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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491225002208

2017

OMB No 1545-0052

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year	beginning 04-01-20)17 , aı	nd ei	nding 03-31-	2018			
Name of foundation NABHOLZ CHARITABLE FOUNDATION							A Employer identification number			
1117-	ABHOLZ	CHARITABLE FOUNDATION				58-1748037				
	ber and O BOX 2	d street (or P O box number if mail is n 2090	ot delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	ns)		
						(501) 327-778:				
		n, state or province, country, and ZIP or R 72033	foreign postal code			C If exemption	application is pendin	g, check here		
G C	neck al	l that apply 🔲 Initial return	☐ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere 🛴		
		☐ Final return	Amended return				ganizations meeting			
		Address chan	ge 🔲 Name change				k here and attach co	· -		
_			501(c)(3) exempt private				undation status was t n 507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitabl								
of	year <i>(f</i>	ket value of all assets at end from Part II, col (c), \$ 1,113,843	☐ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Revenue and		•		(d) Disbursements		
		of amounts in columns (b), (c), and		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes		
	T .	equal the amounts in column (a) (se						(cash basis only)		
	1	Contributions, gifts, grants, etc , schedule)	received (attach	814,585						
	2	Check ▶ ☐ If the foundation is	not required to attach							
	_	Sch B		2 222		2 222				
	3	Interest on savings and temporal Dividends and interest from secu	·	2,322 5,311	_	2,322 5,311				
	5a	Gross rents		3,311		5,311				
	b	Net rental income or (loss)								
<u>e</u>	6a	Net gain or (loss) from sale of as	ssets not on line 10							
Revenue	b	Gross sales price for all assets of								
Re.	7	Capital gain net income (from Pa								
	8	Net short-term capital gain .								
	9	Income modifications								
	10a	Gross sales less returns and allo	wances							
	b	Less Cost of goods sold	odulo)							
	C .	Gross profit or (loss) (attach sch Other income (attach schedule)	·							
	12			822,218		7,633				
	13	Compensation of officers, directo		022,210						
	14	Other employee salaries and was	, ,							
Ņ	15	Pension plans, employee benefit	=							
156	16a	Legal fees (attach schedule) .								
and Administrative Expenses	ь	Accounting fees (attach schedule	e)	2,325						
Ð.	С	Other professional fees (attach s	chedule)	2,100		2,100				
ţ	17	Interest								
stra	18	Taxes (attach schedule) (see ins	tructions)	9 60						
Ē	19	Depreciation (attach schedule) a	nd depletion							
/dh	20	Occupancy								
φpι	21	Travel, conferences, and meeting	=							
<u>=</u>	22	Printing and publications		00-1						
Operating	23	Other expenses (attach schedule	•	21						
eral	24	Total operating and administ		4.500		2 100		0		
ď	25	Add lines 13 through 23 Contributions, gifts, grants paid		4,506 859,250		2,100		859,250		
	26	Total expenses and disburser	ments. Add lines 24 and	039,230				339,230		
		25		863,756		2,100		859,250		
	27	Subtract line 26 from line 12								
	a	Excess of revenue over exper disbursements	nses and	-41,538						
	ь	Net investment income (if neg	•			5,533				
	С	Adjusted net income(if negative								
For	Paper	work Reduction Act Notice, se	e instructions.			Cat No 11289)	(For	m 990-PF (2017)		

