

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Private Foundation** Form **990-PF** 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. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990p JUL 1, 2014 , and ending 2015 For calendar year 2014 or tax year beginning Name of foundation A Employer identification number 20-0520043 NICKLIES FOUNDATION, INC. Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 110 502-423-0072 6060 DUTCHMANS LANE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LOUISVILLE, KY 40205 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 1,483,286. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 125,000. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4,686. 4,686 STATEMENT SCANNED JAN 0 4 2016 --4 Dividends and interest from securities 43,300 43,300 STATEMENT 5a Gross rents 33,948. STATEMENT b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 47,986 172,986 Total, Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 0 660. 660 STMT 16a Legal fees 1,300. 650. 650. STMT 5 b Accounting fees c Other professional fees 17 Interest 3,433 132. 3,953 18 Taxes STMT 6 4,854 6,054 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses
24 Total operating
expenses. Add

Contributions of 141. 1,730 589 24 Total operating and administrative <u>1,583.</u> 12,497. 11,726 expenses. Add lines 13 through 23 84,650 84,650. 25 Contributions, gifts, grants paid

LHA For Paperwork Reduction Act Notice, see instructions.

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)

26 Total expenses and disbursements.

Add lines 24 and 25 27 Subtract line 26 from line 12:

9-12-48 24 Form 990-PF (2014)

86,233.

11,726

36,260

97,147

75,839

For	m 99	0-PF (2014) NICKLIES FOUNDATION, INC.			0520043 Page 2
Г	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of	<del></del>
ட	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	6,666.	20,815.	20,815.
		Savings and temporary cash investments	1,110,187.	1,166,326.	
		Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	Ì .	Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	٥				
	_	disqualified persons			
	7	Other notes and loans receivable	43 000	20 105	20 105
		Less: allowance for doubtful accounts ▶ 0 .	43,099.	20,185.	20,185.
ets		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			· · · · · · · · ·
•		Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation STMT 8 ▶ 37,064.	247,495.	242,641.	242,641.
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	0.	33,319.	33,319.
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,407,447.	1,483,286.	1,483,286.
_	17	Accounts payable and accrued expenses			
	l .	Grants payable			
w	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë	í	Other liabilities (describe  )			
	22	Other habilities (describe			
	00	Tatal liabilities (add lines 17 through 99)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ś					
Net Assets or Fund Balances	24	Unrestricted			
ala	25	Temporarily restricted			
<b>B</b> P	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.	1 005 314	1 007 314	
ts	27	Capital stock, trust principal, or current funds	1,227,314.	1,227,314.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	180,133.	255,972.	
Ž	30	Total net assets or fund balances	1,407,447.	1,483,286.	
_	31_	Total liabilities and net assets/fund balances	1,407,447.	1,483,286.	
P	art	III Analysis of Changes in Net Assets or Fund Bala	ances		
$\equiv$		<del></del>		ГГ	
1		net assets or fund balances at beginning of year - Part II, column (a), line 30			1 407 447
_		t agree with end-of-year figure reported on prior year's return)	1	1,407,447.	
		amount from Part I, line 27a	2	75,839.	
		rincreases not included in line 2 (rtemize)	3	0.	
		ines 1, 2, and 3		4	1,483,286.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	l otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	ın (b), line 30	[6]	1,483,286.
					Form <b>990-PF</b> (2014)

	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 shs			(b) How acqui P - Purchas D - Donation	red e 1	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b NO	NE						
<u>c</u>							
<u>d</u>							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	
a b		•					
C			-				
d		-					
e					-		
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69		(I) G	Sains (Col. (h) gair	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col. (I	k), but not less the Losses (from col.	an -0-) <b>or</b> (h))
a							
b							
C							
d	·						
е							
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -0-	r in Part I, line ' - in Part I, line	7 7	} 2			
3 Net short-term capital gain or (los	•						
If gain, also enter in Part I, line 8,		(-)-		<b>}</b>			
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) for	D. d d	Tau an Nat	3	- A I		
Was the foundation liable for the sec If "Yes," the foundation does not qual			•	od?			Yes X No
1 Enter the appropriate amount in (	each column for each year; see the ir	nstructions bef	fore making any er	itries.			
(a) Base period years Calendar year (or tax year beginni	(b) ng in) Adjusted qualifying dis	tributions	Net value of nor	(c) ncharitable-use	assets	Dıstrı (col. (b) dı	(d) bution ratio vided by col. (c))
2013	16	2,813.		1,377,	304.		.11821
2012	7	6,437.		1,473,			.05187
2011		8,304.			<u>916.</u>		.04876
2010		9,372.		1,525,			.03237
2009		1,608.		1,053,	705.		.04897
• • • • • • • • • • • • • • • • • • •							20020
2 Total of line 1, column (d)	E year hada pariod divide the total o	on line 2 by F	or by the number	of voore		2	.30020
3 Average distribution ratio for the state the foundation has been in exister	- · · · · · · · · · · · · · · · · · · ·	on line 2 by 5,	or by the number	JI years		3	.06004
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X	line 5				4	1,434,393
	10 000 00000 101 20 11 1101111 01117						
5 Multiply line 4 by line 3						5	86,121
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	363
7 Add lines 5 and 6						7	86,484
8 Enter qualifying distributions from	Part XII, line 4					8	86,233
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part using	a 1% tax rate.			

