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Form **990-PF**

Department of the Treasury Internal Révenue Service (77)

Return of Private Foundation

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

I reated as a Private Foundation

2007

OMB No 1545-0052

	For	alendar	r year 2007, or tax yea	r beginning APR	1, 2007	, and ending	MAR 31, 2008	
						Amended return	Address change	
			Name of foundation	innai return	rinai return L	Amenaea return	A Employer identification	Name change
		the IRS	Name of loundation				A Employer Identification	i number
		abel. erwise	NABHOLZ CE	ARITABLE FO	MOTTATITI		58-1748037	,
		print		O box number if mail is not de		Room/suite	B Telephone number	
	01	type.	P.O. BOX 2	2090	·		501-327-77	'81
		Specific	City or town state a				C If exemption application is p	
	Insti	uctions.	CONWAY, AF				D 1. Foreign organizations	
	H C	heck typ		X Section 501(c)(3) ex	cempt private foundation		Foreign organizations me check here and attach co	eeting the 85% test,
		Section	on 4947(a)(1) nonexem		Other taxable private founda	ation		
	I Fa	ır marke	t value of all assets at e	end of year J Accounti	ng method: X Cash	Accrual	E If private foundation sta under section 507(b)(1)	
	(fr	om Par	t II, col (c), line 16)	O1	ther (specify)		F If the foundation is in a	60-month termination
	_		102	29936 . (Part I, colu	mn (d) must be on cash i	basis.)	under section 507(b)(1)	
	Pa	س نستت	Inalysis of Revenue an The total of amounts in colu- ecessarily equal the amoun	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Co	ontributions, gifts, grant	ts, etc., received	606500.		N/A	
		_	_	n is not required to attach Sch. B				
2010		3 Inte	erest on savings and tempo sh investments	orary	8394.	8394.		Statement 1
20		4 Div	vidends and interest fro	m securities	35577.	35577.		Statement 2
69		5a Gr	oss rents					
\bowtie		b Ne	t rental income or (loss)					
8	ne		t gain or (loss) from sale of oss sales price for all	assets not on line 10				
Ĭ.	Revenue	D ass	sets on line 6a			•		
	Re		pital gain net income (from	•		0.		
쀻			et short-term capital gai	Π				
Z		. Gro	come modifications oss sales less returns					
SCANNED FEB		_	d allowances ss Cost of goods sold					
Ø			oss profit or (loss)					
			her income					
			otal. Add lines 1 throug	h 11	650471.	43971.		
			empensation of officers, dire		0.	0.	-	0.
		14 Ot	her employee salaries a	and wages				
		15 Pe	nsion plans, employee	benefits				
	benses	16a Le	gal fees					
	ben	b Ac	counting fees	Stmt 3	590.	590.		0.
	ŭ	c Ot	her professional fees	Stmt 4	1749.	1749.		0.
	ţį		terest	_				
	Operating and Administrative		xes	Stmt 5	-361.	0.		0.
	inis		preciation and depletic	n				
	mb/		ccupancy					
	ρĮ		avel, conferences, and	_				
	gar		inting and publications her expenses	Stmt 6	12.	12.		0.
	ıţi				14.	14.		0.
	era	24 10	tal ope rating and adu pegs es. Add lines 13	hrough 23	1990.	2351.		0.
	ŏ		atributions, gifts, gran		209200.	2331.		209200.
			ke expenses and disb	0040	2002001			2002001
			ld lines 24 and 25	QUE TO THE TOTAL PROPERTY OF THE PROPERTY OF T	211190.	2351.		209200.
			ubtract we 25 TOE IN	17.15				
		a Ek		tos and disburgements	439281.			
		b Ne	et investment income (if negative, enter -0-)		41620.		
		C Ac	<u>ljusted net income (if n</u>	egative, enter -0-)	<u> </u>		N/A	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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NABHOLZ CHARITABLE FOUNDATION

