2949102606014 9

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning , 2017, and ending , 20

Name of foundation
Delta Dental of Arkansas Foundation

A Employer identification number
26 - 1569324

Number and street (or P O box number if mail is not delivered to street address)
1513 Country Club Road

Room/suite

B Telephone number (see instructions)
501 - 992-1616

City or town, state or province, country, and ZIP or foreign postal code
Sherwood, AR 72120

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ $ **6,648,524**

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule) Schedule 1	2,555,727			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	38,103	38,103		
	4	Dividends and interest from securities	82,368	82,368		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		65,615		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances _____				
	b	Less: Cost of goods sold _____				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	2,676,198	186,086	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule) Schedule 2				
	c	Other professional fees (attach schedule)	35,635	35,635		
	17	Interest Schedule 3				
	18	Taxes (attach schedule) (see instructions)	2,691			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule) Schedule 4	948			
	24	**Total operating and administrative expenses.** Add lines 13 through 23	39,274	35,635	0	0
	25	Contributions, gifts, grants paid Schedule 5	1,109,077			1,109,077
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,148,351	35,635	0	1,109,077
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	1,527,847			
	b	**Net investment income** (if negative, enter -0-)		150,451		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,235,750	678,389	678,389
	3 Accounts receivable ▶ 11,837			
	Less: allowance for doubtful accounts ▶	5,824	11,837	11,837
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) Schedule 6 Schedule 6	2,495,706	3,648,905	4,063,524
	c Investments—corporate bonds (attach schedule)	1,063,479	1,896,680	1,894,774
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	4,800,759	6,235,811	6,648,524
Liabilities	17 Accounts payable and accrued expenses	2,318,201	2,159,791	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	2,318,201	2,159,791	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	2,482,558	4,076,020	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	2,482,558	4,076,020	
	31 **Total liabilities and net assets/fund balances** (see instructions)	4,800,759	6,235,811	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,482,558
2	Enter amount from Part I, line 27a	2	1,527,847
3	Other increases not included in line 2 (itemize) ▶ Schedule 7	3	65,615
4	Add lines 1, 2, and 3	4	4,076,020
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	4,076,020

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	**Publicly Traded Securities**			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a	**1,758,902**		**1,693,287**	**65,615**
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				**65,615**
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	**65,615**
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	**2,707,221**		**.00%**
2015	**4,430,333**		**.00%**
2014	**2,612,837**		**.00%**
2013	**1,282,826**		**.00%**
2012	**1,379,589**		**.00%**

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	**6,107,258**
5	Multiply line 4 by line 3	5	**0**
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	**1,505**
7	Add lines 5 and 6	7	**1,505**
8	Enter qualifying distributions from Part XII, line 4	8	**1,109,077**

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	1,505	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0	
3	Add lines 1 and 2	3	1,505	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	1,505	
6	Credits/Payments:			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a			
b	Exempt foreign organizations—tax withheld at source — 6b			
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 1,505			
d	Backup withholding erroneously withheld — 6d			
7	Total credits and payments. Add lines 6a through 6d	7	1,505	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	0	
11	Enter the amount of line 10 to be: **Credited to 2018 estimated tax** ▶ **Refunded** ▶	11		

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		✓
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the 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.			
c	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. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		✓
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		✓
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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. ▶ **Arkansas**			
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		✓
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 2017 or the tax year beginning in 2017? See the 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	✓	

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

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	

Website address ▶ **www.ddarfoundation.com**

14 The books are in care of ▶ **Debi Lowtharp** Telephone no. ▶ **501-992-1634**
Located at ▶ **1513 Country Club Road Sherwood, AR** ZIP+4 ▶ **72120-0000**

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—check here . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15

			Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		✓

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? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☑ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		✓
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2017 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 2017.)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		✓

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

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		✓
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Schedule 10		0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

