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## Form **990-PF**

### **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury

THE SOUTH CON WES

▶ Do not enter Social Security numbers on this form as it may be made public.

r	calen	dar year 2013 or tax year beginning	, 201	3, and e	ending		, 20
ar	ne of fou	undation			A Employer	r identification numb	er
elt	a Dente	al of Arkansas Foundation				26-1569324	
Vur	nber and	d street (or P O box number if mail is not delivered to street address)	Roor	n/suite	B Telephone	e number (see instruct	ions)
11	3 Count	ry Club Road				501-992-1616	<u>.                                    </u>
ıty	or town	n, state or province, country, and ZIP or foreign postal code			C If exempte		ding, check here ▶ □
P	rwood.	AR 72120			,	•	
			of a former publi	charity	D 1. Foreign	organizations, check	here ►
		☐ Final return ☐ Amended r	retum		2 Foreign	ı organızatıons meetir	on the 85% test
		Address change Name char	nge		check h	nere and attach comp	utation ►
-	Check	type of organization Section 501(c)(3) exempt p	rıvate foundatıon			foundation status was 07(b)(1)(A), check here	
	Sectio	n 4947(a)(1) nonexempt charitable trust   Other tax	able private foun	dation	Section 50	J7(D)(T)(A), Check here	• ▶
	Fair m	arket value of all assets at   J   Accounting method			F If the four	ndation is in a 60-mon	th termination
	end of	year (from Part II, col (c),			under sec	tion 507(b)(1)(B), ched	ck here
	line 16	(Part I, column (d) must be	on cash basıs)				
Pä	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment icome	(c) Adjusted net income	for charitable purposes
_		the amounts in column (a) (see instructions) )	books				(cash basis only)
1	1	Contributions, gifts, grants, etc , received (attach schedule)	3,433,30				
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	2.01	3	2.018		
ļ	4	Dividends and interest from securities	31.67	2	31.672		
	5a	Gross rents		<b>_</b>			
	b	Net rental income or (loss)		ļ			
	6a	Net gain or (loss) from sale of assets not on line 10					
	b	Gross sales price for all assets on line 6a		1			
	7	Capital gain net income (from Part IV, line 2) .			276.420		
	8	Net short-term capital gain					
	9	Income modifications		ļ <u>-</u>			
	10a	Gross sales less returns and allowances		ļ			<u> </u>
	b	Less Cost of goods sold					
-	}	Gross profit or (loss) (attach schedule)		ļ			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	3,466,99	<b>.</b>	310.110	***	
?	13	Compensation of officers, directors, trustees, etc	<del></del>	<del> </del>			<del></del>
•	14	Other employee salaries and wages		<b></b>			
	15	Pension plans, employee benefits		ļ			
ī	16a	Legal fees (attach schedule)		1			-
)	b	Accounting fees (attach schedule) .		-			<del>                                     </del>
one de la compo	C	Other professional fees (attach schedule) Interes RECEIVED	58.17	2	58.172		<del> </del>
	17	Taxes (attach schedule) (see Instrugtions)					<del>                                     </del>
	18 19	Depreciation schedule) (see instructions)		+			-
	20	Schubancy . L. Schleddie Sand depietion		<del> </del>			<del> </del>
:	21	Travel_conferences_and_meetings	·				<del> </del>
	22	Printing and publications		+			<del>                                     </del>
,	23	Other expenses (attach schedule)		.1			<del>                                     </del>
ľ	24	Total operating and administrative expenses.	5.25	<b>'</b>			<del>                                     </del>
	1	Add lines 13 through 23	£1.50	ا	58,172		
Ĺ	25	Contributions, gifts, grants paid	1.285.34				1 205 345
)	26	Total expenses and disbursements. Add lines 24 and 25	1,346,85		58,172		1.285.345
	27	Subtract line 26 from line 12.	1-340-85	1	26.172		1.285.345
	_	Excess of revenue over expenses and disbursements	3 130 13	-1			
	1	Net investment income (if negative, enter -0-)	2.120.13	1	251 029		
		Adjusted net income (if negative, enter -0-) .			251.938	-	
		work Reduction Act Notice, see instructions.	· · · · · · · · · · · · · · · · · · ·	No 11289)		l	om <b>990-PF</b> (2013)