	1990-PF (2014) NICKLIES FOUNDATION, INC. 20-05	20043		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		_	
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%		7	<u>25.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2			25.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		-	$\frac{0}{25}$
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u> </u>
6	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014  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			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			8.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		7	33.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			
	nrt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed 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.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	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?  N/A			X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
•	If "Yes," attach the statement required by General Instruction T.			
Ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>			
	remain in the governing instrument?	6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
′	bid the foundation have at least \$0,000 in assets at any time during the year: 11 Tes, Complete Fart II, Cor. (c), and Fart AV	'	_21	<del></del>
Ωa	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Va	KY	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-		
-	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	1		
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		Form <b>990</b>	-PF	(2014)

		<u>520043</u>		Page <b>5</b>
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► THE ORGANIZATION Telephone no. ► 502	-423-0	072	
		<b>►40205</b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		'	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ło		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	No l		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		} .	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	10		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)	lo l	.	
h	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
Ī		A 16		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_		
٠	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
-	defined in section 4942(j)(3) or 4942(j)(5)):			
я	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•	before 2014?	ło l		
	If "Yes," list the years  ,,,,,,,,			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1	} }	
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1	1 1	
	statement - see instructions.)  N/Z	A 2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	lo		
h	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	1		
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.)  N/A	A 3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	<u>                                   </u>		
•	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		х
	the new section of the perpension section in the say of the say joint beginning in contr	Form <b>99</b>	0-PF	
				· · ·/

orm 990-PF (2014) NICKLIES FOUNDATION, INC	Farm 4700 May Do F		<u> 20-05200</u>	43	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be H	requirea (continu	ued)	<del></del>	1
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955);</li> </ul>			s X No		
any voter registration drive?	•	☐ Ye	s X No	ŀ	
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?	, or educational purposes, or f		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described i	n Regulations		ļ	Ì
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b	ļ
Organizations relying on a current notice regarding disaster assistance check				}	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				-	ł
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.494		[/ <b>A</b>	s L No		1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					ł
a personal benefit contract?	pay premiums on	□ v <sub>e</sub>	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870.	<b>,</b>				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors		nagers, Highly	<i>!</i>		_
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(-) Ev	
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	t, other ances_
DAVID W. NICKLIES	PRESIDENT			}	
6060 DUTCHMANS LN, STE. 110		1	•	:	^
LOUISVILLE, KY 40205	4.00	0.	0.		0.
JANET F. NICKLIES	_SECRETARY/TRE	ASURER			
6060 DUTCHMANS LN, STE. 110	2.00	0.	0.		0.
LOUISVILLE, KY 40205	DIRECTOR	0.	<u> </u>		<u> </u>
CHARLES J. NICKLIES 6060 DUTCHMANS LN. STE. 110	DIRECTOR				
LOUISVILLE, KY 40205	2.00	0.	0.		0.
HOOTEVILLE, XI 40203	2.00				
2 Compensation of five highest-paid employees (other than those in		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	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	pense t, other ances
NONE					
			<del>-</del>		
	_			1	
	+				
					· <del></del>
	1				
Tabel number of other amployees paid over \$50,000	<u> </u>		<u> </u>		0
Total number of other employees paid over \$50,000					

