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Form 990-PF

Return of Private Foundation

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

89123_1

or Section 4947(a)(1) Trust Treated as Private Foundation Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Depa	rtment	t of the Treasury	► Information about For	social security numbers on m 990-PF and its separate	this form as it may be ma	rs.aov/form990pf.	Open to Public Inspection
		renue Service dar year 2014 or tax yea		in 660-11 and its separate	, and ending	o.gov, rormosop	Open to Public Inspection
		foundation	ar boginning		, and one ing	A Employer identification	number
			FOUNDATION,		T	71-0782093	
		,	r if mail is not delivered to street L CENTRE PAR	•	Room/suite	B Telephone number 501–225–60	18
			ountry, and ZIP or foreign p			C If exemption application is pe	
_L	IT'	TLE ROCK, A	R 72211				,
G	heck	all that apply	Initial return		ormer public charity	D 1. Foreign organizations,	check here
			☐ Final return ☐ Address change ☐ Address change ☐ The state of t	Amended return Name change		Foreign organizations mee check here and attach con	ting the 85% test,
н (heck	type of organization	X Section 501(c)(3) ex	_ 		1	
ï	_	ction 4947(a)(1) nonexe	· · · —	Other taxable private founda	ation	E If private foundation state under section 507(b)(1)(
l Fa			t end of year J Account		X Accrual	F If the foundation is in a 6	0-month termination
		Part II, col (c), line 16)		ther (specify)		under section 507(b)(1)(B), check here
-	\$			mn (d) must be on cash i	basis)	<u> </u>	(4)
Pa	irt l	Analysis of Revenue a (The total of amounts in conecessarily equal the amounts)	Ing Expenses Ilumns (b), (c), and (d) may not unts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
_	1	Contributions, gifts, gra	nts, etc , received	700,500.		N/A	
2015	2		tion is not required to attach Sch. B.				
	3	Interest on savings and tem cash investments	· ·	41 671	41 671		2022 (NEW YORK) 1
0 4	4	Dividends and interest f	rom securities	41,671.	41,671.		STATEMENT 1
		Gross rents Net rental income or (loss)					
AU.	6a	Net gain or (loss) from sale of	of assets not on line 10	146,368.			
	b	Gross sales price for all assets on line 6a	925,517.		,,	, , ,	
Tiga Tiga	7	Capital gain net income (from	m Part IV, line 2)		146,368.		
Z	8	Net short-term capital g	aın	117			, <u> </u>
SCANNIED AUG	9	Income modifications Gross sales less returns	1			ē. , į	<u> </u>
S	l .						
	1	Less Cost of goods sold Gross profit or (loss)				,	
	11	Other income					
	12	Total Add lines 1 throu	igh 11	888,539.	188,039.		
	13	Compensation of officers, d		0.	0.		0.
	14	Other employee salaries	-		<u></u>		
ŝ	15 16a	Pension plans, employe Legal fees	ee Denemis				
ens	1	Accounting fees		. = . =			
Ä	1	Other professional fees					
and Administrative Expenses	17	Interest	OFF 0	26 700	•		
strat	18	Taxes	STMT 2	36,729.	0.		0 -
inis	19	Depreciation and deplet	ion	-			
Adn	20 21	Occupancy Travel, conferences, and	d meetings				
Ď	22	Printing and publication	-				· · · · · · · · · · · · · · · · · · ·
	23	Other expenses	STMT 3	14,985.	0.		0.
Operating	24	Total operating and ad		54 544			
Ope		expenses. Add lines 13	×	51,714.	0.		126 250
		Contributions, gifts, gra		126,350.			126,350.
	20	Total expenses and dis Add lines 24 and 25	งมนารยาเยกไร.	178,064.	0.		126,350.
_	27	Subtract line 26 from lin	ne 12	2.070010			
	Į.	Excess of revenue over expe		710,475.			
	b	Net investment income	(If negative, enter -0-)		188,039.		
4235		Adjusted net income (if	negative, enter -0-)	<u></u>		N/A	5 000 DE (00 to

13140611 752732 89123

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	1 1	
	(must agree with end-of-year figure reported on prior year's return)	1	1,868,926.
2	Enter amount from Part I, line 27a	2	710,475.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,579,401.
	Decreases not included in line 2 (itemize) ► DECREASE DUE TO ADJUSTMENT OF BASIS	5	854.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,578,547.