For	m 990-	PF (2017)				Page 2
Pa	rt II	Balance Sheets Attach	ed schedules and amounts in the description column I be for end-of-year amounts only (See instructions)	Beginning of year	End o	·
	1	Cash—non-interest-beari		(a) Book Value 21,004	(b) Book Value 21,589	(c) Fair Market Value 21,589
	2		ash investments	772,921	730,799	<u>.</u>
	3	Accounts receivable		,	,	
		Less allowance for doubt	ful accounts ►			
	4	Pledges receivable ▶				
			ful accounts ►			
	5					
	6	Receivables due from offi	cers, directors, trustees, and other			
			ch schedule) (see instructions)			
	7		ervable (attach schedule)			
		Less allowance for doubt	ful accounts •			
S.	8					
Assets	9	Prepaid expenses and def	erred charges			
As	10a	Investments—U S and st	ate government obligations (attach schedule)			
	ь	Investments—corporate s	tock (attach schedule)	282,667	361,455	361,455
	c	Investments—corporate b	onds (attach schedule)			
	11	Investments—land, buildi	ngs, and equipment basis >			
		Less accumulated depre	ciation (attach schedule)			
	12	Investments—mortgage	pans			
	13	Investments—other (atta	ch schedule)			
	14	Land, buildings, and equi	oment basis >			
		Less accumulated depre	ciation (attach schedule) 🕨			
	15	Other assets (describe)			
	16	Total assets (to be comp	pleted by all filers—see the			
		instructions Also, see page	ge 1, ıtem I)	1,076,592	1,113,843	1,113,843
	17	Accounts payable and acc	rued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, direc	tors, trustees, and other disqualified persons			
ap	21	Mortgages and other note	s payable (attach schedule)			
_	22	Other liabilities (describe	>)			
	23	Total liabilities(add line	s 17 through 22)		0	
		Foundations that follow	v SFAS 117, check here			
es			through 26 and lines 30 and 31.			
Balances	24					
3ak	25	Temporarily restricted				
A E	26					
Fund		,				
×Ε		Foundations that do no	ot follow SFAS 117, check here ▶ ☑			

```
Net Assets o
                                                                                              1,076,592
                                                                                                                   1,113,843
           Capital stock, trust principal, or current funds . . . .
    28
           Paid-in or capital surplus, or land, bldg, and equipment fund
           Retained earnings, accumulated income, endowment, or other funds
    29
           Total net assets or fund balances (see instructions) . . . . .
    30
                                                                                              1,076,592
                                                                                                                   1,113,843
           Total liabilities and net assets/fund balances (see instructions) .
                                                                                              1,076,592
                                                                                                                   1,113,843
    31
Part III
            Analysis of Changes in Net Assets or Fund Balances
     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
                                                                                                                                  1,076,592
 2
     Enter amount from Part I, line 27a
                                                                                                               2
```

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

3

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

-41,538

78,789

1,113,843

1,113,843 Form **990-PF** (2017)

3

4

5 6

instructions

Page **3**

Capital Gains	and Losses for rax on invest	illent filcome			
2-story brick wa	(a) e the kınd(s) of property sold (e g , re irehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
	1 (0				
(e)	(f) Depreciation allowed		(g) other basis	,	h) ır (loss)
Gross sales price	(or allowable)		ense of sale) minus (g)
a					
b					
С					
d					
e					
Complete only for asse	ts showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	1	1)
	(j)	<u> </u>	(k)	Gains (Col (h) gain minus
(i) F M V as of 12/31/6	9 Adjusted basis	I	of col (ı)		less than -0-) or om col (h))
	as of 12/31/69	over col	(j), if any	Losses (II	om coi (n))
a					
b					
d					
e		76 1 1 5		 	
2 Capital gain net incom	ne or (net capital loss)	If gain, also enter in Pa If (loss), enter -0- in P		2	
3 Net short-term capita	gain or (loss) as defined in sections	1222(5) and (6)			
	Part I, line 8, column (c) (see instructi	ons) If (loss), enter -0-	- 1		
ın Part I, lıne 8			}	3	
Part V Qualification	Under Section 4940(e) for Re	duced Tay on Net	Investment I	ncome	
For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on nei	t investment inco	me)	
if section 4940(d)(2) applies,	leave this part blank				
Nas the foundation liable for :	the section 4942 tax on the distributa	ble amount of any year	in the base perior	d2	es 🔽 No
	not qualify under section 4940(e) Do		in the base perior		cs <u> </u>
1 Enter the appropriate a	mount in each column for each year,	see instructions before	making any entri	es	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable	e-use assets	Distribution rat (col (b) divided by o	io (c))
2016	622,610		1,100,649	((-,	0 565675
2015	679,009		1,073,471		0 632536
2014	453,909		1,157,692		0 392081
2013	418,700		1,291,864		0 324105
2012	472,528		1,068,576		0 442203
2 Total of line 1, column	(d)		2		2 356600
	tio for the 5-year base period—divide				0.474
	undation has been in existence if less		3		0 471320
	oncharitable-use assets for 2017 fron	•	4		1,199,405
5 Multiply line 4 by line 3			5		565,304
	nent income (1% of Part I, line 27b)		6		55
	the section of the se		7		565,359
	itions from Part XII, line 4 , . reater than line 7, check the box in Pa			Ing a 1% tay rate. Ca	859,250
instructions	reater than line 7, check the box in Pa	arc vi, ime ib, and com	piete that part US	my a 170 tax fate Se	e tile rait VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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