Form 990-PF (2014) NICKLIES FOUNDATION, INC. 20	0-05200	43 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
27.2	_	
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	_	
	_	
2		
	$\dashv$	
All III	<del></del>	
All other program-related investments. See instructions.		
3	$\dashv$	
	$\dashv$	
Total. Add lines 1 through 3	<b>-</b>	_ 0.
TOWNS TO THE PROPERTY OF THE P	Form	990-PF (2014)

P	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:		
a	Average monthly fair market value of securities	1a	16,660.
	Average of monthly cash balances	1b	1,148,268.
C		1c	291,309.
-	Total (add lines 1a, b, and c)	1d	1,456,237.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,456,237.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,844.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,434,393.
6	Minimum investment return Enter 5% of line 5	6	71,720.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	71,720.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	725.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	70,995.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	70,995.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	70,995.
_	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	86,233.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		00,233.
	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1b 2	
2		-	
3	Amounts set aside for specific charitable projects that satisfy the:	3a	
a	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)	3b	
b	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	86,233.
4	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7	00,2331
5	Income. Enter 1% of Part I, line 27b	5	0.
c	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,233.
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	judiines 10	

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
Distributable amount for 2014 from Part XI,				
line 7				70,995.
2 Undistributed income, if any, as of the end of 2014		···		
a Enter amount for 2013 only			0.	
b Total for prior years:				
Fuence distributions company of court to 2014;		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
<b>b</b> From 2010				
¢ From 2011				
d From 2012				
e From 2013 22,907.	00 007			
f Total of lines 3a through e	22,907.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 86,233.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	1 - 222			70,995.
e Remaining amount distributed out of corpus	15,238.			
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,145.			
<b>b</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 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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	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	38,145.			
10 Analysis of line 9:			•	
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 22,907.				
e Excess from 2014 15, 238.				
423581 11-24-14	<u> </u>			Form <b>990-PF</b> (2014)

Part XIV Private Operating F	S FOUNDATIO		I-A guestion 9)	20-05 N/A	20043 Page 1
1 a If the foundation has received a ruling of	<u></u>		77, quostion 0)	N/A	<u> </u>
foundation, and the ruling is effective fo					
<b>b</b> Check box to indicate whether the found			in section	4942(J)(3) or 49	942(j)(5)
			Prior 3 years	1 4342(]/(0) 01 4.	
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
income from Part I or the minimum	(a) 2014	(6) 2010	(0) 2012	(0) 2011	(0) 10.2.
investment return from Part X for					1
each year listed				-	
b 85% of line 2a					/
c Qualifying distributions from Part XII,					-
line 4 for each year listed	<u> </u>				
d Amounts included in line 2c not				,	ł
used directly for active conduct of				,	
exempt activities					1
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:					1
a "Assets" alternative test - enter:	i				1
(1) Value of all assets	_				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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	ļ	/			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		<u>′</u>			
and 5 or more exempt	/	-			
organizations as provided in section 4942(j)(3)(B)(iii)	/	ļ			
(3) Largest amount of support from	/				
an exempt organization					
(4) Gross investment income	//				
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:			-	
a List any managers of the foundation wh			tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
DAVID W. NICKLIES					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large porti	on of the ownership of a p	artnersnip or
DAVID W. NICKLIES					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	rograms:		
				not accept unsolicited requ	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	inder other conditions, c	omplete items 2a, b, c, and	d d.
a The name, address, and telephone num			ications should be addre	ssed:	
DAVID W. NICKLIES, 5	02-412-7638				
6060 DUTCHMANS LN, S	TE. 100, LO	UISVILLE, K	XY 40205		
b The form in which applications should be		tion and materials they sl	hould include:		
NO FORMAL APPLICATIO c Any submission deadlines:	M FROCESS				
NONE  d Any restrictions or limitations on awards	s, such as by geographics	al areas, charitable fields	kinds of institutions or	other factors	
NONE	o, odon do by yeoyiapinic	ai arous, oriaritable licius,	made of mediculions, Of	omor igotora,	
			<del></del>	·- · · ·	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Yo		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	Contribution	
a Paid during the year				
21ST CENTURY PARKS		501(C)(3)	CHARITABLE	
471 W MAIN ST, STE 202				
LOUISVILLE, KY 40202				1,500.
AMERICAN HEART ASSOCIATION		501(C)(3)	CHARITABLE	
7272 GREENVILLE AVENUE				
DALLAS, TX 75231	<del></del>			250.
AMERICAN RED CROSS		501(C)(3)	CHARITABLE	
510 E. CHESTNUT STREET				42.000
LOUISVILLE, KY 40202			-	13,000.
BOY SCOUTS OF AMERICA		501(C)(3)	CHARITABLE	
PO BOX 36273				1,000,
LOUISVILLE, KY 40233				1,000,
BOYS AND GIRLS CLUB OF KENTUCKIANA 3900 CRITTENDEN DRIVE		501(C)(3)	CHARITABLE	
LOUISVILLE KY 40209				5,000.
Total SEE CON	TINUATION SHEE	T(S)	<b>▶</b> 3a	84,650
<b>b</b> Approved for future payment				
NONE				
				Ji
		ļ		
		-	-	
		1		
Total			<b>▶</b> 3b	0.