3511

		Losses for Tax on In	vestment	Income					
	(a) List and describe	the kind(s) of property sold (e.g.	, real estate,		P-I	w acquired Purchase	(c) Da	te acquired , day, yr)	(d) Date sold (mo , day, yr)
	2-story brick wareho	use, or common stock, 200 shs	MLC Co)		D-	Donation	(1110	, uay, yi <i>j</i>	(IIIO, day, yi)
<u>1a</u>	CON AMONACION C	MA MEMENIM			<u> </u>				
þ		TATEMENT			 			 	
C					├				
<u>d</u> e					<u> </u>				
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss lus (f) minus	
a									
b									
C									
₫									146 260
е		<u> </u>		779,14	9.				146,368
	Complete only for assets showing ga	·· · · · · · · · · · · · · · · · · · ·	1			r		(Col (h) gain ut not less tha	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				es (from col	
<u>a</u>									
b								<u>.</u>	
					-				
_ <u>d</u>		- 			-			·	146,368
<u>e</u>		C It age also esta	un Dort I line		7				
	Capital gain net income or (net capital	C • • • • • • • • • • • • • • • • • • •	- in Part I, line	7	}	2			146,368
3	Net short-term capital gain or (loss) a If gain, also enter in Part I, line 8, colu		id (6)		}			N/A	
	If (loss), enter -0- in Part I, line 8 Part V Qualification Und	er Section 4940(e) for	Reduced	Tax on Net	Inve	3 stment lr	come		
	or optional use by domestic private fou							•	
(۲0	or optional use by domestic private loa	indations subject to the section .	1340(a) tax uii	net mvestment m	icoille)				
lf s	section 4940(d)(2) applies, leave this p	art blank							
Wa	as the foundation liable for the section	4942 tax on the distributable am	ount of any ye	ar in the base pei	rıod?				Yes X No
	Yes," the foundation does not qualify u								
1	Enter the appropriate amount in each	column for each year, see the II	structions bef	ore making any e	ntries				
	(a) Base period years	(b)			(c)		.	Distri	(d) bution ratio
_	Calendar year (or tax year beginning in) Adjusted qualifying dis	,	Net value of no			į.	(col (b) dr	vided by col (c))
_	2013		8,600.			871,20			.02597 .02291
	2012		7,050. 6,649.			616,71 515,12			.04398
_	2011		5,575.			493,35			.03721
_	2010 2009		8,600.			$\frac{4}{662,21}$.01720
-	2009		0,000.			002,21	-		•01720
2	Total of line 1, column (d)						2		.14730
	Average distribution ratio for the 5-ye	ar base period - divide the total	on line 2 by 5.	or by the number	of vear	s			
•	the foundation has been in existence				•		3	1	.02946
		•							
4	Enter the net value of noncharitable-u	se assets for 2014 from Part X,	line 5				4		2,186,906
5	Multiply line 4 by line 3						5	1	64,426
6	Enter 1% of net investment income (1	% of Part Line 27b)					6		1,880
									<u> </u>
7	Add lines 5 and 6						7	-	66,306
8	Enter qualifying distributions from Pa		th and	data that and	ng a 40/	tay rata	8		126,350
	If line 8 is equal to or greater than line See the Part VI instructions	7, check the box in Part VI, line	to, and comp	nete that part usin	ıyaı% 	tax rate			