		Attached schedules and amounts in the description column	Beginning of year	End o	f year
Ρâ	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	511.721	550.377	
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less. allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) .	1.077.844	2.472.625	2.746.987
	С	Investments—corporate bonds (attach schedule)	835.704	1.800.716	1.788.732
	11	Investments—land, buildings, and equipment: basis ▶			
		Less. accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans .			
	13	Investments - other (attach schedule)			<del></del>
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶		<u>.</u>	
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers—see the			
	47	instructions Also, see page 1, item I)	2.424.639	4.823.718	5.086.096
	17	Accounts payable and accrued expenses	2.673	5.197	1
es	18	Grants payable			
Ĕ	19	Deferred revenue			
Liabilities	20 21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)			,
Ë	22			-	,
	23	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)		<del> </del>	
_	25	Foundations that follow SFAS 117, check here	2.673	5.197	
es		and complete lines 24 through 26 and lines 30 and 31.			ļ
2	24	Unrestricted	2 421 066	4 04 0 704	
ᇛ	25	Temporarily restricted	2.421.966	4.818.521	Ì
ã	26	Permanently restricted			 
Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □			 
互		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			!
Net Assets o	28	Paid-in or capital surplus, or land, bldg, and equipment fund			ļ
286	29	Retained earnings, accumulated income, endowment, or other funds		-	ŀ
Ä	30	Total net assets or fund balances (see instructions)	2.421.966	4.818.521	;
É	31	Total liabilities and net assets/fund balances (see		ima mu	;
_		instructions)	2.421.966	4.818.521	
	rt III	Analysis of Changes in Net Assets or Fund Balances		-	
1		al net assets or fund balances at beginning of year-Part II, colu		agree with	
		-of-year figure reported on prior year's return)		1	2.421.966
2		er amount from Part I, line 27a		. 2	2.120.137
3					
4		lines 1, 2, and 3		4	4.542.103
5	Dec	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—	<b>5</b>	5	<u></u>
_	1018	in her assers or fund balances at end of year (line 4 minus line 5)—	rart II, column (b), lin	e 30   <b>6</b>	4.818.521

Part	V Capital Gains and I	Losses for Tax on Investme	nt Income			
		kind(s) of property sold (e.g., real estate, , or common stock, 200 shs MLC Co)		(b) ow acquired F -Purchase F -Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
1a	Publicly Traded Securities					
b						
С						
d					-	
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) (f) minus (g)
a b	1.903.480			1.627.060		276.420
C						
d	-	-				
e						
	Complete only for assets show	ring gain in column (h) and owned by	the foundation	n on 12/31/69	(I) Gains (Co	l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) 1 (j), if any	col (k), but no	t less than -0-) <b>or</b> from col (h))
а						
b						
С						
d						
е						·
2	Capital gain net income or		so enter in Pa enter -0- in Pa		2	276.420
3	If gain, also enter in Part I,	or (loss) as defined in sections 1, line 8, column (c) (see instructi				
Part	Part I, line 8 .	er Section 4940(e) for Reduc			3	
If sec Was t	tion 4940(d)(2) applies, leave the foundation liable for the s	ate foundations subject to the set this part blank section 4942 tax on the distributa qualify under section 4940(e).	ible amount o	of any year in the		☐ Yes 🗹 No
1		unt in each column for each year			naking any entries	<del></del>
	(a)		, 366 116 1131		laking any critico	(d)
Cal	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) of nonchantable-use a		stribution ratio divided by col (c))
	2012	1.282	.826			
	2011	1.379.	.589			
	2010	796.				<del></del>
	2009	590.				
2 3	Total of line 1, column (d)	321	•		2	
3		ation has been in existence if les			3	
4	Enter the net value of nonc	charitable-use assets for 2013 fro	om Part X, line	e 5 .	4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			6	2.519
7	Add lines 5 and 6	•			7	2.519
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions.	ns from Part XII, line 4 ter than line 7, check the box in	 Part VI, line 1	b, and complete	that part using a	1.285.345 1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ıctioı	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.  Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
_	here ▶ ☑ and enter 1% of Part I, line 27b		2.519	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts a d taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts at 1 taxable foundations only Others enter -0-) 4		2.519	
5	Tax based on investment income. Subtract line 4 from ne 3 lf zero or less, enter -0-		2 510	-
6	Credits/Payments.		2.519	
а	2013 estimated tax payments and 2012 overpayment crecited to 2013   6a		ŀ	
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868)		Ī	
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		İ	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . ▶ 9		2.519	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2014 estimated tax ► Refunded ► 11			
_	VII-A Statements Regarding Activities			
1a	and the second s		Yes	No
_	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		,
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		,
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	'-		
	(1) On the foundation. ► \$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .	2		~
3	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
6	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.  • By language in the governing instrument, or			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	,	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	~	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		v'
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		~
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	_	
	· · · · · · · · · · · · · · · · · · ·			