and contractors			1.1. 2	, , , , , , , , , , , , , , , , , , ,	
List all officers, directors, truster (a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BILL HANNAH		CTOR	0	0	C
612 GARLAND ST CONWAY, AR 72032	000	00			
CHARLES NABHOLZ	DIRE	CTOR	0	0	
612 GARLAND ST	000	00			
GREG WILLIAMS	DIRE	CTOR	0	0	
612 GARLAND ST	000				
CONWAY, AR 72032 2 Compensation of five highest-pa	:				na antan WNONE "
2 Compensation of five nignest-pa	ia er	nployees (other than ti	nose included on line 1	Contributions to	ie, enter NONE.
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
		-			
		-			
Total number of other employees paid ov					
3 Five highest-paid independent of (a) Name and address of each person				e of service	(c) Compensation
NONE	ı pai	d more than \$50,000	(6) 199	e or service	(c) compensation
			_		
			-		
			1		
Total number of others receiving over \$50	0,000	for professional services			
Part IX-A Summary of Direct 0	Char	itable Activities		<u>'</u>	
List the foundation's four largest direct charitable organizations and other beneficiaries served, con				nation such as the number of	Expenses
1	reren	ces convened, research paper	s produced, etc		<u> </u>
2					
_					
3					
4					
-					
Part IX-B Summary of Program	n-R	elated Investments	(see instructions)	•	
Describe the two largest program-related inve	estme	nts made by the foundation d	uring the tax year on lines 1	and 2	Amount
1 N/A					
2					
All other program-related investments	Sac	Instructions			
All other program-related investments 3	266	mad ucdolls			
-					
Total. Add lines 1 through 3 .			. <u></u>		

2

3a 3h

4

5

859.250

859,195

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55

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

Page 9

59,915

59.915

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Form 990-PF (20	017)
Part XIII	Undistributed Income (see instructions)

- 1 Distributable amount for 2017 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2017
- a Enter amount for 2016 only. Excess distributions carryover, if any, to 2017
- **b** Total for prior years a From 2012.
- **b** From 2013.
- c From 2014. . . d From 2015.
- 419.119 354,175 396 106 625.417

(a)

Corpus

2.362.515

799.335

3,161,850

419.119

2,742,731

354.175

396,106

625.417

567,698

799.335

(b)

Years prior to 2016

(c)

2016

- e From 2016.
- 4 Qualifying distributions for 2017 from Part

c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b 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 e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

6 Enter the net total of each column as

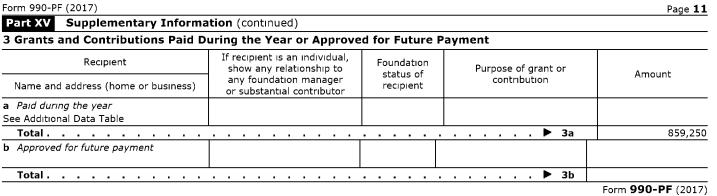
indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

- 567,698 f Total of lines 3a through e. XII, line 4 ▶ \$
- a Applied to 2016, but not more than line 2a
- **b** Applied to undistributed income of prior years (Election required—see instructions).

factors N/A



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
1 Progran	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash			11	2.222	
	ments			14	2,322 5,311	
	ntal income or (loss) from real estate			14	5,511	
	-financed property					
b Not c	lebt-financed property					
6 Net re	ental income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than					
	tory					
	profit or (loss) from sales of inventory					
	revenue a					
_						
e	-				7 622	
e	-				7,633	
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations)			7,633 	7,633
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul I-B Relationship of Activities to th	ations) e Accomplisi	nment of Exem	pt Purposes	3	7,633
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations) e Accomplisi income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	7,633
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	7,633
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ations) e Accomplisi income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	7,633
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orm 9	990-PF (<u> </u>							Pa	ge 13
	t XVII	Exempt Organiz	zations				onships With Noncha			
		ganization directly or inc Code (other than section					ion described in section 50 organizations?	01	Yes	No
a Tra	ansfers	from the reporting foun	dation to a non	charitable e:	xempt organization	of				
(1) Cash							1a(1)		No
•	•	rassets						1a(2)		No
		sactions						41.44		
•	•	of assets to a nonchari	•	-				1b(1)		No
•	•	nases of assets from a n al of facilities, equipmen						1b(2) 1b(3)		No No
•	•	bursement arrangemen	•					1b(3)		No
•	•	s or loan quarantees.						1b(5)		No
•	•	mance of services or mo						1b(6)		No
c Sh	arıng of	facilities, equipment, m	nailing lists, oth	er assets, o	r paid employees.			1c		No
of	the goo any trai	ds, other assets, or serv	vices given by t ngement, show	he reporting in column (g foundation If the	foundation receive goods, other ass	ilways show the fair mark red less than fair market wets, or services received of transfers, transactions, and	alue /	ngemen	ıts
							,			
		ndation directly or indire in section 501(c) of the	•	•	· ·			□Yes	✓	No
		omplete the following so	,		(-)(-),					
		(a) Name of organizatio			(b) Type of organizati	on	(c) Description of re	lationship		
6 '	of m		, it is true, corr				ying schedules and staten r than taxpayer) is based	on all info	rmatio	n of
Sigr Here		****			2018-08-09	*****	re	ay the IRS d turn		
	│ ₹	Signature of officer or tr	rustee		Date	Title	be	th the prepa low ee instr)?	_	
		Print/Type preparer's	name P	reparer's Sig	gnature	Date	Chask of salf			
Paic		MATTHEW T BARNI CPA	HARDT			2018-08-09	Check if self- employed ▶ □	P00818	3583	
	oarer Only		ELKES FELTS &	BARNHARD	T LTD		Firm	s EIN ▶71	-04577	783
			BOX 1167							
			NIM/AV AR 720	133			Phon	e no (501) 329-	5613