Part XVI-A Analysis of Income-Producing Activities
--

enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
The gross amounts amous sure was maiouss.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					
c				-	<u></u>
d					
e					
f	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					· · · · · · · · · · · · · · · · · · ·
investments			14	4,686.	
4 Dividends and interest from securities		!			
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	33,948.	
6 Net rental income or (loss) from personal					,
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c	-				
d	***				-
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		38,634.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u></u>				38,634.
See worksheet in line 13 instructions to verify calculations.)					
<u>.                                      </u>	a tha Assa	muliahmant of Ev		Durnosos	- "
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			•
	·				
				·	
	14.1				
-					<del></del>
				<del>.</del>	•

Form 990-PF	(2014) NICKL	IES FOUND	ATION,	INC.		<u> 20-0520</u>	<u>043</u>	Pa	ge 13
Part XVI			sfers To a	and Transactions a	and Relations	hips With Nonchar	itable	•	
	Exempt Organ					504/a) af		Yes	No
	organization directly or indir e (other than section 501(c)					ion 50 i(c) oi		163	140
	rs from the reporting founda				iizations,				
(1) Cas		ation to a noncharitat	ne exempt of	janization of.			1a(1)		х
, ,	ner assets						1a(2)		X
• • •	ansactions:								
	es of assets to a noncharital	ble exempt organizat	ion				16(1)		X
• •	rchases of assets from a no						1b(2)		X
	ntal of facilities, equipment,		-				1b(3)		X
(4) Rei	mbursement arrangements						1b(4)		Х
(5) Loa	ans or loan guarantees						1b(5)		X
(6) Per	formance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		X
c Sharing	of facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			1c	<u></u>	X
	•		-			narket value of the goods, o		sets,	
				ed less than fair market vali	ue in any transactior	or sharing arrangement, sh	now in		
	(d) the value of the goods,				(4) -				
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and s	haring ar	rangeme	ents
	·		N/A					<del></del>	
					<del> </del>				
				<del></del>		·-			
				·					
	<del></del>								
	<del>-</del>		_						
	oundation directly or indirect				zations described	_	٦.,	92	٦
	on 501(c) of the Code (other		(3)) or in sect	ion 527?			_  Yes	LX	No
b If "Yes,"	complete the following sche			(b) Type of organization	1	(c) Description of relationsh	10		
	(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	ι <b>μ</b>		
	N/A								
								-	
									_
		•					-		
	der penalties of perjury, I declare t						the IDS	discuss t	hio
Sign and	belief, it is true, correct, and con	Plete Declaration of pre	perer (other than	n taxpayer) is based on all inform	nation of which prepare	retur	n with th	e prepar (see ins	er
Here	/ /hd/k	1/10/10	1	10-12-45	DIRECT				No
Si	gnature of officer or trustee			Date	Title				
•	Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if PTIN			
	VICTORIA D	. BUSTER,	1/ 1	$\cdot \cap A$		self- employed			
Paid	CPA		wine	Misustr	10/6/15		024		
Preparer	1 11111 0 11d1110 P 2200	NTJOY CHI	LTON M	EDLEY LLP	1 1	Firm's EIN ► 27-12	356	38	
Use Only	·	^ ~ <del></del>				-			
				, SUITE 2600					•
	LO	<u>UISVILLE,</u>	KY 40	<u> 202-3445</u>		Phone no. (502)7	<u>49-</u>	<u> 190</u>	U

Form **990-PF** (2014)

## 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.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization		Employer identification number
N	ICKLIES FOUNDATION, INC.	20-0520043
Organization type (check	······································	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because if le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork Red	uction 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

## NICKLIES FOUNDATION, INC.

20-0520043

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DAVID W. NICKLIES  6060 DUTCHMANS LN, STE. 110  LOUISVILLE, KY 40205	\$\$	Person X Payroll			
(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			
		<b>\$</b>	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.)			