				-3
Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		~
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions) .	12		~
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	<u> </u>
	Website address www.ddarfoundation.com			
14	The books are in care of ▶ Phyllis L Rogers Telephone no. ▶ 50	1-992-	1616	
	Located at ► 1513 Country Club Road, Sherwood, AR ZIP+4 ►	7212	0	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	٠	•	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year • 15			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		~
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country ▶			
				l
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes V No			İ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes Volume No. (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			}
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ID		-
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2013?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			-
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2013.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		_	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		~

orm 9	90-PF (2013)									Page <b>6</b>
Par	t VII-B Statements Regarding Act			4720	May Be F	Require	ed (contil	nued)		
5a	3 ,	•					_	_		
	<ul><li>(1) Carry on propaganda, or otherwise att</li><li>(2) Influence the outcome of any specific</li></ul>						∐ Yes	∠ No		
	directly or indirectly, any voter registra		see sect			-	, □Yes	₽ No		
	(3) Provide a grant to an individual for trav		other similar i				_	☑ No	1 1	
	(4) Provide a grant to an organization oth section 509(a)(1), (2), or (3), or section	er than a cha	ritable, etc ,	organiz				☑ No		
	(5) Provide for any purpose other than repurposes, or for the prevention of crue	ligious, charit	able, scientif	ic, litera	ary, or edu	cationa	_	_		
b	If any answer is "Yes" to 5a(1)–(5), did any	-			under the	excenti	∐Yes ons descr	vNo Nedin		
	Regulations section 53.4945 or in a current								5b	
	Organizations relying on a current notice r	egarding disa	ster assistan	ce che	ck here			▶□		
C	If the answer is "Yes" to question 5a(4),			exem	otion from	the tax	(			
	because it maintained expenditure respon	•	Ü				☐ Yes	☐ No		
	If "Yes," attach the statement required by									
ба	Did the foundation, during the year, received on a personal benefit contract?	e any funds,	directly or in-	directly	, to pay pro	emiums			1	
b	Did the foundation, during the year, pay pa	romuume diro	othy or indure	otly on	a parcana	l bonofi	∐ Yes	ୁ Vo	6b	٠,١
b	If "Yes" to 6b, file Form 8870.	remums, aire	City Of Indire	olly, Ori	a persona	Denen	Contract	,	90	
7a	At any time during the tax year, was the found	dation a party	to a prohibited	d tax she	elter transac	ction?	☐ Yes	☑ No		
b	If "Yes," did the foundation receive any pr								7b	1
Par	t VIII Information About Officers,	Directors, 1	rustees, F	ounda	tion Man	agers,	Highly F	aid E	mploye	es,
1	and Contractors  List all officers, directors, trustees, four	adation man	agers and th	oir oon	noncation	1000 i	notruotio	no)		
•			e, and average		mpensation		Contribution		( ) =	
	(a) Name and address	hou	rs per week ed to position	(If n	ot paid, ter -0-)	emple	oyee benefit erred compe	plans		ise account, Ilowances
ONE										
									**	
									-	
2	Compensation of five highest-paid em "NONE."	ployees (oth	er than tho	se incli	uded on li	ne 1-	see instr	uction	s). If no	ne, enter
			(b) Title, and a	average			(d) Contribi			
	(a) Name and address of each employee paid more that	n \$50,000	hours per v devoted to p	veek	(c) Compe	nsation	employee plans and c compens	deferred		ise account, llowances
ONE	<u> </u>									
						·· ································	-			-
			1				1		I	
					ļ					
										<u> </u>