58-1748037

Page 2

Parl	Balance Sheets Attached schedules and amounts in the description	Beginning of year	Ena oi	
$\overline{}$	Column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	Cash - non-interest-bearing			
- 1	Savings and temporary cash investments	206438.	645719.	<u>645719.</u>
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			
7	Other notes and loans receivable			
İ	Less; allowance for doubtful accounts ▶			
र्हे 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
⋖ 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock Stmt 7	331497.	331497.	384217.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment, basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers)	537935.	977216.	1029936.
17	Accounts payable and accrued expenses			
18	Grants payable			
g 19	Deferred revenue			
Liabilities 20	Loans from officers, directors, trustees, and other disqualified persons			
g 21	Mortgages and other notes payable			
ت ₂₂	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31			
8 24	Unrestricted			
<u>E</u> 25	†			
or Fund Balan	, , , ,			
2	Foundations that do not follow SFAS 117, check here			
<u>.</u>	and complete lines 27 through 31.			
ο 27		537935.	977216.	
Net Assets 30 28 28 28 28 28 28 28 28 28 28 28 28 28		0.	0.	
¥ 29		0.	0.	
₹ 30		537935.	977216.	
_			J,,2200	
31	Total liabilities and net assets/fund balances	537935.	977216.	
Par	Analysis of Changes in Net Assets or Fund B	aidfices		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ust agree with end-of-year figure reported on prior year's return)		1	537935.
	er amount from Part I, line 27a		2	439281.
	er increases not included in line 2 (itemize)		3	0.
	d lines 1, 2, and 3		4	977216.
	creases not included in line 2 (itemize)		5	0.
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	977216.
				Form 990-PF (2007)

02-20-08

2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2007 from Part X, line 5 Multiply line 4 by line 3

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

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

1000513. 259063. 5 416. 259479. 209200.

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.258930

Add lines 5 and 6

	990-PF (2007) NABHOLZ CHARITABLE FOUNDATION			<u>748037</u>		age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	0(a), 4940(b), 4940(e), or	<u> 1948 - s</u>	ee instru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	nter "N/A" on line 1.				
	Date of ruling letter: (attach copy of ruling letter if necessary-s	see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		8	<u>32.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	thers enter -0-)	2			0.
	Add lines 1 and 2		3		8	<u>32.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		8	<u>32.</u>
6	Credits/Payments:	0.50				
	2007 estimated tax payments and 2006 overpayment credited to 2007	6a 360	-			
	Exempt foreign organizations - tax withheld at source	6b	-			
	Tax paid with application for extension of time to file (Form 8868)	6c	-{			
	Backup withholding erroneously withheld	6d	-∤		_	. .
	Total credits and payments. Add lines 6a through 6d		7		3	<u>60.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched	8			4.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	P	9		4	<u> 76.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	lp.c	10			
	Enter the amount of line 10 to be: Credited to 2008 estimated tax	Refunded >	11			
	art VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or interven	e in		162	
	any political campaign?	(to to to do (t)		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at	and copies of any materials publi	snea or			
	distributed by the foundation in connection with the activities					w
C	-			1c		_X_
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers.		•			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	ulture tax imposed on loundation				
^	managers. > \$ 0.	nea		1		x
2	Has the foundation engaged in any activities that have not previously been reported to the IF	nor		2		
•	If "Yes," attach a detailed description of the activities.	unatrument articles of incorporation	0.5	Į		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		UI	3		x
Án	Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
) If "Yes," has it filed a tax return on Form 990-T for this year?	u ·	N/			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	14/2	5		X
•	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	ither				
Ū	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory 	v directions that conflict with the sta	te law			
	remain in the governing instrument?	y an obtains that commet with the sta	10 1411	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col (c), and Part XV			· · · · · · · · · · · · · · · · · · ·		
82	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►				
Ju	AR_	····-/ · · · · · · · · · · · · · · · · ·		_		
h	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	attorney General (or designate)	-			
-	of each state as required by General Instruction G? If "No," attach explanation	->		8b	_X_	
9		ection 4942(j)(3) or 4942(j)(5) for ca	lendar	55		
-	year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," c		•	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu			10		X
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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

b If "Yes," did it have excess business holdings in 2007 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2007.)

had not been removed from jeopardy before the first day of the tax year beginning in 2007?

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X

N/A

N/A

2b

3b

4a

statement - see instructions.)

during the year?

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)		_
5a During the year did the foundation pay or incur any amount to:					_
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?	or outdational purposco, or i		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the excentions described i		:S L22 110		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	ii negulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		N/A	30	—
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I∕A ∐Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	* *				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X	
If you answered "Yes" to 6b, also file Form 8870.		·			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	/		
Faid Employees, and Contractors			,		
1 List all officers, directors, trustees, foundation managers and their		1	(-1) 0		_
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, othe) er
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances	
BILL HANNAH	DIRECTOR				
612 GARLAND ST					
CONWAY, AR 72032	0.00	0.	0.	0	
CHARLES NABHOLZ	DIRECTOR				
612 GARLAND ST					
CONWAY, AR 72032	0.00	0.	0.	0	
GREG WILLIAMS	DIRECTOR				
612 GARLAND ST					
CONWAY, AR 72032	0.00	0.	0.	0	
				<u>_</u>	÷
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		l	-
	(b) Title and average	I	(d) Contributions to	(e) Expense account, other	<u> </u>
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	account, othe allowances	er
None	devoted to position		compensation	anowances	—
Notice					
	,,	-			
	<u>-</u> -				
		ļ			_
					_
Total number of other employees paid over \$50,000			•		0