RECEIVED
DEC 26 2018
OGDEN, UT

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

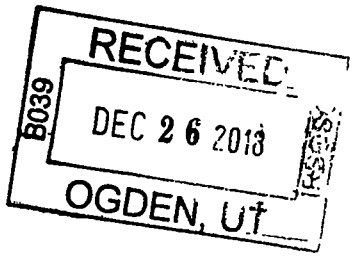
(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 **Community Fluoridation Projects - pay reasonable start-up costs associated with adding fluoride to community water systems.**	216,421
2 **Community Clinics - enhance and support clinics in underserved Arkansas communities**	400,071
3 **Community Grants - support free and low cost dental clinics, dental education programs and various oral health initiatives. Over 60,000 beneficiaires have been served.**	182,405
4 **Oral Health Education - set up oral health zone in Arkansas focused on educational awareness. Also to train school nurses and teachers in teaching oral health education and to furnish Arkansas schools with curriculum and teaching aides.**	195,000

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 **NONE**	0
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	



Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	5,256,208
b	Average of monthly cash balances	1b	944,054
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	6,200,262
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,200,262
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	93,004
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,107,258
6	**Minimum investment return.** Enter 5% of line 5	6	305,363

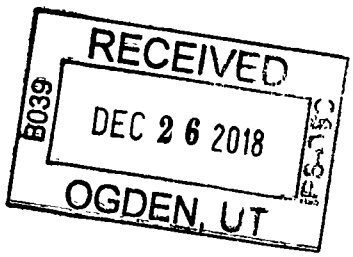
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	305,363
2a	Tax on investment income for 2017 from Part VI, line 5	2a	1,505		
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	1,505
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	303,858
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	303,858
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	303,858

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	1,109,077
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	1,109,077
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	1,505
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,107,572

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



Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7				303,858
2	Undistributed income, if any, as of the end of 2017:				
a	Enter amount for 2016 only				
b	Total for prior years: 20 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2017:				
a	From 2012 1,379,589				
b	From 2013 1,282,826				
c	From 2014 2,612,837				
d	From 2015 4,113,998				
e	From 2016 2,456,686				
f	**Total** of lines 3a through e	11,845,936			
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ $ 1,109,077				
a	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
c	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount				303,858
e	Remaining amount distributed out of corpus	805,219			
5	Excess distributions carryover applied to 2017 (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:**				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	12,651,155			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
c	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		0		
e	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	1,379,589			
9	**Excess distributions carryover to 2018.** Subtract lines 7 and 8 from line 6a	11,271,566			
10	Analysis of line 9:				
a	Excess from 2013 1,282,826				
b	Excess from 2014 2,612,837				
c	Excess from 2015 4,113,998				
d	Excess from 2016 2,456,686				
e	Excess from 2017 805,219				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling . . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	N/A	N/A	N/A	N/A	N/A
b 85% of line 2a	N/A	N/A	N/A	N/A	N/A
c Qualifying distributions from Part XII, line 4 for each year listed	N/A	N/A	N/A		N/A
d Amounts included in line 2c not used directly for active conduct of exempt activities .					N/A
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . .	N/A	N/A	N/A	N/A	N/A
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets . . .					N/A
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . .					N/A
b "Endowment" alternative test—enter ⅔ of minimum investment return shown in Part X, line 6 for each year listed . . .	N/A	N/A	N/A	N/A	N/A
c "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)					N/A
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A
(3) Largest amount of support from an exempt organization . . .					N/A
(4) Gross investment income .					N/A

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

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

Tamika Edward 1513 Country Club Road Sherwood, AR 72120 501-992-16

b The form in which applications should be submitted and information and materials they should include.