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

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
N/A		
		ļ
Tota	I number of others receiving over \$50,000 for professional services .	
Par	t IX-A Summary of Direct Charitable Activities	
Lis Or	at the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	University of Tennessee Foundation	
	Dunn Building Modernization	
_		200.000
2	UAMS Foundation	
	UAMS Dentla Clinic	1
3	Arkansas Children's Hospital Foundation	200.000
	ACH Care Mobiles	
		150.000
4	LSU Health Sciences Ctr Foundation	
	Renovation Donation	
Dar	t IX-B Summary of Program-Related Investments (see instructions)	150.000
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
	***************************************	
2		
AI	other program-related investments. See instructions	<del> </del>
3	N/A	
-		•
Tota	al. Add lines 1 through 3	
		Form <b>990-PF</b> (2013

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	2.367.350
b	Average of monthly cash balances	1b	2.127.172
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	4.494.523
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4.494.523
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	4.494.523
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part		oundatio	ons
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)  2b		
С	Add lines 2a and 2b	2c	2,519
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2.519
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2.519
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	2,519
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
· a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1 205 245
b	Program-related investments — total from Part IX-B	1b	1,285,345
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	- <del></del>	·
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1.285.345
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1.403.393
	Enter 1% of Part I, line 27b (see instructions)	5	2,519
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1.282.826
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years		
			200 55

Part :	XIII Undistributed Income (see instruction	ns)				
1	Distributable amount for 2013 from Part XI,	(a) Corpus	Year	(b) prior to 2012	(c) 2012	<b>(d)</b> 2013
•	line 7					2,519
2	Undistributed income, if any, as of the end of 2013					
а	Enter amount for 2012 only				0	
b	Total for prior years. 20,20,20			0		
3	Excess distributions carryover, if any, to 2013					
а	From 2008 <u>302.741</u>					
b	From 2009 <u>396.984</u>			•		
С	From 2010 <u>590.325</u>					
d	From 2011					
e f	From 2012	2.466.618				
4	Qualifying distributions for 2013 from Part XII,	3.466.617				
	line 4. ▶ \$					
a	Applied to 2012, but not more than line 2a					<del></del>
D	Applied to undistributed income of prior years (Election required—see instructions)					
С	Treated as distributions out of corpus (Election		-			<del></del>
_	required—see instructions)					
	Applied to 2013 distributable amount					2,519
	Remaining amount distributed out of corpus	1.282.826				
5	Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same					
	amount must be shown in column (a) )					
6	Enter the net total of each column as indicated below:					
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	4.749.443				
b	Prior years' undistributed income. Subtract line 4b from line 2b	4./42.443				•
С	Enter the amount of prior years' undistributed					
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see instructions					
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see					
	instructions					
f	Undistributed income for 2013 Subtract lines					
	4d and 5 from line 1. This amount must be				ļ	
	distributed in 2014					
7	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) .					
						<del></del>
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a			7		
10	Analysis of line 9	4.749.443	l —			
.o a	Excess from 2009 396,984			ì		
b	Excess from 2010	1				
С	Excess from 2011	1				
d	Excess from 2012 1.379.589	1		Ì		
е	Excess from 2013 1.282.826					5 000 DE (0.10)

Part :	XIV Private Operating Founda	tions (see instru	ictions and Part	VII-A, question 9	)	
1a	If the foundation has received a ruling					<del>.</del>
	foundation, and the ruling is effective for	r 2013, enter the d	ate of the ruling	▶		
b	Check box to indicate whether the four	ndation is a private	e operating founda	tion described in se	ection 🗌 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
	each year listed .					
b	85% of line 2a				_	_
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
h	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3					<del></del>
b	of minimum investment return shown in					
_	Part X, line 6 for each year listed	-				
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				the foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have c	contributed more t	nan \$5,000). (See s	ection 507(d)(2))	
N/A_	List any managers of the foundation	who own 10% (	or more of the sto	ock of a corporation	n (or an equally la	rge portion of the
b	ownership of a partnership or other e					ige portion of the
	Time and a partition of other o	, 5				
N/A	Information Regarding Contribution	n. Grant. Gift. Lo	an. Scholarship.	etc Programs:		
_	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the other conditions, complete items 2a,	foundation makes	s gifts, grants, etc.	. (see instructions)	to individuals or o	rganizations under
а	The name, address, and telephone n	umber or e-mail a	ddress of the pers	son to whom applic	ations should be a	addressed.
De I	mes T. Johnston, 1513 Country Club Road, S	homiood AD 77170	501-002 1616			
b	The form in which applications should	d be submitted ar	nd information and	d materials they sho	ould include.	
See att	ached statement					
	Any submission deadlines					
d	Any restrictions or limitations on a	wards, such as	by geographical a	areas, charitable fi	elds, kinds of ins	titutions, or other
	factors					