CONWAY, AR 72033

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
ACH HOSPITAL FOUNDATION ACH HOSPITAL FOUNDATION PO BOX 2222 PO BOX 2222 LITTLE ROCK, AR 72203	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	35,000			
ACH HOSPITAL FOUNDATION - SCHOOL OF ACH HOSPITAL FOUNDATION - SCHOOL OF NURSING 1 CHILDRENS WAY SLOT 661 1 CHILDRENS WAY SLOT 661 LITTLE ROCK, AR 72202	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	75,100			
AETN FOUNDATION AETN FOUNDATION 350 S DONAGHEY AVE 350 S DONAGHEY AVE CONWAY, AR 72034	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	150			
ALZHEIMER'S ARK ALZHEIMER'S ARK 201 MARKHAM CENTER DR 201 MARKHAM CENTER DR LITTLE ROCK, AR 72205	NONE	PC	CHARITABLE-MEDICAL RESOURCES	2,500			
AR COMMUNITY FOUNDATION AR COMMUNITY FOUNDATION 5 ALLIED DR 5 ALLIED DR LITTLE ROCK, AR 72202	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	25,100			
Total				859,250			

form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		<u> </u>		
AR WATERFOWL ASSOC CENTER FOR YOUTH AR WATERFOWL ASSOC CENTER FOR YOUTH PO BOX 661 PO BOX 661 LONOKE, AR 72086	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	30,000
ARKANSAS CATHOLIC ARKANSAS CATHOLIC2500 N TYLER ST 2500 N TYLER ST LITTLE ROCK, AR 72207	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	900
ARKANSAS FOODBANK ARKANSAS FOODBANK 4301 W 65TH STREET 4301 W 65TH STREET LITTLE ROCK, AR 72209	NONE	PC	CHARITABLE SERVICES FOR THE HUNGRY	5,000
ARKANSAS GOVERNOR'S MANSION ASSOC ARKANSAS GOVERNOR'S MANSION ASSOC 1800 CENTER ST 1800 CENTER ST LITTLE ROCK, AR 72206	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	1,500
ARKANSAS HUNGER RELIEF ARKANSAS HUNGER RELIEF 1400 W MARKHAM ST STE 304 1400 W MARKHAM ST STE 304 LITTLE ROCK, AR 72201	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	2,000
Total				859,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
ARKANSAS OVARIAN CANCER FOUNDATION ARKANSAS OVARIAN CANCER FOUNDATION PO BOX 7796 PO BOX 7796 LITTLE ROCK, AR 72217	NONE	PC	CHARITABLE- MEDICAL RESOURCES	1,000			
ARKANSAS SHERIFFS YOUTH RANCHES INC ARKANSAS SHERIFFS YOUTH RANCHES INC PO BOX 3964 PO BOX 3964 BATESVILLE, AR 72503	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	3,000			
ARKANSAS SPORTS HALL OF FAME ARKANSAS SPORTS HALL OF FAME 3 VERIZON ARENA WAY 3 VERIZON ARENA WAY NORTH LITTLE ROCK, AR 72114	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	300			
ARMOM ARMOM562 LOCUST ST 562 LOCUST ST CONWAY, AR 72034	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	5,000			
BETHLEHEM HOUSE BETHLEHEM HOUSE1115 PARKWAY ST 1115 PARKWAY ST CONWAY, AR 72034	NONE	PC	CHARITABLE-SERVICES TO THE HOMELESS	2,500			
Total				859,250			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
BLACKBIRD ACADEMY OF ARTS BLACKBIRD ACADEMY OF ARTS 1058 FRONT ST STE 102 1058 FRON ST STE 102 CONWAY, AR 72032	NONE	PC	CHARITABLE-FOR ART EDUCATION	1,000			
BOY SCOUTS OF AMERICA BOY SCOUTS OF AMERICA 3200 CANTRELL RD 3200 CANTRELL RD LITTLE ROCK, AR 72202	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	500			
CARTI FOUNDATION INC CARTI FOUNDATION INCPO BOX 5210 PO BOX 5210 LITTLE ROCK, AR 72215	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	10,000			
CATHEDRAL OF ST ANDREW CATHEDRAL OF ST ANDREW 617 LOUISIANA ST 617 LOUISIANA ST LITTLE ROCK, AR 72201	NONE	PC	RELIGIOUS-FOR MINISTRY	10,000			
CATHOLIC CAMPUS MINISTRY CATHOLIC CAMPUS MINISTRY 2204 BRUCE ST 2204 BRUCE ST CONWAY, AR 72034	NONE	PC	RELIGIOUS-FOR MINISTRY	1,500			
Total				859,250			