See Schedule 11

c Any submission deadlines:

None

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

See Schedule 12

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
See Schedule 13	**N/A**	**NC**	**See Schedule 13**	**362,147**
Total ▶ **3a**				**362,147**
b *Approved for future payment*				
See Schedule 14	**N/A**	**NC**	**See Schedule 14**	**746,930**
Total ▶ **3b**				**746,930**

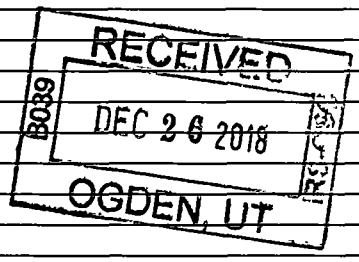
Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	38,103	
4 Dividends and interest from securities			14	82,368	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		120,471	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	120,471

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

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

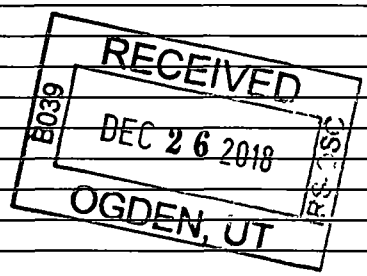


Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		✓
	(2) Other assets	1a(2)		✓
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		✓
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		✓
	(3) Rental of facilities, equipment, or other assets	1b(3)		✓
	(4) Reimbursement arrangements	1b(4)		✓
	(5) Loans or loan guarantees	1b(5)		✓
	(6) Performance of services or membership or fundraising solicitations	1b(6)		✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements



2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☑ Yes ☐ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Delta Dental Plan of Arkansas Inc.	**501(c)4**	**Common Directors - Sole Corp Member**

Sign Here

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 any knowledge.

Signature of officer or trustee — Date 12/17/18 — 2nd Submission — **CFO of Delta Dental of AR** Title

May the IRS discuss this return with the preparer shown below? See instructions ☐Yes ☐No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶ -- - -

Firm's address ▶ | Phone no -

Attachments to IRS Form 990-PF
Delta Dental of Arkansas Foundation
26-1569324
Tax Year 2017

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

Description	Amount
1 Delta Dental of Arkansas, Inc	2,555,727
Total	2,555,727

Schedule 2: Part I, Line 16c - Other Professional Fees

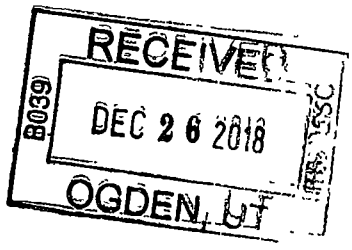
Type of service	Amount
1 Investment Management Fees	35,635
Total	35,635

Schedule 3: Part I, Line 18 - Taxes

Type of tax	Amount
1 Taxes	2,691
Total	2,691

Schedule 4: Part I, Line 23 - Other Expenses

Description	Amount
1 Bank Charges	948
Total	948



Attachments to IRS Form 990-PF
Delta Dental of Arkansas Foundation
26-1569324
Tax Year 2017

Schedule 5: Part I, Line 25 - Contributions, Gifts, Grants Paid

From detail below:	Cash Amount	Property Other than Cash	Total
Paid during the year	362,147	0	362,147
Approved for future payment	746,930	0	746,930
Total	1,109,077	0	1,109,077

Paid During the Year:

Class of Activity: / Donee Name	Donee Address	Cash Amount	Property Other than Cash (1)	Relationship to Disqualified Persons (2)	Organizational Status of Donee (3)
Grants Paid					
1 1 American Red Cross	PO Box 37839 Boone, IA 50037	20,000			NC
1 2 Arkansas Baptist State Conventi	10 Remington Drive, Little Rock, AR	10,000			NC
1 3 Arkansas Children's Hospital Fou	1 Children's Way, Slot 661, Little Rc	50,000			NC
1 4 Marion County Regional Water D	PO Box 767, Bull Shoals, AR 72619	18,896			NC
1 5 NCOH Foundation	4108 Park Road Suite 300, Charlott	60,000			NC
1 6 St Columbia Episcopal Church	451 West 52nd Street, Marathon, Fl	10,000			NC
1 7 The University of AR Foundation	4301 W Markham St #716, Little Ro	118,071			NC
Total Grants Paid		286,967	0		
Grants Paid					
2 1 United Methodist Committee on	PO Box 9608 GPO, New York, NY 7	10,000			NC
Total Grants Paid		10,000	0		
Grants Paid <$5,000					
3 1 Various		65,180			NC
Total Grants Paid <$5,000		65,180	0		
Total amount paid for which the foundation exercised expenditure responsibility					
Total Paid During the Year		362,147	0		