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Form	1990-PF (2014) VOGEL SCHWARTZ FOUNDATION, INC.	· · · · · · · · · · · · · · · · · · ·	71-0782		F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 494		948 - see	instru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" of	n 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	l enter 1%	1		1,8	80.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, II					_
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		1,8	
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		1,8	80.
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a					
b	Exempt foreign organizations - tax withheld at source 6b]]			
	Tax paid with application for extension of time to file (Form 8868)]]			
	Backup withholding erroneously withheld 6d 6d]]			
	Total credits and payments Add lines 6a through 6d		7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			35.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		1,9	15.
		•	10			
	Enter the amount of line 10 to be Credited to 2015 estimated tax	Refunded >	11	_		
	art VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	d it participate or intervene) In		Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see ins	tructions for the definition	1)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of					,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	distributed by the foundation in connection with the activities.	,				
	Did the foundation file Form 1120-POL for this year?			10		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$	0.				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax im	posed on foundation	-			
·	managers > \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
-	If "Yes," attach a detailed description of the activities.			1		*******
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	united of moorporation,		3		X
12	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
J	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					
U	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 	s that conflict with the stat	e law			
	remain in the governing instrument?			6	Х	
7	The second secon	rt II. col. (c), and Part X	V	7	Х	
•	Did the roundation have at loast \$5,000 in assets at any time saving the year. If year, complete that	(1), 0011 (0), 4110 (411)				
Яa	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
O.	AR					
h	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gei	neral (or designate)				
u	of each state as required by General Instruction G? If "No," attach explanation	(or acordinate)		8b	Х	
9		(i)(3) or 4942(i)(5) for cal	endar	<u></u> -		
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete It			g	[Х
10	The second secon			10		X
10	Did any persons become substantial contributors during the tax year. If ites, attach a schedule listing the	manes and addresses		- 10		

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Form 990-PF (2014) VOGEL SCHWARTZ FOUNDATIO			71-07820	93	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	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			es X No		
 (2) Influence the outcome of any specific public election (see section 4955), o any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes 			es X No		
 (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, 			es X No		
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uncompared to the transactions.		Y6	es X No		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?	iii negulations	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945	om the tax because it mainta N	ined J/A 🔲 Ye	es No		
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p 	pay premiums on	Ye	s X No	6b	х
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s b. If "Yes," did the foundation receive any proceeds or have any net income attribution.		Y _E	es X No N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors		nagers, Highly			
1 List all officers, directors, trustees, foundation managers and their	compensation.				
(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) acco all	Expense ount, other owances
11219 FINANCIAL CENTRE PARKWAY, STE 3	DIRECTOR				
	1.00 DIRECTOR	0.	0.		0.
78 CARMEL DRIVE LITTLE ROCK, AR 72212	1.00	0.	0.		0.
208 N BEECH STREET, SUITE B	DIRECTOR				
	1.00 DIRECTOR	0.	0.		0.
9 ADKINS COURT LITTLE ROCK, AR 72212	1.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(-)	-
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco all	Expense ount, other owances
NONE					
Total number of other employees paid over \$50,000			>]		0

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Total. Add lines 1 through 3

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				107 465
line 7			atalialijaniationa'i antaha	107,465.
2 Undistributed income, if any, as of the end of 2014			02 027	
a Enter amount for 2013 only		·	92,037.	duiculm the mit more inter
b Total for prior years		117 227		
<u>2012</u> , <u>2011</u> , <u>2010</u>	42 11	117,237.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
¢ From 2011				
d From 2012	Ì			
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ►\$ 126,350.			02 027	
a Applied to 2013, but not more than line 2a		All the statements to the statement to the statements to the statement to the statements to the statement to the statements to the statement t	92,037.	
b Applied to undistributed income of prior		24 212		
years (Election required - see instructions) *		34,313.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	to Matter to the control of the cont		
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		82,924.		
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		82,924.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				107,465.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.			, ,,,,,	
Subtract lines 7 and 8 from line 6a	0.	····		
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012	1			
d Excess from 2013				
e Excess from 2014				
423581 11-24-14 * SEE STATEMENT 5				Form 990-PF (2014)