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	<u> </u>	
a	Average monthly fair market value of securities	1a	548003.
b		1b	467746.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1015749.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	_ 0.
3	Subtract line 2 from line 1d	3	1015749.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15236.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1000513.
6	Minimum investment return. Enter 5% of line 5	6	50026.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	50026.
2a	Tax on investment income for 2007 from Part VI, line 5		
b	Income tax for 2007. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u>832.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	49194.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49194.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	49194.
F	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		_1a	209200.
	Program-related investments - total from Part IX-B	1b	0.
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:		
	Suitability test (prior IRS approval required)	3a	
	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	209200.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	209200.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundat	ion qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI, line 7	•			40104
2 Undistributed income, if any, as of the end of 2006				49194.
a Enter amount for 2006 only			0.	
b Total for prior years:				
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2007:				
a From 2002 63975.				
b From 2003 121042.				
c From 2004 182488.				
d From 2005 116681.				
e From 2006 188038.				
f Total of lines 3a through e	672224.			
4 Qualifying distributions for 2007 from	0/2224.	 	<u> </u>	
Part XII, line 4: ►\$ 209200.				
a Applied to 2006, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u> </u>		
(Election required - see instructions)	0.			
d Applied to 2007 distributable amount			· · · · · · · · · · · · · · · · · · ·	49194.
e Remaining amount distributed out of corpus	160006.			49194.
5 Excess distributions carryover applied to 2007	100000.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	832230.			
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2006. Subtract line			· · · · · · · · · · · · · · · · · · ·	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2007. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2008				0.
7 Amounts treated as distributions out of				-
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002				
not applied on line 5 or line 7	63975.			
9 Excess distributions carryover to 2008.				
Subtract lines 7 and 8 from line 6a	768255.			
10 Analysis of line 9:	, , , , , , , , , , , , , , , , , , , ,			
a Excess from 2003 121042.				
b Excess from 2004 182488.				
c Excess from 2005 116681.				
d Excess from 2006 188038.				
e Excess from 2007 160006.				
20000			<u> </u>	Form 990-DF (2007)

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Part XIV Private Operating I	Foundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2007, enter the date of t	he ruling	>		
b Check box to indicate whether the four	idation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
investment return from Part X for				_	
each year listed					
b 85% of line 2a					1
c 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					
e 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:					•
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			_		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
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)					
(2) Support from general public					1
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		da dhia mark amb .	if the formulation		
Part XV Supplementary Info			it the foundation	on nad \$5,000 or m	ore in assets
		nstructions.)			
1 Information Regarding Foundati	•				
a List any managers of the foundation w			ributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(a)(2).)			
None					
b List any managers of the foundation w			(or an equally large po	rtion of the ownership of a p	artnership or
other entity) of which the foundation h	as a 10% or greater interes	st.			
None					
2 Information Regarding Contribu	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ ☐ If the foundation		• • • • •	~	s not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc	. (see instructions) to indiv	riduals or organizations u	nder other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone nur	nber of the person to whor	n applications should be	addressed:		
BILL HANNAH, 501-32		m approations official 20	addi obcod.		
P.O. BOX 2090, CONW					
b The form in which applications should			anuld includes		
N/A	ne annimiten sun illioims	non and materials they sf	iouta iriciuae;		
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on award	ds, such as by geographica	al areas, charitable fields,	kinds of institutions, o	or other factors:	
N/A					
723601/02-20-08					Form 990-PF (2007)

3 Grants and Contributions Paid During the	· · · · · · · · · · · · · · · · · · ·	Pavment	**	
Recipient	If recipient is an individual,		D	*****
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	or outstantial contributer		- /	-
Ç ,				
See Statement 8				
Total		 	≥ 3a	209200.
b Approved for future payment				
None				
		<u> </u>	<u> </u>	
Total 723611/02-20-08			<u>3b</u> _	0 . orm 990-PF (2007)
1 500 1 1105-50-00			F	orm シンレードド (2007)

Part XVI-A Analysis of Income-Producing Activities

uded by section 512, 513, or 514	(e)
(d) Amount	Related or exempt function income
Amount	Tunction medile
	
-	
8394.	
<u>35577.</u>	
ļ	
 	
 	
<u> 43971.</u>	
13 _	43971
	43971. 13_ pt 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).