Name of organization

Employer identification number

## NICKLIES FOUNDATION, INC.

20-0520043

art II	Noncash Property (see instructions). Use duplicate copies of Pa	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 Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(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
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		 \$	

Employer identification number

NICKLI	ES FOUNDATION, INC.		20-0520043
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations rises for the year (Enter this info once)
	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS	AND TEMPORARY	CASH INVESTMENTS	STATEMENT	1
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOM	E
SABRINA HO STOCK YARDS BANK UPPER HIGHLANDS SWIM CLUB	461. 2,799. 1,426.	461. 2,799. 1,426.		
TOTAL TO PART I, LINE 3	4,686.	4,686.		
FORM 990-PF RE	ENTAL INCOME		STATEMENT	2
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCO	) <b>ME</b>
2708 W. BROADWAY, COMMERICAL BLDO	3	1	43,30	00.
TOTAL TO FORM 990-PF, PART I, LIN	NE 5A		43,30	00.
FORM 990-PF REN	NTAL EXPENSES		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	Z AMOUNT	TOTAL	
DEPRECIATION INSURANCE UTILTIES PROPERTY TAX		4,854. 282. 1,166. 3,050.		
- SUBTO	OTAL - 1	3,030.	9,35	52.
TOTAL RENTAL EXPENSES			9,35	52.
NET RENTAL INCOME TO FORM 990-PF,	, PART I, LINE	5B	33,94	<del></del> 18.

FORM 990-PF	LEGAL	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES	660.	0.		660.
TO FM 990-PF, PG 1, LN 16A =	660.	0.		660.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5
DESCRIPTION	<b>EXPENSES</b>	(B) NET INVEST- MENT INCOME	ADJUSTED	
TAX PREP FEES	1,300.	650.		650.
TO FORM 990-PF, PG 1, LN 16B	1,300.	650.		650.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		CHARITABLE
STATE FILING FEES DELINQUENT TAX SALE FEE EXCISE TAX PROPERTY TAX	265. 250. 388. 3,050.	250. 0.		132. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	3,953.	3,433.		132.

FORM 990-PF	ОТН	ER E	R EXPENSES		STATEMENT	7	
DESCRIPTION	(A) EXPENS PER BO	ES	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
MISCELLANEOUS ADVERTISING INSURANCE UTILTIES		132. 150. 282. 166.		66. 75. 82.			66. 75. 0.
TO FORM 990-PF, PG 1, LN 23	1,	730.	1,5	89.		1	41.
FORM 990-PF DEPRECIATION O		CO	LD FOR INV ST OR R BASIS	ACC	ENT  UMULATED  RECIATION	STATEMENT BOOK VAL	3 311
2708 W. BROADWAY- BUILDING 2708 W. BROADWAY- LAND INSTALL DRIVE-THRU SUBWAY TI ALLOWANCE			135,110. 101,195. 7,400. 36,000.		14,578. 0. 736. 21,750.	120,55 101,15 6,66 14,25	32. 95. 64.
POTAL TO FM 990-PF, PART II,	LN 11 =		279,705.		37,064.	242,64	41.
FORM 990-PF	OTHER	INVI	ESTMENTS			STATEMENT	9
DESCRIPTION			LUATION ETHOD	B001	K VALUE	FAIR MARKE	r
		MI		BOO	X VALUE 33,319.		