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CENTRAL BAPTIST COLLEGE CENTRAL BAPTIST COLLEGE 1501 COLLEGE AVE 1501 COLLEGE AVE CONWAY, AR 72034	NONE	PC	CHARITABLE- FOR EDUCATION	3,000
CHIST VINCENT CHI/ST VINCENT 1100 N UNIVERSITY STE 1 1100 N UNIVERSITY STE 1 LITTLE ROCK, AR 72205	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	11,000
CITY OF HOPE OUTREACH CITY OF HOPE OUTREACH 608 E ROBBINS ST 608 E ROBBINS ST CONWAY, AR 72032	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	500
CIVITAN CENTER CIVITAN CENTER121 COX LN 121 COX LN BENTON, AR 72015	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	5,000
COMMUNITY SERVICES INC COMMUNITY SERVICES INC 100 S CHEROKEE ST 100 S CHEROKEE ST MORRILTON, AR 72110	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	300
Total	859,250			

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the `	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CONWAY BOOKCASE CLUB CONWAY BOOKCASE CLUB 1111 MAIN ST STE 102 1111 MAIN ST STE 102 CONWAY, AR 72032	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	100
CONWAY PUBLIC SCHOOLS FOUNDATION IN CONWAY PUBLIC SCHOOLS FOUNDATION INC PO BOX 62 PO BOX 62 CONWAY, AR 72033	NONE	PC	EDUCATIONAL-FOR PROGRAM EXPENSES	10,000
CONWAY REGIONAL HEALTH FOUND INC CONWAY REGIONAL HEALTH FOUND INC 2302 COLLEGE AVE 2302 COLLEGE AVE CONWAY, AR 72034	NONE	PC	CHARITABLE-FOR EXPANSION	1,000
DELIVER HOPE INC DELIVER HOPE INC1403 ROBINSON AVE 1403 ROBINSON AVE CONWAY, AR 72034	NONE	PC	CHARITABLE-SERVICES TO AT RISK YOUTH	250
DEPAUL USA DEPAUL USA 14 E JACKSON BLVD STE 121 14 E JACKSON BLVD STE 121 CHICAGO, IL 60604	NONE	PC	CHARITABLE-SERVICES TO THE HOMELESS	1,250
Total	859,250			

Form 990PF Part XV Line 3 - Gran	Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
FAMILY HOME & CANCER SUPPORT FAMILY HOME & CANCER SUPPORT 4300 WEST MARKHAM 4300 WEST MARKHAM LITTLE ROCK, AR 72205	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	5,000		
FCBHOWARD HOUSE MEMORIAL FCB/HOWARD HOUSE MEMORIAL PO BOX 2661 PO BOX 2661 BAKERVILLE, AR 72503	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	300		
FIRST ARKANSAS FIRST ARKANSAS35 STUDIO LN 35 STUDIO LN MOUNTAIN HOME, AR 72653	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	5,000		
FIRST BAPTIST CHURCH FIRST BAPTIST CHURCH 1719 ROBINSON AVE 179 ROBINSON AVE CONWAY, AR 72034	NONE	PC	CHARITABLE- RELIGIOUS	100		
FIRST TEE OF CENTRAL ARKANSAS FIRST TEE OF CENTRAL ARKANSAS 1 FIRST TEE WAY 1 FIRST TEE WAY LITTLE ROCK, AR 72204	NONE	PC	CHARITABLE-FOR YOUTH GOLF EDUCATION	10,000		
Total	859,250					