723621 02-20-08

Form **990-PF** (2007)

Part X	VII Information Re Exempt Organ		o and Transactions ar	nd Relationships With Nor	charitable	•	ge 13
Did 1	the organization directly or indi	rectly engage in any of the folk	owing with any other organization	described in section 501(c) of		Yes	No
the (Code (other than section 501(c))(3) organizations) or in sectio	n 527, relating to political organiz	rations?			
a Tran	sfers from the reporting founda	ation to a noncharitable exemp	t organization of:				
(1)	Cash				1a(1)		X
(2)	Other assets				1a(2)		X
b Othe	er transactions:						
(1)	Sales of assets to a noncharita	ble exempt organization			1b(1)		X
(2)	Purchases of assets from a no-	ncharitable exempt organization	on		1b(2)		_X_
(3)	Rental of facilities, equipment,	or other assets			1b(3)		X X X X X X
	Reimbursement arrangements				1b(4)		<u> </u>
	Loans or loan guarantees				1b(5)		<u> </u>
	Performance of services or me				1b(6)		X
	ring of facilities, equipment, ma	•	• •		10		<u> X</u>
or so	ervices given by the reporting form (d) the value of the goods,	oundation. If the foundation re other assets, or services receiv	ceived less than fair market value ved.	ays show the fair market value of the g in any transaction or sharing arranger	nent, show in		
Line no	(b) Amount involved	N/.	table exempt organization	(d) Description of transfers, transaction	is, and sharing ar	rangeme	nts
		N/.	Ω				
				· · · · · · · · · · · · · · · · · · ·			
			······································				
			"				
					·-··		
				-			
							
				·			
				 			
	ne foundation directly or indirected to the code (other code)	•	one or more tax-exempt organiza	ations described	Yes	X	□ No
	es, complete the following sch	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30011011 027		163		_ NO
<u> </u>	(a) Name of org		(b) Type of organization	(c) Description of re	ationship		
	N/A	·			·		
	,,						
				ents, and to the best of my knowledge and be	ief, it is true, corre	ect,	
and co	omplete Declaration of preparer (other	er than taxpayer or fiduciary) is base	ed on all information of which preparer h	/ ^			
	/ AJZIII		1/10/10	Buton			
	Signature of officer or trustee		Date	Title			
er's	Preparer's		Da	ate , Check if	Preparer's SSN o		
Paid Preparer's	isignature signature	ack & brullen	, CFA .	2/1//0 self- employed ▶ □	429-	94	- 4
aid	Firm's name (or yours	LKES & FELTS,	LTD.	EIN ► 7/-			
ارة <u>م</u>	of self-employed),		25 FRONT ST		· •		
~ .	address, and ZIP code			Phone no (501) 32	9-5	61
P. P.	of self-employed), address, and ZIP code		25 FRONT ST	Phone no. (501) 32	9-5	-

(501) 329-5613 Form **990-PF** (2007)

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2007

Name of organization

Employer identification number

N	ABHOLZ CHARITABLE FOUNDATION	58-1748037
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), cand a Special Rule-see instructions.)	or (10) organization can check boxes
General Rule-		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in monplete Parts I and II)	oney or property) from any one
Special Rules-		
sections 509(a)(1	I(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test o)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution line 1 of these forms. (Complete Parts I and II.)	-
aggregate contri	I (c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any orbutions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, sci prevention of cruelty to children or animals (Complete Parts I, II, and III.)	
some contributio \$1,000. (If this be charitable, etc , p	1 (c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any or one for use exclusively for religious, chantable, etc., purposes, but these contributions dis ox is checked, enter here the total contributions that were received during the year for an ourpose. Do not complete any of the Parts unless the General Rule applies to this organ eligious, charitable, etc., contributions of \$5,000 or more during the year.)	d not aggregate to more than nexclusively religious,
they must check the box	nat are not covered by the General Rule and/or the Special Rules do not file Schedule B (in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to cert B (Form 990, 990-EZ, or 990-PF).	
•	duction Act Notice, see the Instructions Schedule 1 990-EZ, and Form 990-PF.	B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