Part	XV Supplementary Information (cont	tinued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
C44	ached statement				1.282.345
See att	acneu statement				1.262.545
		İ			
				,	
					1
					ļ
					1
			•	. ▶ 3a	1.282.345
b	Approved for future payment				1
BUA					
N/A					
	Total	<u></u>	<u> </u>	<b>▶</b> 3i	
	- <del> </del>				<b>-</b> 1

Pai	πχ	VIFA Analysis of Income-Producing Ac	tivities				
		oss amounts unless otherwise indicated		Isiness income		on 512, 513, or 514	(e) Related or exempt
1	Pro	ogram service revenue:	Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	а						
	b						
	C				_		
	d		ļ				
	e f	<del></del>					
	<u>'</u>	Food and contracts from accomment accomme		<del></del>	<del>                                     </del>		
2	g Ma	Fees and contracts from government agencies imbership dues and assessments					
3		erest on savings and temporary cash investments			1	2010	
4		ridends and interest from securities			14	2.018	
5		t rental income or (loss) from real estate			14 1	31.672	
	а	Debt-financed property					_
	b	Not debt-financed property					
6	Ne	t rental income or (loss) from personal property					
7		ner investment income			18	0	
8		n or (loss) from sales of assets other than inventory					
9		t income or (loss) from special events .					
10		oss profit or (loss) from sales of inventory ner revenue a			<del> </del>		
11	b b				-		
	C						
	d					· ········	
	е				<del>                                     </del>	33,690	_
	_	btotal Add columns (b), (d), and (e)				33.070	_
12	Sul	biotai Add coldiniis (b), (d), and (e)					
13	To	tal. Add line 12, columns (b), (d), and (e)	. ,		. ,	13	33.690
<b>13</b> See	To:	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation				13	33.690
13 See Pa	To wor	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	ot Purposes		
13 See Pa	To:	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	ot Purposes		
13 See Pa	To WOI it X e No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  The Delta Dental of Arkansas Foundation is committee	incomplishm income is repoposes (other that	ent of Exemported in column by providing furnal health care and	ot Purposes  (e) of Part XVI ands for such purports	-A contributed in oses) (See instructions (See instructions) than \$1 million ear	mportantly to the titions)
13 See Pa	To WOI it X e No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  The Delta Dental of Arkansas Foundation is committed to support programs designed to improve the dental h	income is repoposes (other thank) to improving of	ent of Exemp orted in column in by providing fur ral health care and is. An annual con	ot Purposes  (e) of Part XVI  nds for such purport  contributes more tribution from Del	-A contributed in oses) (See instruction each of the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in the contributed in th	nportantly to the tions) ch year sas and income
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13 See Pa	To WOI it X e No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  The Delta Dental of Arkansas Foundation is committed to support programs designed to improve the dental harmonic from our financial investments allows the Foundation 100% preventable, the work we are doing will result in	incomplishm income is report poses (other that and to improving of ealth of Arkansai to continue its m	ent of Exemported in column by providing fur ral health care and is. An annual consission. We maintain	ot Purposes  (e) of Part XVI  nds for such purport contributes more tribution from Delina passionate belina	-A contributed in oses) (See instruction oses) (The instruction of the	mportantly to the ctions) ch year sas and income al disease is almost
