACTICE INFORMATION FOR CUSTOMER SERVICE, SALES, COLLECTIONS AND TECHNICAL SUPPORT CALL CENTERS DELTA DENTAL'S GROWTH AND EFFICIENCY IN MANAGING ITS ORGANIZATION ALLOWS THE COMPANY TO INVEST SIGNIFICANT DOLLARS IN WORTHY CAUSES OVER THE LAST FIVE YEARS, WE HAVE DONATED MORE THAN \$6.4 MILLION TO CHARITABLE PROGRAMS THROUGHOUT ARKANSAS DELTA DENTAL ANNUALLY DONATES TO FUND CHARITY DENTAL CLINICS THROUGHOUT THE STATE, PURCHASE WATER FLUORIDATION EQUIPMENT FOR COMMUNITY WATER SYSTEMS, ENDOW SCHOLARSHIPS FOR DENTISTS, HYGIENISTS AND DENTAL ASSISTANTS AND PROVIDE ORAL HEALTH EDUCATION TO THOUSANDS OF ELEMENTARY SCHOOL CHILDREN ALONG WITH OTHER PROJECTS AS DESCRIBED BELOW THE ARKANSAS MISSION OF MERCY (ARMOM), SPONSORED BY THE ARKANSAS STATE DENTAL ASSOCIATION, IS A TWO-DAY, FREE DENTAL CLINIC THAT TREATS UNINSURED ARKANSANS EACH YEAR FROM THE BEGINNING, DELTA DENTAL OF ARKANSAS HAS BEEN THE MAJOR CORPORATE SPONSOR DONATING \$100,000 EACH YEAR TO ARMOM TO DATE OUR COMBINED EFFORTS HAVE RESULTED IN THE DONATION OF \$5.4 MILLION SERVICES TO OVER 10,484 ARKANSANS IN 2008, DELTA DENTAL OF ARKANSAS, THE RONALD MCDONALD HOUSE CHARITIES OF ARKANSAS AND ARKANSAS CHILDREN'S HOSPITAL BEGAN DISCUSSING THE POSSIBILITY OF A MOBILE DENTAL UNIT TO PROVIDE SERVICES FOR CHILDREN ACROSS ARKANSAS WHO DID NOT HAVE ACCESS TO DENTAL CARE THOSE DISCUSSIONS RESULTED IN A PARTNERSHIP BETWEEN THE THREE ORGANIZATIONS LAUNCHING ARKANSAS' FIRST RONALD MCDONALD CARE MOBILE (RMCM) ITS MISSION IS TO BRING SCHOOL-BASED DENTAL CARE AND ORAL HEALTH EDUCATIONAL SERVICES TO UNDERSERVED CHILDREN IN CENTRAL ARKANSAS IN FEBRUARY 2010, ARKANSAS RECEIVED ITS SECOND RMCM TO HELP ENSURE UNDERSERVED CHILDREN IN NORTHWEST ARKANSAS RECEIVE THE CARE THEY NEED BETWEEN TWO MOBILE CLINICS, OVER 1,300 CHILDREN HAVE BEEN TREATED THROUGH OVER 2,900 APPOINTMENTS AND HAVE PROVIDED APPROXIMATELY \$800,000 OF DENTAL CARE - ALL AT NO COST TO THE PATIENT OR THEIR FAMILY

Identifier	Return Reference	Explanation
F990_P06_S0A_L03	Form 990, Part VI, Section A, Line 3	Investments are managed by Stephens Capital Management, Intrust and Floyd Capital Management within the defined parameters of Delta Dental's written investment policy, which is approved by the board of directors

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Yes, the organization has members

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Every dentist duly licensed under the laws of the state of Arkansas and whose license is valid may become a member of the company upon signing the applicable participation agreement and approval by the board of directors. Members elect the board of directors annually. Each member receives one vote and may vote in person or by proxy. Membership has the power to adopt the by-laws of the company so long as the by-laws do not conflict with the articles of incorporation or the laws of the state of Arkansas. Per its articles of incorporation the company shall be operated solely on a nonprofit basis. No part of earning or profit, if any, shall be at any time paid or distributed to any members by any method provided that members of the corporation receive compensaion for services actually performed.

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The information presented on the Form 990 is gathered by the Director of Finance for the organization. The Chief Financial Officer reviews the information. Once complete an electronic copy of the Form 990 is posted for our Board's review, prior to the Form 990 being filed with the IRS.

Identifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each interested person shall sign an annual certification affirming (1) receipt of the conflict of interest, (2) the policy and code of conduct has been read and understood, (3) agreement to comply with the policy and code of conduct. In addition, interested parties shall be required to annually complete and file an annual disclosure statement within twenty-eight calendar days of request. Annual disclosure statements and any subsequent amendments are reviewed by the Governance Committee in conjunction with legal counsel and a report of disclosed conflicts are made to the company's Board of Directors. Periodic reviews are also performed to ensure the company operates in accordance with the conflict of interest policy.

Identifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation of the organization's CEO is reviewed annually by the Compensation Committee. The Compensation Committee consists of Board members, none of whom have a conflict with respect to the compensation of the officers. On a bi-annual basis, the Compensation Committee does a market price and benchmarking comparison of the compensation of the leadership team and the staff. This analysis is performed by an independent third party. This analysis includes the use of data as to comparable compensation for similarly situated organizations and reviews annual base salary compensation, incentive/bonus compensation, deferred compensation and benefits. The independent consultant compares the total compensation and benefits to the market to ensure the organization meets the compensation philosophy and strategic plan as determined and approved by the Board of Directors. The documented results and recommendations of this analysis are presented to the Compensation Committee and Board of Directors for approval. These decisions are documented in the minutes of the Compensation Committee and Board of Directors.

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents, conflict of interest policy, and financial statements available to the public upon request

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DELTA DENTAL PLAN OF ARKANSAS INC

Employer identification number
71-0561140

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Delta Dental of Arkansas Foundation 1513 Country Club Road Sherwood, AR 72120 26-1569324	Public Act	AR	501(c)(3)	PF	N/A	Yes	
(2) Delta Dental of Arkansas Political Action Committee 1513 Country Club Road Sherwood, AR 72120 27-3207545	Pol Action	AR	527	Not applicable	N/A	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Omega Ventures Inc 1513 Country Club Road Sherwood, AR 72120 26-0665787	Holding co	AR	N/A	C	0	1,315,106	1 00 %
(2) Omega Administrators Inc 1513 Country Club Road Sherwood, AR 72120 04-3740469	Claims Adm	AR	N/A	C	14,795,574	4,295,373	1 00 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Omega Administrators Inc	i	1,422,156	Contractual payments
(2) Omega Administrators Inc	l	13,110,842	Admin fee charged
(3) Delta Dental of Arkansas Foundation	b	2,341,306	Distributions paid
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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