NABHOLZ CHARITABLE FOUNDATION

58-1748037

Part I	Contributors (See Specific Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NABHOLZ CONSTRUCTION CORPORATION P.O. BOX 2090 CONWAY, AR 72033	\$585000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FIRST ARKANSAS INSURANCE 3009 MARKET ST PINE BLUFF, AR 71601		Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	MISCELLANEOUS CONTRIBUTIONS	\$1500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)

Form 990-PF Interest on Savi	ngs ar	nd Temp	porary Ca	sh Ir	vestments	Statement	1
Source						Amount	
DELTA TRUST						83	394.
Total to Form 990-PF, Part I,	line	3, Co	lumn A			83	394.
Form 990-PF Dividend	ls and	Inter	est from	Secui	rities	Statement	2
Source	,	Gross	Amount		ital Gains ividends	Column (<i>l</i> Amount	A)
CHARLES SCHWAB DELTA TRUST	_		12686. 22891.		0.		586. 391.
Total to Fm 990-PF, Part I, 1	.n 4 =		35577.		0.	35!	577.
Form 990-PF	Acc	counti	ng Fees			Statement	3
Description	Expe	a) nses Books	(b) Net Inverse Inc		(c) Adjusted Net Incom		
ACCOUNTING		590.		590.			0.
To Form 990-PF, Pg 1, ln 16b =		590.		590.			0.
Form 990-PF C	Other 1	Profes	sional F	ees		Statement	4
Description	Expe	a) nses Books	(b) Net Inve		(c) Adjusted Net Incom		
BANK TRUST FEES	<u></u>	1749.	· :	1749.			0.
To Form 990-PF, Pg 1, ln 16c		1749.		1749.			0.

Form 990-PF	Tax	es		Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
EXCISE TAX	-361.	0.		0.
To Form 990-PF, Pg 1, ln 18	-361.	0.		0.
Form 990-PF	Other E	xpenses		Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
BANK CHARGES	12.	12.		0.
To Form 990-PF, Pg 1, ln 23	12.	12.		0.
Form 990-PF	Corporat	e Stock		Statement 7
Description		Во	ook Value	Fair Market Value
REGIONS FINANCIAL CORP.			331497.	384217.
Total to Form 990-PF, Part I	I, line 10b		331497.	384217.

	and Contributions During the Year	State	ement 8
Recipient Name and Address	Recipient Relationship and Purpose of Grant		Amount
ARKANSAS CHILDRENS HOSPITAL	NONE UNRESTRICTED		35000.
ARKANSAS COMMUNITY FOUNDATION	NONE UNRESTRICTED		600.
ARKANSAS FOOD BANK NETWORK	NONE UNRESTRICTED		250.
ARKANSAS RESPIRATORY ASSOCIATION	NONE UNRESTRICTED		500.
ARKANSAS YOUYH RANCH	NONE UNRESTRICTED		500.
ASU INDIAN CLUB	NONE UNRESTRICTED		10000.
BETHLEHEM HOUSE	NONE UNRESTRICTED		250.
BOY SCOUTS OF AMERICA	NONE UNRESTRICTED		200.
CARTI FOUNDATION	NONE UNRESTRICTED		100.
CASA DIOCESE OF LITTLE ROCK	NONE UNRESTRICTED		450.
CATHOLIC ARKANSAS SHARING APPEAL	NONE UNRESTRICTED		500.

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NABHOLZ CHARITABLE FOUNDATION		58-1748037
CATHOLIC CAMPUS MINISTRY	NONE UNRESTRICTED	500.
CHRISTIAN FOUNDATION FOR MEN	NONE UNRESTRICTED	300.
COMMUNITY FOUNDATION OF FAULKNER COUNTY	NONE UNRESTRICTED	1000.
CONWAY CHRISTIAN SCHOOL	NONE UNRESTRICTED	5000.
CONWAY REGIONAL HOSPITAL	NONE UNRESTRICTED	200.
GREENLAND FAMILY CHARITABLE FOUNDATION	NONE UNRESTRICTED	30000.
HAND IN HAND MINISTRIES	NONE UNRESTRICTED	1000.
INDEPENDENT LIVING SERVICES	NONE UNRESTRICTED	450.
JOHN BROWN UNIVERSITY	NONE UNRESTRICTED	1000.
LEE SUMMIT FOUNDATION	NONE UNRESTRICTED	1000.
LIFE CHOICES	NONE UNRESTRICTED	500.
MARY KNOLL FATHERS	NONE UNRESTRICTED	300.
MARY KNOLL SISTERS	NONE UNRESTRICTED	300.