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year		<u> </u>			
FIRST UNITED METHODIST CHURCH FIRST UNITED METHODIST CHURCH 1610 PRINCE ST 1610 PRINCE ST CONWAY, AR 72032	NONE	PC	CHARITABLE- RELIGIOUS	100	
HAVEN HOUSE HAVEN HOUSEPO BOX 10105 PO BOX 10105 CONWAY, AR 72034	NONE	PC	CHARITABLE-FOSTER CARE SERVICES	9,250	
HAYS MEDICAL CENTER FOUNDATION HAYS MEDICAL CENTER FOUNDATION 2220 CANTERBURY DR 2220 CANTERBURY DR HAYS, KS 67601	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	8,000	
HENDRIX COLLEGE FOUNDATION HENDRIX COLLEGE FOUNDATION 1600 WASHINGTON AVE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	PC	EDUCATIONAL- FOR PROGRAM EXPENSES	40,000	
INTEGRIS HEALTH INTEGRIS HEALTH3300 NW EXPY 3300 NW EXPY OKLAHOMA CITY, OK 73112	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	10,000	
Total	859,250				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JOHN BROWN UNIVERSITY NONE PC **EDUCATIONAL-FOR PROGRAM** 101,000 JOHN BROWN UNIVERSITY **EXPENSES** 2000 W UNIVERSITY ST 2000 W UNIVERSITY ST SILOAM SPRINGS, AR 72761 JOHNNY MORRIS WONDERS OF NONE PC CHARITABLE- FOR PROGRAM 100,000 WILDLIFE **EXPENSES** JOHNNY MORRIS WONDERS OF WILDLIFE 500 W SUNSINE 500 W SUNSHINE SPRINGFIELD, MO 65807 JONESBORO UNLIMITED NONE PC CHARITABLE- ECONOMIC 20,000 JONESBORO UNLIMITED DEVELOPMENT 2306 E MATTHEWS AVE 2306 E MATTHEWS AVE JONESBORO, AR 72401 NONE PC 100 LIBERTY CHURCH OF CHRIST CHARITABLE- RELIGOUS LIBERTY CHURCH OF CHRIST 542 HWY 64 542 HWY 64 CONWAY, AR 72032 LIFE CHOICES INC. NONE PC CHARITABLE-FOR PROGRAM 550 LIFE CHOICES INCPO BOX 1345 **EXPENSES** PO BOX 1345

859,250

Total . . .

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LITTLE ROCK COMPASSION CENTER LITTLE ROCK COMPASSION CENTER PO BOX 4249 PO BOX 4249 LITTLE ROCK, AR 72214	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	200
MARYKNOLL FATHERS AND BROTHERS MARYKNOLL FATHERS AND BROTHERS PO BOX 302 PO BOX 302 MARYKNOLL, NY 10545	NONE	PC	RELIGIOUS-FOR MINISTRY	200
MOMENTUM JONESBORO MOMENTUM JONESBOROPO BOX 789 PO BOX 789 JONESBORO, AR 72403	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	20,000
MOUNT ST MARY FOUNDATION MOUNT ST MARY FOUNDATION 3224 KAVANAUGH BLVD 3224 KAVANAUGH BLVD LITTLE ROCK, AR 72205	NONE	PC	CHARITABLE- RELIGIOUS & EDUCATION	200
NATCHEZ ADAMS CTY HUMANE SOCIETY NATCHEZ ADAMS CTY HUMANE SOCIETY 475 LIBERTY RD 475 LIBERTY RD NATCHEZ, MS 39120	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	500
Total	859,250			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NORTH ARKANSAS COLLEGE NORTH ARKANSAS COLLEGE 1515 PIONEER DR 1515 PIONEER DR HARRISON, AR 72601	NONE	PC	CHARITABLE- FOR EDUCATION	1,500	
NWACC CONSTRUCTION DEGREE NWACC CONSTRUCTION DEGREE ONE COLLEGE DRIVE ONE COLLEGE DRIVE BENTONVILLE, AR 72712	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	5,000	
OKLAHOMA METHODIST MANOR OKLAHOMA METHODIST MANOR 4134 E 31ST ST 4134 E 31ST ST TULSA, OK 74135	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	10,000	
PHILANDER SMITH COLLEGE PHILANDER SMITH COLLEGE 900W DAISY L GASTON BATES 900 W DAISY L GASTON BATE LITTLE ROCK, AR 72202	NONE	PC	EDUCATIONAL-FOR PROGRAM EXPENSES	10,000	
PRESBYTERIAN VILLAGE PRESBYTERIAN VILLAGE 500 BROOKSIDE 500 BROOKSIDE LITTLE ROCK, AR 72205	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	5,000	
Total				859,250	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
RONALD MCDONALD HOUSE CHARITIES OF RONALD MCDONALD HOUSE CHARITIES OF AR INC 1009 WOLFE ST 1009 WOLFE ST LITTLE ROCK, AR 72202	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	20,000	
ROTARY CLUB 99 FOUNDATION ROTARY CLUB 99 FOUNDATION 1501 N UNIVERSITY AVE ST 1501 N UNIVERSITY AVE ST LITTLE ROCK, AR 72207	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	5,000	
SACRED HEART CHURCH SACRED HEART CHURCH 506 E BROADWAY 506 E BROADWAY MORRILTON, AR 72110	NONE	PC	FOR RELIGIOUS & EDUCATIONAL	2,600	
SCHOOL SISTERS OF NOTRE DAME SCHOOL SISTERS OF NOTRE DAME 13105 WATERTOWN PARK RD 3105 WATERTOWN PARK RD ELM GROVE, WI 53122	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	1,000	
SINGLE PARENT SCHOLARSHIP FUND SINGLE PARENT SCHOLARSHIP FUND PO BOX 11769 PO BOX 11769 CONWAY, AR 72034	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	2,250	
Total	859,250				