13 See Pa	To WOI it X e No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  The Delta Dental of Arkansas Foundation is committed to support programs designed to improve the dental harmonic from our financial investments allows the Foundation 100% preventable, the work we are doing will result in	incomplishm income is report poses (other that and to improving of ealth of Arkansai to continue its m	ent of Exemported in column by providing fur ral health care and is. An annual consission. We maintain	ot Purposes  (e) of Part XVI  nds for such purport contributes more tribution from Delina passionate belina	-A contributed in oses) (See instruction oses) (The instruction of the	mportantly to the stions)  ch year sas and income al disease is almost
13 See Pa	To WOI it X e No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur  The Delta Dental of Arkansas Foundation is committed to support programs designed to improve the dental harmonic from our financial investments allows the Foundation 100% preventable, the work we are doing will result in	incomplishm income is report poses (other that and to improving of ealth of Arkansai to continue its m	ent of Exemported in column by providing fur ral health care and is. An annual consission. We maintain	ot Purposes  (e) of Part XVI  nds for such purport contributes more tribution from Delina passionate belina	-A contributed in oses) (See instruction oses) (The instruction of the	mportantly to the ctions) ch year sas and income al disease is almost
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Part	XVII		n Regarding Trai ganizations	nsters to and transa	actions and i	relationshi	ps with No	oncharitat	не	
1	Did th			engage in any of the fol	lowing with an	v other organ	nization desc	cribed	Yes	No
•				section 501(c)(3) organi						
		zations?				, .	g p			'
а	•		porting foundation t	o a noncharitable exem	nt organization	of				1
а	(1) Ca	•	Jorning Touridation t	o a nonchantable exem	or organization	Oi.		. 1a(1		,
			•				• • •	<del></del>		<u> </u>
		her assets	•			•		<u>1a(2</u>	9	
þ		transactions								
			a noncharitable ex	•			•	1b(1	4	<u> </u>
	• •			able exempt organization	on .			1b(2	<del>'</del>	~
	• •		, equipment, or oth	er assets	•	•		1b(3	-	~
		embursement a	•	•				1b(4	4	~
		ans or loan gua						1b(5	+	~
	<b>(6)</b> Pe	erformance of se	ervices or members	hip or fundraising solicit	ations			1b(6	6)	~
Ç	Sharır	ng of facilities, e	quipment, mailing l	ists, other assets, or par	d employees			<u>1</u> c	<u>.]</u> _	~
d				es," complete the follow						
				ices given by the report						
	value	in any transacti	on or sharing arrang	gement, show in column	(d) the value of	of the goods,	other assets	s, or service	s rece	ved
(a) Line	no (t	) Amount involved	(c) Name of none	charitable exempt organization	(d) Desc	nption of transfei	rs, transactions	, and sharing a	rrangem	ents
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	_	<del></del> .								
2a				ffiliated with, or related				ions		
	descr	ibed in section	501(c) of the Code	other than section 501(d	c)(3)) or in secti	on 527? .		🗹 Ye	es 🗌	No
Ь	If "Ye	s," complete the	e following schedul	e						
		(a) Name of organ	nization	(b) Type of organ	ization		(c) Description	of relationship		
Delta D	ental P	an of Arkansas. Ir		501(c)(4)		Some Commo	n Directors - S	ole Coro Mer	nber	
OCIU A		an were kansas. II		SOUTH STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	· · · · · · · · · · · · · · · · · · ·			WILL COLLEGE		
				<u> </u>						
	Unde	r penalties of penury.	I declare that I have exami	ned this return, including accomp	anying schedules an	Ld statements, and	I to the best of m	ny knowledge an	d belief. i	t is true.
Sign				han taxpayer) is based on all info		parer has any kno	wledge F	<u> </u>		$\overline{}$
Here		- آلسدلا	Rocero	1111214	SrvPIC	40 of 1		May the IRS dis with the prepare		
iieit	_	ature of officer or tru		Date	Denta	1 of HAK		(see instructions		
	Joigin			Preparer's signature		1 A A A 1 7	TON > -	PTIN		
Paid		Print/Type prepare	з знаше	Freparer a Signature	Sole C	where	Check	_ if		
Prep	arer					1030	self-em	ipioyed		
Use (		Firm's name ▶					Firm's EIN ▶			
	•	Firm's address ▶					Phone no			

### Schedule B

(Form 990, 990-EZ, or 990-PF) **Schedule of Contributors** 

OMB No 1545-0047

**2013** 

or 990-PF)