MARHOT	.7. · CHA	RITABLE	FOUNDATION
NUDITOR	<i>1</i> 21 C110	TTTTTT	T. OOMDUTTOM

58-1748037

NABROLZ CHARITABLE FOUNDATION		58-1/4803/
MOUNT EAGLE CHRISTIAN	NONE UNRESTRICTED	200.
NEIGHBORHOOD YOUTH MINISTRIES	NONE UNRESTRICTED	900.
NORTHEASTERN STATE	NONE UNRESTRICTED	10000.
NORTHWEST ARKANSAS COMMUNITY COLLEGE	NONE UNRESTRICTED	10000.
OSU FOUNDATION	NONE UNRESTRICTED	5000.
SALVATION ARMY	NONE UNRESTRICTED	200.
SISTERS OF CHARITY	NONE UNRESTRICTED	2000.
SISTERS OF NOTRE DAME	NONE UNRESTRICTED	500.
SOARINGS WINGS RANCH	NONE UNRESTRICTED	200.
ST JOSEPH CHURCH	NONE UNRESTRICTED	10000.
ST JOSEPH MERCY HEALTH	NONE UNRESTRICTED	20000.
ST JOSEPH SCHOOL ENDOWMENT FUND	NONE UNRESTRICTED	700.
SUBIACO ABBEY	NONE UNRESTRICTED	300.

NABHOLZ CHARITABLE FOUNDATION		58-1748037
UAMS FOUNDATION	NONE UNRESTRICTED	10000.
UCA PURPLE CIRCLE	NONE UNRESTRICTED	500.
UCA FOUNDATION	NONE UNRESTRICTED	21000.
UNITED WAY	NONE UNRESTRICTED	2500.
UNIVERSITY OF ARKANSAS FOUNDATION	NONE UNRESTRICTED	20100.
UNIVERSITY OF OZARKS	NONE UNRESTRICTED	5000.
YOUNG LIFE	NONE UNRESTRICTED	200.

209200.

Total to Form 990-PF, Part XV, line 3a

Form **8868**

(Rev April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2008)

If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	ightharpoons
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
Part	t complete Part II unless you have already been granted an automatic 3-month extension on a previously fill Automatic 3-Month Extension of Time. Only submit original (no copies needed).	ed Form 6666
_	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nlete
Part I		▶ □
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	extension of time
noted not ai /ou m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file in gov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,
Туре	or Name of Exempt Organization	Employer identification number
print	NABHOLZ CHARITABLE FOUNDATION	58-1748037
File by t due date filing yo	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2090	
return S instructi		
Chec	k type of return to be filed (file a separate application for each return)	
	Form 990 Form 990-T (corporation) Form 47	'20
=	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	
	Form 990-EZ Form 990-T (trust other than above) Form 60	069
X	Form 990-PF	370
• Th	e books are in the care of ▶ GREG WILLIAMS	
	lephone No ► 501-327-7781 FAX No ►	
Tel Ift Ift	lephone No ► 501-327-7781 FAX No ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th . If it is for part of the group, check this box ► and attach a list with the names and EINs of all	
Tel If t If t box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box	members the extension will cover.
Tel If t If t box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box	members the extension will cover.
Tel If t If t box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box	members the extension will cover.
Tel If t If t box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box	members the extension will cover.
Tel If t If t box	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box	members the extension will cover.
Tel If t If t box 1	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary November 15, 2008, to file the exempt organization return for the organization named a is for the organization's return for. calendar year or and ending MAR 31, 2008	members the extension will cover. Il bove. The extension Change in accounting period
Tel If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto November 15 , 2008, to file the exempt organization return for the organization named a is for the organization's return for.	members the extension will cover. Il bove. The extension Change in accounting period
Tel If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary November 15, 2008, to file the exempt organization return for the organization named a is for the organization's return for. calendar year or and ending MAR 31, 2008	members the extension will cover. Il bove. The extension Change in accounting period 3a \$ 832.
Tel If t	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit November 15 , 2008, to file the exempt organization return for the organization named a is for the organization's return for. calendar year or calendar year or X tax year beginning APR 1, 2007, and ending MAR 31 , 2008 If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	members the extension will cover. Il bove. The extension Change in accounting period 3a \$ 832.
Tel Ift Ift Ift Ift Ift 3a b	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box and attach a list with the names and EINs of all I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unit November 15 , 2008, to file the exempt organization return for the organization named a is for the organization's return for. calendar year or and ending MAR 31 , 2008 Initial return Final return Final return If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	members the extension will cover. Il bove. The extension Change in accounting period 3a \$ 832.

723831 04-16-08

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.