orm 990-PF (2014) VOGEL S Part XIV Private Operating F	oundations (see in	structions and Part V	/II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2014, enter the date of	the ruling	▶		
b Check box to indicate whether the found	ation is a private operati	ng foundation described		4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	·	–
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
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		<u> </u>			
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 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 and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	y if the foundation	had \$5,000 or m	ore in assets
1 Information Regarding Foundation a List any managers of the foundation where year (but only if they have contributed in SEE STATEMENT 6 b List any managers of the foundation when other entity) of which the foundation has	to have contributed more than \$5,000) (See	section 507(d)(2)) he stock of a corporatio		- <u>-</u>	
NONE					
2 Information Regarding Contribut Check here ☐ if the foundation of the foundation makes gifts, grants, etc	only makes contributions	to preselected charitab	le organizations and does		
a The name, address, and telephone num ROBERT VOGEL, 501-22	ber or e-mail address of $5-6018$	the person to whom ap	plications should be addre	ssed	
11219 FINANCIAL CENT	ER PKWY, #3	300, LITTLE	ROCK, AR 7	2211	<u> </u>
b The form in which applications should CALL FOR FURTHER INF		ation and materials they	should include		
c Any submission deadlines NONE					
d Any restrictions or limitations on award NONE	s, such as by geographic	cal areas, charitable field	s, kinds of institutions, or	other factors	
					5 000 DE
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Form 990-PF (2014) VOGEL	SCHWARTZ FOUNDATI	ON, INC.	 	71-0	782093 Page 12
Part XVI-A Analysis of Inc	come-Producing Activitie				
Enter gross amounts unless otherwise indic	ated Unrelated b (a) Business	(b)	Excluded by (C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue a b c	code	Amount	code	Amount	function income
d					
g Fees and contracts from government2 Membership dues and assessments3 Interest on savings and temporary cash	agencies				
investmentsDividends and interest from securitiesNet rental income or (loss) from real est	ate		14	41,671.	
 a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from person property 	al				
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory			18	146,368.	
 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inversity 11 Other revenue 	1				
a					- 14
d e 12 Subtotal Add columns (b), (d), and (e)		0 .	•	188,039.	0 188,039
13 Total Add line 12, columns (b), (d), and (See worksheet in line 13 instructions to ve	rify calculations)	unlichment of E	vomnt Di		100,037
	ivity for which income is reported in c rposes (other than by providing funds	olumn (e) of Part XVI-			olishment of
					-
	- -				

Form **990-PF** (2014)