Form 990PF Part XV Line 3 - Gran	its and Contributions Paid	d During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SISTER OF CHARITY OF NAZARETH SISTER OF CHARITY OF NAZARETH PO BOX 9 PO BOX 9 NAZARETH, KY 40048	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	1,000
SOARULM SOAR/ULM700 UNIVERSITY AVE 700 UNIVERSITY AVE MONROE, LA 71209	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	13,000
SOARINGS WINGS RANCH INC SOARING WINGS RANCH INC PO BOX 1670 PO BOX 1670 CONWAY, AR 72033	NONE	PC	CHARITABLE-FOR PROGRAM EXPENSES	1,000
ST JOSEPH CHURCH ST JOSEPH CHURCH115 COLLEGE AVE 115 COLLEGE AVE CONWAY, AR 72032	NONE	PC	RELIGIOUS-FOR MINISTRIES	31,000
ST JOSEPH SCHOOL ST JOSEPH SCHOOL ALUMNI ASSOC 502 FRONT ST 502 FRONT ST CONWAY, AR 72032	NONE	PC	CHARITABLE- RELIGIOUS & EDUCATION	1,400
Total				859,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year		[
ST SCHOLASTICA MONESTARY ST SCHOLASTIC MONESTARY 1201 S ALBERT PIKE AVE 1201 S ALBERT PIKE AVE FORT SMITH, AR 72903	NONE	PC	RELIGIOUS- FOR MINISTRY	5,000	
STEVE AZAR ST CECILIA FOUNDATION STEVE AZAR ST CECILIA FOUNDATION PO BOX 4613 PO BOX 4613 GREENVILLE, MS 38704	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	7,500	
SUBIACO ABBEY & ACADEMY SUBIACO ABBEY & ACADEMY 65 N SUBIACO AVE 65 N SUBIACO AVE SUBIACO, AR 72865	NONE	PC	FOR RELIGIOUS & EDUCATIONAL	100	
THE GALA FOR LIFE THE GALA FOR LIFE 100 EAST MARKHAM ST 100 EAST MARKHAM ST LITTLE ROCK, AR 72201	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	1,000	
THE MUSES INC THE MUSES INC428 ORANGE ST 428 ORANGE ST HOT SPRINGS, AR 71913	NONE	PC	CHARITABLE-FOR SUPPORT OF THE ARTS	750	
Total				859,250	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TRUE HOLINESS SAINTS CENTER NONE PC CHARITABLE- RELIGIOUS 2,000 TRUE HOLINESS SAINTS CENTER 198 HWY 286 E 198 HWY 286 E CONWAY, AR 72032 TULSA JEWISH COMMUNITY NONE PC CHARITABLE-FOR PROGRAM 12,500 RETIREMENT **EXPENSES** TULSA JEWISH COMMUNITY RETIREMENT & HEALTH CARE CE 2025 E 71ST ST 2025 E 71ST ST TULSA, OK 74136 NONE PC UNITED WAY OF CENTRAL AR INC. CHARITABLE-FOR PROGRAM 2,400 UNITED WAY OF CENTRAL AR INC **EXPENSES** PO BOX 489 PO BOX 489 CONWAY, AR 72033 UNIV OF ARK FOUNDATION NONE PC 100 **EDUCATIONAL-FOR PROGRAM** UNIVERSITY OF ARK FOUNDATION **EXPENSES** 535 RESEARCH CTR BLVD 12 535 RESEARCH CTR BLVD 12 FAYETTEVILLE, AR 72701 NONE PC UNIV OF ARK LITTLE ROCK CHARITABLE-FOR EDUCATION 35,000 **FOUNDATION** UNIV OF ARK LITTLE ROCK **FOUNDATION** 2801 S UNIVERSITY AVE 2801 S UNIVERSITY AVE LITTLE ROCK, AR 72204

859,250

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
UNIV OF CENTRAL AR FOUNDATION UNIV OF CENTRAL AR FOUNDATION 201 DONAGHEY AVE 201 DONAGHEY AVE CONWAY, AR 72035	NONE	PC	CHARITABLE-FOR AR SHAKESPEARE THEATR	2,500	
UNIV OF CENTRAL AR FOUNDATION INC UNIV OF CENTRAL AR FOUNDATION INC 201 DONAGHEY AVE 201 DONAGHEY AVE CONWAY, AR 72035	NONE	PC	EDUCATIONAL-FOR EDUCATION/ARTS/ATHLE	104,700	
WOMENS SHELTER OF CENTRAL ARKANSAS WOMENS SHELTER OF CENTRAL	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	1,000	