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

Approved for Future Payment

Class of Activity: / Donee Name	Donee Address	Cash Amount	Property Other than Cash (1)	Relationship to Disqualified Persons (2)	Organizational Status of Donee (3)
Grants Approved					
6 1 ARMOM	7480 Arkansas 107, Sherwood, AR	95,000			NC
6 2 Baptist Health Foundation	9601 I 630, Exit 7, Little Rock, AR 7	30,000			NC
6 3 CARTI Foundation	PO Box 55011, Little Rock, AR 722	20,000			NC
6 4 Counting on Each Other, Inc	PO Box 13843, Maumelle, AR 7211	15,000			NC
6 5 Fayetteville School District #1	1000 West Bulldog Blvd, Fayettevill	14,450			NC
Total Grants Approved		174,450			
Grants Approved					
7 1 Good Samaritan Clinic	615 North B Street, Fort Smith, AR	7,000			NC
7 2 Hark at the Center for Collaborat	800 Founders Park Drive, Springdal	10,000			NC
7 3 Healthy Connections	PO Box 1848, Meda, AR 71953	22,405			NC
7 4 Hope Cancer Resources Total	5835 S Sunset Avenue, Springdale	20,000			NC
7 5 Little Rock School District	810 West Markham Street, Little Ro	60,000			NC
Total Grants Approved		119,405	0		
Grants Approved					

Attachments to IRS Form 990-PF
Delta Dental of Arkansas Foundation
26-1569324
Tax Year 2017

8 1	Mainline Health System	PO Box 509, Dermott, AR 71638	25,000		NC
8 2	Mercy Health Foundation Fort Sr	PO Box 17000, Fort Smith, AR 729	20,000		NC
8 3	Natural Teeth	117 Valleyview Street, Hot Springs,	10,000		NC
8 4	NCOH Foundation	4108 Park Road Suite 300, Charlott	75,000		NC
8 5	Prairie Grove Fluondation	PO Box 255, Prairie Grove, AR 727	183,075		NC
Total Grants Approved			313,075	0	

9 1	Samaritan Community Center	1211 West Hudson, Rogers, AR 72	30,000		NC
9 2	Special Olympics	216 S Second Street, Augusta, AR	30,000		NC
9 3	CHI St Vincent Foundation	2 St Vincent Circle, Little Rock, AR	30,000		NC
9 4	Washington Regional Medical Fc	PO Box 358, Fayetteville, AR 72702	30,000		NC
9 5	Welcome Health	1100 N Woolsey Avenue, Fayettevil	20,000		NC
Total			140,000	0	

Total Approved for Future Payment	746,930	0

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

Attachments to IRS Form 990-PF
Delta Dental of Arkansas Foundation
26-1569324
Tax Year 2017

Schedule 6: Part II, Line 10 - Investments—Government Obligations, Corporate Stocks and Bonds

	End of Year	
Total U S Government obligations		
Total	0	0

Line 10b - Investments - Corporate Stock

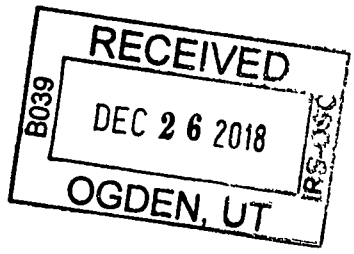
1 Common Stock	3,648,905	4,063,524
Total	3,648,905	4,063,524