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Part		Information Re	egarding Tran		and Transactions	and Relations	ships With Noncha			ige 13
the	Code		rectly engage in any)(3) organizations)	or in section 5	ng with any other organiza 27, relating to political organization of		tion 501(c) of		Yes	No
	Cash		ation to a monomant	able exempt of	gamzation of			1a(1)		X
		assets						1a(2)		X
• •		sactions						19/5/	 	
		of assets to a noncharita	ble exempt organiza	ation				1b(1)		X
		hases of assets from a no	· · · · · · · · · · · · · · · · · · ·					1b(2)		X
		al of facilities, equipment,	·					1b(3)	T	X
		bursement arrangements						1b(4)	1	X
		s or loan guarantees						1b(5)	1	X
		rmance of services or me	mbership or fundra	ising solicitation	ons			1b(6)		X
c Sh	aring o	f facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees			10		X
d If t	he ansv	wer to any of the above is	"Yes," complete the	following sch	edule Column (b) should a	always show the fair i	market value of the goods,	other as	sets,	
10	service	s given by the reporting f	oundation If the fol	undation receiv	ed less than fair market va	ilue in any transactioi	n or sharing arrangement,	show in		
col	umn (d	I) the value of the goods,	· · · · · · · · · · · · · · · · · · ·							
(a) Line n	10	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	n of transfers, transactions, and	shanng a	rrangeme	ents
	_ _			N/A						
						-				
	_					_				
	-	-			<u></u>					
	-									
					_		· · · · · -			
-										
•										
-					-					
	-	· · · · · · · · · · · · · · · · · · ·								
				•						
			·							
ın s	section	ndation directly or indirect 501(c) of the Code (othe complete the following sch	r than section 501(d		or more tax-exempt organism 527?	nizations described	[Yes	X	☐ No
		(a) Name of org			(b) Type of organization		(c) Description of relation	ship		
		N/A							_	
	·									
Sign Here	and be	elief, it is true, correct, and cor	nplete Declaration of p		ng accompanying schedules and n taxpayer) is based on all info	rmation of which prepare	r has any knowledge re'sh	ay the IRS tum with th lown below X Yes	ne prepar v (see ins	rer
	Sign	nature of officer or trustee		1	Date	Title	L			
		Print/Type preparer's na	ime	Preparer's s	ignature	Date	Check if PTIN			
D-:-		DANT ****		0_	-		self- employed			
Paid	0ro-	RAMI KASSI			mp -	 07 /16/15		1328		
Prepa Use (Firm's name ► HUD	SON, CISI	NE & CO	. LLP		Firm's EIN ► 71-0	0506	89	
USE	Jilly				IVE, STE. 30	00	(501)	221	100	
		<u>1</u> 1	TTLE ROCE	N, AK /	ZZIZ		Phone no (501)	ZZI-	- T O O	U