CONTAT, AR 72033				
UNIV OF CENTRAL AR FOUNDATION INC UNIV OF CENTRAL AR FOUNDATION INC 201 DONAGHEY AVE 201 DONAGHEY AVE CONWAY, AR 72035		PC	EDUCATIONAL-FOR EDUCATION/ARTS/ATHLE	104,700
WOMENS SHELTER OF CENTRAL ARKANSAS WOMENS SHELTER OF CENTRAL ARKANSAS PO BOX 2557 PO BOX 2557	NONE	PC	CHARITABLE- FOR PROGRAM EXPENSES	1,000

CONWAY, AR 72033

859,250 Total . .

efile GRAPHIC print - DO NOT PROCESS As Filed Data -					DLN: 93491225002208	
TY 2017 Accounting F	ees Scho	edule				
Name: NABHOLZ CHARITABLE FOUNDATION						
EIN: 58-1748037						
Accounting Fees Schedule						
Category	Ame	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
СРА		2,325				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491225002208
TY 2017 Investments Corporat	e Stock Sche	dule

Name: NABHOLZ CHARITABLE FOUNDATION

EIN: 58-1748037

Name of Stock	End of Year Book Value	End of Year Fair Market Value
REGIONS FINANCIAL CORP.	361,455	361,455

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491225002208		
TY 2017 Other Expenses Schedule						
Name:	NABHOLZ CHAR	RITABLE FOUNDA	TION			
EIN:	58-1748037					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
BANK CHARGES	21					

Description			Amount			
EIN: 58-1748037						
Name: NABHOLZ CHARITABLE FOUNDATION						
TY 2017 Other Increases Schedule						
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491225002208			

UNREALIZED GAIN ON INVESTMENTS CARRIED AT MARKET

TY 2017 Other Professional Fees Schedule Name: NABHOLZ CHARITABLE FOUNDATION					
EIN: 58-1748037					
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
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2,100

2,100

BANK TRUST FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491225002208		
TY 2017 Taxes Schedule						
Name:	NABHOLZ CI	HARITABLE FOUNI	DATION			
	58-1748037					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAX ON INVESTMENT INCOME	60					

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491225002208
Schedule B		Sched	ule of Contributo	ors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (I	o Form 990, 990-EZ, or 990 Form 990, 990-EZ, or 990-l <u>ww <i>ir</i>s <i>gov/form990</i></u>		ons is at	2017
Name of the organizati NABHOLZ CHARITABLE FO					Employer id	lentification number
Organization type (che	ck one)				58-1748037	
	,					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) o	organization			
	☐ 4947(a)(1) nonexempt cha	ritable trust not treated a	as a private founda	tion	
	☐ 527 politi	ical organization				
Form 990-PF	✓ 501(c)(3)) exempt private fo	oundation			
	☐ 4947(a)(1) nonexempt cha	ritable trust treated as a	private foundation		
	☐ 501(c)(3)) taxable private fo	undation			
			PF that received, during Complete Parts I and II S			
Special Rules						
under sections 5 received from ar	09(a)(1) and 170(b))(1)(A)(vı), that che lurıng the year, tot	g Form 990 or 990-EZ th coked Schedule A (Form al contributions of the gr plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that
during the year,	total contributions o	f more than \$1,00	, or (10) filing Form 990 0 <i>exclusively</i> for religious ranimals Complete Part	s, charitable, scien		
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the l	sively for religious, e total contributions parts unless the G	, or (10) filing Form 990 charitable, etc., purpose s that were received duri eneral Rule applies to tl or more during the year	s, but no such con ng the year for an nis organization be	itributions tota exclusively re cause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
Caution. An organizatio 990-EZ, or 990-PF), but Form 990-EZ or on its F 990-EZ, or 990-PF)	ıt must answer "No	o" on Part IV, line 2	2, of its Form 990, or che	ck the box on line	H of its	
For Paperwork Reduction A for Form 990, 990-EZ, or 99		tructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)

IABHOLZ CHARI	TABLE FOUNDATION	58-1748037	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NABHOLZ CONSTRUCTION CORPORATION NABHOLZ CONSTRUCTION CORPORATION		Person 🗸
	PO BOX 2090	\$ 750,000	Noncash
	CONWAY, AR72033		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person 🗸
2	CHARLES NABHOLZ		Payroll
	612 GARLAND ST	\$ 64,585	Noncash
	CONWAY, AR72032		(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	-		Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
		Cabadula D /Ea	orm 990 990-E7 or 990-DE\ (2017)

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