Department of the Treasury Internal Revenue Service

Information about Schedule B (Form 990, Form 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Delta Dental of Arkansas Foundation 26-1569324 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **\$**\_\_\_\_\_ Name of organization **Employer identification number Delta Dental of Arkansas Foundation** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c)
Total contributions (a) (d) Νo. Name, address, and ZIP + 4 Type of contribution Person V \_\_1\_\_ Dental Dental of Arkansas, Inc. Payroll  $\Box$ Noncash 3.433.301 1513 Country Club Road (Complete Part II for noncash contributions) Sherwood, AR, 72120 (a) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Νo. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Total contributions Νo. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2013)		Page <b>3</b>
Name of o	rganization	E	mployer identification number
Delta Denta	al of Arkansas Foundation		26-1569324
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional s	pace is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	organization			Employer identification number
elta Denta Part III	al of Arkansas Foundation  Exclusively religious, charitable, etc., i			
_	that total more than \$1,000 for the yea For organizations completing Part III, ent			
	contributions of \$1,000 or less for the year			
	Use duplicate copies of Part III if addition			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
			***************************************	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
Į				
		(e) Transfer of	gift	
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
ŀ				
İ				
(a) No.			<del></del>	
from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
İ				
	-	(e) Transfer of	f gift	,
	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee
				•
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held
			-	
		(e) Transfer of	f gift	
	Transferee's name, address, and 2	IP + 4	Relationsh	nip of transferor to transferee

Delta Dental of Arkansas Foundation 26-1569324 FYE: 12/31/2013

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Form

Statement 1 - Form 990-PF, Part 1, Line 16c - Other Professional Fees	ther Profession	nal Fees				
			Net		Adjusted	Charitable
Description	Total		Investment	nent	Net	Purpose
Consulting	φ.	28,236	\$	28,236	\$	- \$ -
Student Loan Repayment Expenses		20,000	❖	20,000		
Investment Management Fees		9,636		9,936		•
	\$	58,172	\$	58,172	\$	- \$ -
				:		

## Statement 2 - Form 990-PF, Part 1, Line 18 - Taxes

		Net		Adjusted	Char	Charitable
Description	Totai	Inve	Investment	Net	Purp	urpose
Taxes	\$	\$ -	•	\$	\$ -	•
	\$	\$	1	\$	\$ -	1

# Statement 2 - Form 990-PF, Part 1, Line 23 - Other Expenses

				•	!
Charitable	Purpose	\$			\$
				·	
Adjusted	Net	\$			\$
	nt	1		·	١,
Net	Investment	\$			\$
		2,141	251	945	3,337
	Total	\$			ş
		Services		Š	
	scription	<b>Outsourced Services</b>	Supplies	<b>Bank Charges</b>	
	De	3	Sul	Bai	

26-1569324 FYE: 12/31/2013 Statement 3 - Form 990-PF, Part VII-A, Line 8b - Reporting to State Attorney General Office

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

Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

		Average			
Name and Address	Title	Hours	Compensation Benefits	Benefits	Expenses
James T. Johnston	Chairman	1	ı	ı	1
1513 Country Club Road					
Sherwood, AR 72120					
Weldon Johnson	Vice Chairman	ı	ı	1	4
1513 Country Club Road					
Sherwood, AR 72120					
Mel Collazo	Secretary	ı	1	ı	•
1513 Country Club Road					
Sherwood, AR 72120					
Billy Tarpley	Treasurer	•	•	•	•
1513 Country Club Road					
Sherwood, AR 72120					
Ed Choate	President	•	•	•	•

26-1569324

FYE: 12/31/2013

Director Director Director Director Director Director 1513 Country Club Road 1513 Country Club Road 1513 Country Club Road 1513 Country Club Road 1513 Country Club Road 1513 Country Club Road 1513 Country Club Road Sherwood, AR 72120 Sherwood, AR 72120 Sherwood, AR 72120 Sherwood, AR 72120 Sherwood, AR 72120 Sherwood, AR 72120 Sherwood, AR 72120 Dr. Michael Zweifler Betsey Reithmeyer Mr. Ron Ownbey Mrs. Joyce Dees Dr. Bob Mason Dr. Jım Phillips

Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

## Description

Grant Application Packet:

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

26-1569324

FYE: 12/31/2013

Other Required Documentation:

Copy of current year organization budget

Right to request copy of organization's most recent financial audit report

List of officers and board members

Current resume and contact data for Executive Director

Current resume and contact data for Project Officer

Proof of tax exemption status (IRA tax exception letter)

# Statement 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

## Description

Services provided to low-income clients

Established, written non-discrimination policy

All information must be provided in the request for proposal prior to the

established deadline

Project must clearly advance oral health initiatives in Arkansas

Statement 8 - Form 990-PF	Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year	
Name and Address	Purpose	Amount
University of Tennessee Foundation	University of Tennessee Foundation	200,000
600 Henley St.		
Knoxville, TN 37996		
UAMS Foundation	UAMS Dental Clinic	200,000
4301 W Markham St #716		
Little Rock, AR 72205		