Phone no (501)221-1000

© UBS FINANCIAL SERVICES, INC SEE ATTACHMENT #3 P VARIOUS 12/31/14	Part IV Capital Gains and Lo	sses for Tax on Investme	ent Income					
B UBS FINANCIAL SERVICES, INC SEE ATTACHMENT #3 P VARIOUS 12/31/14 c UBS FINANCIAL GRINS DIVIDENDS P VARIOUS 12/31/14 g CAPITAL GAINS DIVIDENDS g Company of the superior of the loss of th	(a) List and 2-story b	d describe the kind(s) of particle warehouse, or comm	property sold, e.g., rea non stock, 200 shs. M	l estate, LC Co		l i ulcilaso	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
E UBS FINANCIAL SERVICES, INC SEE ATTACHMENT #3 P VARIOUS 12/31/14 CAPITAL GAINS DIVIDENDS (1					#1	P	VARIOUS	12/31/14
CAPITAL GAINS DIVIDENDS	b UBS FINANCIAL	SERVICES, I	NC SEE	ATTACHMENT		P	VARIOUS	
1 1 1 1 1 1 1 1 1 1			INC SEE	ATTACHMENT	#3	P	VARIOUS	12/31/14
1	d CAPITAL GAINS	DIVIDENDS						
g	е							
No.	<u>f</u>							
	<u>g</u>	 				ļ		
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1			 					
(g) Gross sales pince (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) (e) plus (f) minus (g) (e) plus (f) minus (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	<u>K</u>			-				
(g) Gross sales pince (f) Depreciation allowed (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) (e) plus (f) minus (g) (e) plus (f) minus (g) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f								
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale price (or allowable) (p) Exercise (p) Plus (f) minus (g) (p) Exercise (p) Plus (f) minus (g) (p) Exercise (p) Plus (f) minus (g) Plus (f) Plus (g) Plus (f) Plus (g) Plus				· · · · · · · · · · · · · · · · · · ·		 		
(e) Gross sales proce (f) Depreciation allowed (or allowed (or allowed)) plus expense of sale (or plus (f) minus (g)) (e) plus (f) minus (g) (e) plus (f) plus						-		-
a 232,712.						(h (e) r) Gain or (loss)	
b 618,057.	232 712	<u> </u>	, ,		 		(9)	6 583
c 10,741. 8,167. 2,574. 64,007. e 64,007. e 64,007. e 67. 68. 64,007. e 7. 64,007.	h 618.057.	 	·				· · · · · · · · · · · · · · · · · · ·	73,204
d 64,007. e 64,007. e 64,007. e 64,007. e 64,007. e 64,007. e 79 70 70 70 70 70 70 70	10.741							2.574
e f f g g g g g g g g g g g g g g g g g	C 4 0 0 C						· · · · · ·	64,007.
f g g g g g g g g g g g g g g g g g g g							· · · · · · · · · · · · · · · · · · ·	
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1	1							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col (h)) Gains (excess of col (n) pain over col (k), but not less than "-0-") but not less than "-0-") but not less than "-0-") 6 , 583 .	<u>k</u>							·
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Losses (from col (h)) Gains (excess of col (n) pain over col (k), but not less than "-0-") but not less than "-0-") but not less than "-0-") 6 , 583 .	1				-			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M.V as of 12/31/69 (ii) F M.V as of 12/31/69 (iii) F M.V as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col (i) over col (j), if any (iv) Excess of col (ii) but not less than "-0") 6	<u>m</u>							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M.V as of 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any								
(i) F M.V as of 12/31/69 (ii) F M.V as of 12/31/69 (iii) F M.V as of 12/31/69 (iii) F M.V as of 12/31/69 (iv) F M.V as of		Indicate to column (b) and	d owned by the founds	tion on 12/31/69		(1) 1 00	vece (from eat (h))	
6,583. b 73,204. c 2,574. d 64,007. e f g h 1 1 1 k 1 1 m n 0 2 Capital gain net income or (net capital loss) (ff gain, also enter in Part I, line 7)		(j) Adjusted bas	sis (k) Excess of col (I)		Gains (excess	of col (h) gain ove	
73,204. c	2				1			6.583.
2			· · · · · · · · · · · · · · · · · · ·		 			73,204.
d 64,007. e		<u> </u>			 			2,574.
e f g h l l l k l m n o 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 }								64,007.
g h l l l k l m n o Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 146, 368.								
h I J k I m n o Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 146,368.	f							
I	g							
k I m n o Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 146,368.	<u>h</u>							
To a compared to the compared	1				1		·	
To a compared to the compared					+			
m n o 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) 2 146,368.		 			+			
n 0 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2 146, 368.		 			 			
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2 146,368.					 			
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2 146,368.					+			
	<u> </u>	<u> </u>			+-	T		
	-			ine 7 , line 7 }	2			146,368.
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) If (loss), enter "-0-" in Part I, line 8	If gain, also enter in Part I, line 8	, column (c)	s 1222(5) and (6)	}	3		N/A	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC SCULPTURE GARDEN CITY OF LITTLE ROCK N/A 500 WEST MARKHAM STREET 18,500. LITTLE ROCK, AR 72201 COMPASSION CENTER N/A PUBLIC CHARITABLE 3618 W. ROOSEVELT ROAD 5,000. LITTLE ROCK, AR 72206 CONGREGATION B'NAI ISRAEL PUBLIC N/A CHARITABLE 3700 N. RODNEY PARHAM RD. LITTLE ROCK, AR 72212 10,400. FIRST UNITED METHODIST CHURCH N/A PUBLIC CHARITABLE 723 CENTER STREET LITTLE ROCK, AR 72201 5,000. HUMANE SOCIETY OF PULASKI COUNTY N/A PUBLIC CHARITABLE 14600 COLONEL GLENN ROAD LITTLE ROCK, AR 72210 5,000. PUBLIC JUNIOR DEPUTY BASEBALL N/A CHARITABLE P.O. BOX 250709 LITTLE ROCK, AR 72225-0709 300. PUBLIC JUVENILE DIABETES RESEARCH FOUNDATION CHARITABLE 11324 ARCADE DRIVE LITTLE ROCK, AR 72212 5,000. KIWANIS ACTIVITIES, INC. N/A PUBLIC CHARITABLE 5512 FERNDALE CUT OFF ROAD LITTLE ROCK, AR 72223 300. N/A PUBLIC CHARITABLE P.A.R.K. 6915 GEYER SPRINGS ROAD LITTLE ROCK, AR 72209 10,000. SAM M. VOGEL RADIOLOGY FUND PUBLIC CHARITABLE N/A #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 15,000. Total from continuation sheets 120,450.