Line 10c - Investments - Corporate Bonds

1 Bonds	1,896,680	1,894,774
Total	1,896,680	1,894,774

Schedule 7: Part III, Line 3 - Other Increases Not Included in Line 2

Description	Amount
1 Capital Gain	65,615
Total	65,615



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

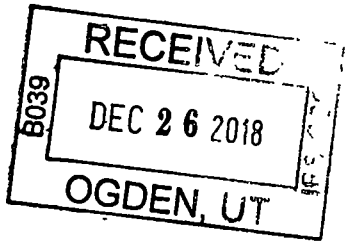
This is not required by the Arkansas State Attorney General's Office - they simply require copies be available in the event they request

Schedule 9 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributions

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

Schedule 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc

Name and Address	Title	Average Hours per Week	Compensation	Benefits
Tamika Edwards 1400 W Markham Street, Suite 306 Little Rock, AR 72201	Chairman	3 00	-	-
Dr Joseph W Thompson 1401 W Capitol Ste 300 Victory Building Little Rock, AR , 72201	Vice Chairman	2 00	-	-
Billy Tarpley 7480 Highway 107 Sherwood, AR 72120	Treasurer/Secretary	2 00	-	-
Betsy Reithemeyer 1126 South 13th Street Rogers, AR 72758	Director	2 00		
Ed Choate 1513 Country Club Road Sherwood, AR 72120	President	2 00	-	-
Dr Michael Zweifler 623 Main Street Little Rock, AR 72201	Director	2 00	-	-
Susan Smith 2420 North Taylor Little Rock, AR 72207	Director	2 00	-	-
Dr Jim Phillips 2609 Browns Lane Jonesboro, AR 72401	Director	2.00	-	
Martine Downs 2710 Rife Medical Lane Rogers, AR 72758	Director	2 00	-	
James T Johnston 200 Pine Street Marion, AR 72364	Director	2 00	-	
Blake Woolsey 2 N College Avenue Fayetteville, AR 72701	Director	2 00	-	-
LaShannon Spencer 119 South Izard Street Little Rock, AR 72201	Director	2 00	-	-
Mel Collazo 11811 Hinson Road, Suite 100 Little Rock, AR 72212	Director	2 00	-	-



Schedule 11 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

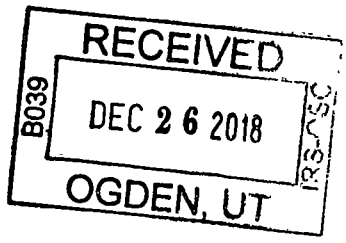
Description
Grant Application Packet
Description of organization, project description, project evaluation, budget information, oral health improvement, past funding
Other Required Documentation
Copy of current year organization budget
Right to request copy of organization's most recent financial audit report
List of officers and board members
Current resume and contact data for Executive Director
Current resume and contact data for Project Officer
Proof of tax exemption status (IRA tax exception letter)

Schedule 12 - 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

Schedule 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name and Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
American Red Cross PO Box 37839 Boone, IA 50037		NC	Hurricane Relief	20,000 00
Arkansas Baptist State Convention 10 Remington Drive Little, AR 72204		NC	Hurricane Relief	10,000 00
Arkansas Children's Hospital Foundation 1 Children's Way, Slot 661 Little Rock, AR 72202-3591		NC	Community Clinic	50,000 00
Marion County Regional Water District PO Box 767 Bull Shoals, AR 72619		NC	Fluoridation Equipment	18,896 00
NCOH Foundation 4108 Park Road Suite 300 Charlotte, NC 28209		NC	Oral Health Education	60,000 00
St Columbia Episcopal Church 451 West 52nd Street Marathon, FL 33050		NC	Hurricane Relief	10,000 00
The University of AR Foundation, Inc 4301 W Markham St #716 Little Rock, AR 72205		NC	Community Clinic	118,071.00
United Methodist Committee on Relief PO Box 9608 GPO New York, NY 70087-9068		NC	Hurricane Relief	10,000 00
				296,967 00
Total Grants < $5,000 each				65,180 00
Total				362,147 00