Charitable Giving

Arkansas Children's Hospital Foundation

26-1569324

FYE: 12/31/2013

1 Children's Way, Slot 301

Little Rock, AR 72202

Renovation Donation LSU Health Sciences Ctr Foundation

1100 Florida Ave

New Orleans

America's Dentists Care Foundation

America's MoM Mini Unit

2013 Community Grant

**OK Disaster Relief** 

9110 E. 35th St. N

Wıchita, KS 37226

Harmony Health Clinic

201 E Roosevelt Rd

Little Rock, AR 72206

The Salvation Army

1111 W Markham

Little Rock, AR 72201

AR Rural Endowment Fund

PO Box 750

Little Rock, AR 72203

7480 Arkansas 107

Sherwood, AR 72120

Good Samarıtan Clinic

2013 Community Grant

2013 Community Grant

615 North B Street

Fort Smith, AR 72901

Hope Cancer Resources

5835 S Sunset Avenue Springdale, AR 72762

1100 N. Woolsey Avenue

River City Ministry of Pulaski County Fayetteville, AR 72703

2013 Community Grant

150,000

23,000

14,459

10,000

20,000

Kara Morgan-RADAR Payment 2013

12,000

7,500

21,000

Delta Dental of Arkansas Foundation 26-1569324 FYE: 12/31/2013

1021 East Washington Street		
North Little Rock, AR 72114		
River Valley Christian Clinic	2013 Community Grant	5,000
1714 State Highway 22		
Dardanelle, AR 72834		
Shepherd's Hope Neighborhood Health Center	2013 Community Grant	3,000
2404 S Tyler St		
Little Rock, AR 72204		
City of Dumas	Dumas Water Fluoridation	105,710
155 E. Waterman		
Dumas, AR 71639		
Baptist Health Foundation	2013 Community Grant	20,000
96011630, Exit 7		
Little Rock, AR 72205		
U.S. Dept of Education	Radar Student Loan Payment 13'	20,000
P.O. Box 105540		
Atlanta, GA 30348-5540		
Magnolia Water Utilities	Fluoridation Grant	4,373
PO Box 429		
Magnolia, AR 71754		
United Way of Central Oklahoma	OK Disaster Relief	10,000
PO Box 837		
Oklahoma City, OK 73101		
Shelter Oklahoma Schools	OK Disaster Relief	7,500
PO Box 1146		
Oklahoma City, OK 73101		
Red Rover- Moore Anımal Welfare	Red Rover- Moore Animal Welfare	7,500
PO Box 188890		

Delta Dental of Arkansas Foundation 26-1569324 FYE: 12/31/2013

Sacramento, CA 95818		
Regional Food Bank of OK	OK Dısaster Relief	2,000
PO Box 270968		
Oklahoma City		
American Red Cross	OK Disaster Relief	10,000
PO BOX 4002018		
Des Moines, IA 50340		
Share our Strength's No Kid Hungry	No Kid Hungry	1,000
1730 M Street NW, Ste 700		
Washington, DC 20036		
UALR Children International	2013 Community Grant	15,000
2801 S. University		
Little Rock, AR 72204		
Community Dental Clinic	2013 Community Grant	20,000
PO Box 4069		
Fort Smith, AR 72914		
Lonoke County Christian Clinic	2013 Community Grant	20,000
PO Box 1102		
Dermott, AR 71658		
Pulaskı technical College Foundation	2013 Community Grant	20,000
3000 West Scenic Drive		
North Little Rock, AR 72118		
Share Foundation	2013 Community Grant	. 2,510
403 West Oak Street, Ste 200		
El Dorado, AR 71730		
University of Arkansas Fort Smith	2013 Community Grant	5,633
5210 Grand Avenue		
Fort Smith, AR 72901		

26-1569324

FYE: 12/31/2013

Tri County Regional Water Distribution

P.O. Box 4030

Russellville, AR

Department of Education Loan Services

PO Box 740351 Atlanta, GA 30374-0351

Tri County Fluoridation Proj

73,834

RADAR - DDAR Found. Loan forg

15,000