Supplementary Information Part XV **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient ST. JAMES METHODIST CHURCH N/A PUBLIC CHARITABLE 321 PLEASANT VALLEY DRIVE 20,100. LITTLE ROCK, AR 72212 ST. VINCENT FOUNDATION N/A PUBLIC CHARITABLE TWO ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 25,350. UALR BASEBALL - TROJAN ATHLETIC N/A PUBLIC CHARITABLE FOUNDATION 2801 SOUTH UNIVERSITY AVE. 500. LITTLE ROCK, AR 72204 Total from continuation sheets

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

OMB No 1545-0047

Name of the organization

Employer identification number

71-0782093 VOGEL SCHWARTZ FOUNDATION, INC. Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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 K 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 33 1/3% 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

71-0782093

∧ogrfr ∧ogrfr	SCHWARTZ FOUNDATION, INC.		-0702033
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT A. VOGEL 11219 FINANCIAL CENTRE PARKWAY, #300 LITTLE ROCK, AR 72211	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SAM A. VOGEL 78 CARMEL LITTLE ROCK, AR 72212	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JEANNE VOGEL HYDE 208 N BEECH STREET, SUITE B NORTH LITTLE ROCK, AR 72114	\$500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

VOCEL SCHWARTZ FOUNDATION. TNC. 71-0782093

art II Non	cash Property (see instructions). Use duplicate copies of P	art 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
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		 	

423454 11-05-14

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

FORM 990-PF	DIVIDEND	S AND INTE	REST	FROM SECUR	ITIES ST	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUST NET INC	
UBS FINANCIAL SERVICES INC. UBS FINANCIAL	105,618	. 64,0	07.	41,611.	41,611.		
SERVICES INC.	60	0.		60.	60.		
TO PART I, LINE 4	105,678	. 64,0	07.	41,671.	41,671.		
FORM 990-PF		TA	XES		S	ratement	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
TAX EXPENSE		36,729	36,729. 0.				0.
TO FORM 990-PF, PG 1	L, LN 18 =	36,729		0.			0.
FORM 990-PF		OTHER EXPENSES		STATEMENT 3			
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
MANAGEMENT FEES INVESTMENT FEES		300 14,685		0.			0.
TO FORM 990-PF, PG	l, LN 23	14,985		0.			0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	1,576,684.	1,702,784.
TOTAL TO FORM 990-PF, PART II, LINE	.3	1,576,684.	1,702,784.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION
53.4942(A)-3(D)(2) TO APPLY
EXCESS QUALIFYING DISTRIBUTIONS
TO PRIOR YEAR'S UNDISTRIBUTED INCOME

STATEMENT

5

PURSUANT TO IRC SEC. 4942(H)(2) AND REG. 53.4942(A)-3(D)(2), VOGEL SCHWARTZ FOUNDATION, INC. HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFIYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF UNDISTRIBUTED INCOME FOR THE TAX YEAR ENDING:

2010

\$34,313

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 6

NAME OF MANAGER

ROBERT A. VOGEL SAM M. VOGEL, JR

Form **8868** (Rev. January 2014)

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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print VOGEL SCHWARTZ FOUNDATION, INC. 71-0782093 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 11219 FINANCIAL CENTRE PARKWAY, NO. return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions LITTLE ROCK, AR 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Code Is For Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 ROBERT VOGEL 11219 FINANCIAL CENTRE PARKWAY, #300 • The books are in the care of ▶ LITTLE ROCK, AR 72211 Telephone No. ► 501-225-6018 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2014 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.