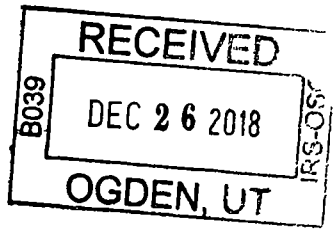


Schedule 14 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Payment

Name and Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ARMOM 7480 Arkansas 107 Sherwood, AR 72120		NC	Community Clinic	95,000 00
Baptist Health Foundation 9601 I 630, Exit 7 Little Rock, AR 72205		NC	Community Clinic	30,000 00
CARTI Foundation PO Box 55011 Little Rock, AR 72215		NC	Community Grant	20,000 00
Counting on Each Other, Inc PO Box 13843 Maumelle, AR 72113		NC	Community Grant	15,000 00
Fayetteville School District #1 1000 West Bulldog Blvd Fayetteville, AR 72901		NC	Fluoridation Equipment	14,450 00
Good Samaritan Clinic 615 North B Street Fort Smith, AR 72901		NC	Community Clinic	7,000 00
Hark at the Center for Collaborative Care 800 Founders Park Drive Springdale, AR 72762		NC	Community Grant	10,000 00
Healthy Connections PO Box 1848 Mena, AR 71953		NC	Community Grant	22,405 00
Hope Cancer Resources Total 5835 S Sunset Avenue Springdale, AR 72762		NC	Community Clinic	20,000 00
Little Rock School District 810 West Markham Street Litte Rock, AR 72205		NC	Oral Health Education	60,000 00
Mainline Health System PO Box 509 Dermott, AR 71638		NC	Community Grant	25,000 00
Mercy Health Foundation Fort Smith PO Box 17000 Fort Smith, AR 72917		NC	Community Grant	20,000 00
Natural Teeth 117 Valleyview Street Hot Springs, AR 71901		NC	Community Grant	10,000 00
NCOH Foundation 4108 Park Road Suite 300 Charlotte, NC 28209		NC	Oral Health Education	000 00
Prairie Grove Fluoridation PO Box 255 Prairie Grove, AR 72753		NC	Fluoridation Equipment	183,075 00
Samaritan Community Center 1211 West Hudson Rogers, AR 72756		NC	Community Grant	30,000 00
Special Olympics 216 S Second Street		NC	Community Clinic	30,000 00

Schedule 14 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Payment

Name and Address	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Augusta, AR 72006				
CHI St. Vincent Foundation 2 St Vincent Circle Little Rock, AR 72205		NC	Community Clinic	30,000 00
Washington Regional Medical Foundation PO Box 358 Fayetteville, AR 72702		NC	Community Grant	30,000 00
Welcome Health 1100 N Woolsey Avenue Fayetteville, AR 72703		NC	Community Clinic	20,000 00
				746,930.00
			Total 2017 Commitments	1,109,077



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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

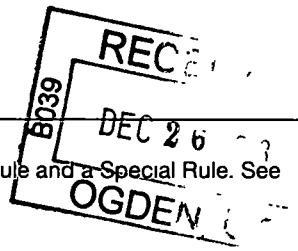
2017

Name of the organization
Delta Dental of Arkansas Foundation

Employer identification number
26 - 1569324

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private 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, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	Employer identification number
Delta Dental of Arkansas Foundation	26 - 1569324

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Delta Dental of Arkansas, Inc. 1513 Country Club Road Sherwood, AR 72120	$ 2,555,727	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

RECEIVED
DEC 26 2018
OGDEN, UT
8039

Name of organization: Delta Dental of Arkansas Foundation

Employer identification number: 26 - 1569324

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

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

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

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

RECEIVED
DEC 2 6 2018
OGDEN, UT
B039

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

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

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

Name of organization	Employer identification number
Delta Dental of Arkansas Foundation	26 - 1569324

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ .....

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.....	.....	.....	.....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**
.....	.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.....	.....	.....	.....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**
.....	.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.....	.....	.....	.....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**
.....	.....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.....	.....	.....	.....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**
.....	.....