20-0520043

NICKLIES FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the			<u></u>	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
CAMP MILLHOUSE		501(C)(3)	CHARITABLE	
25600 KELLY ROAD				
SOUTH BEND, IN 46614				1,000.
		501(C)(3)	CHARITABLE	
CAMPUS OUTREACH OF LEXINGTON 541 E. EUCLID AVENUE		501(0)(3)	CHARTIABLE	
LEXINGTON, KY 40502				100.
,				
CATHOLIC EDUCATION FOUNDATION		501(C)(3)	CHARITABLE	
401 WEST MAIN STREET, STE 806				•
LOUISVILLE, KY 40202				3,500,
CHILDREN FROM AFAR, INC.		501(C)(3)	CHARITABLE	
7711 FEGENBUSH LN. LOUISVILLE, KY 40228				5,000.
HOOTSVILLE, KI 40220				3,000.
EASTERN AREA MINISTRIES		501(C)(3)	CHARITABLE	
9104 WESTPORT ROAD				
LOUISVILLE, KY 40242				500,
FAITH RANCH		501(C)(3)	CHARITABLE	
PO BOX 355				1,200,
JEWELL, OH 43986				1,200,
FAMILY AND CHILDREN'S PLACE		501(C)(3)	CHARITABLE	
525 ZANE STREET				
LOUISVILLE, KY 40203		_		2,000.
FAMILY SCHOLAR HOUSE		501(C)(3)	CHARITABLE	
403 REG SMITH CIR LOUISVILLE, KY 40208				1,000,
DO015V1DDE, K1 40200				1,000,
GALLOPALOOZA, INC.		501(C)(3)	CHARITABLE	
9300 SHELBYVILLE ROAD				
LOUISVILLE, KY 40222				5,000.
GREATER LOUISVILLE INC.		501(C)(3)	CHARITABLE	
614 WEST MAIN STREET, STE. 6000				4,850,
LOUISVILLE, KY 40202  Total from continuation sheets		<u> </u>	<u> </u>	63,900.

NICKLIES FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the		<del></del> _		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
MEALING PLACE		501(C)(3)	CHARITABLE	
.020 WEST MARKET ST.				1 00
OUISVILLE KY 40202	<del>                                     </del>			1,00
EALTHNETWORK FOUNDATION		501(C)(3)	CHARITABLE	
33 RIVER STREET				
CHAGRIN FALLS, OH 44022				50
HOME OF THE INNOCENTS		501(C)(3)	CHARITABLE	
1100 E. MARKET ST.				
OUISVILLE, KY 40206				40
IMMACULATA CLASSICAL ACADEMY		501(C)(3)	CHARITABLE	
2400 ENVOY CIRCLE				
OUISVILLE, KY 40299		<u> </u>		50
ENTUCKY HUMANE SOCIETY		501(C)(3)	CHARITABLE	
1000 LYNDON LANE, STE B				
OUISVILLE, KY 40222				1,00
LITTLE SISTERS OF THE POOR L5 AUDUBON PLAZA DRIVE		501(C)(3)	CHARITABLE	
LOUISVILLE KY 40217				1,000
OUISVILLE METRO POLICE FOUNDATION		501(C)(3)	CHARITABLE	
82 EASTERN PARKWAY				1
OUISVILLE, KY 40217				500
MARCH OF DIMES FOUNDATION		501(C)(3)	CHARITABLE	
1802 SHERBURN LANE		B01(C)(3)	CHARITABLE	
OUISVILLE KY 40207				5,000
EREDITH DUNN SCHOOL		501(C)(3)	CHARITABLE	
023 MELBOURNE AVENUE				
OUISVILLE, KY 40220				5,000
IDADO IDITADO MAY TAGO		E01/C\/3\	CUADIMADI D	
ETRO UNITED WAY, INC. O BOX 950148		501(C)(3)	CHARITABLE	
OUISVILLE, KY 40295				10,000
Total from continuation sheets				

20-0520043

NICKLIES FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Ye		<del>,</del>	1	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
NATIONAL MULTIPLE SCLEROSIS SOCIETY		501(C)(3)	CHARITABLE	
1201 STORY AVENUE, SUITE 200				
LOUISVILLE, KY 40206				500.
NEIGHBORHOOD HOUSE		501(C)(3)	CHARITABLE	
201 N. 25TH STREET				F 000
LOUISVILLE, KY 40212				5,000.
SACRED HEART SCHOOLS		501(C)(3)	CHARITABLE	
3177 LEXINGTON ROAD LOUISVILLE, KY 40206				500.
BOOTSVILLE, KI 40200				300.
SCARLET HOPE P.O. BOX 6542		501(C)(3)	CHARITABLE	
LOUISVILLE KY 40206				1,500.
ST. BALDRICK'S FOUNDATION		501(C)(3)	CHARITABLE	
1333 SOUTH MAYFLOWER AVENUE, STE. 400		501(0)(3)	CHARTIABLE	
MONROVIA, CA 91016				50,
•				
ST. JOHN'S CENTER		501(C)(3)	CHARITABLE	
700 EAST MUHAMMAD ALI BLVD				
LOUISVILLE, KY 40202				1,500.
ST. JUDE'S HOSPITAL		501(C)(3)	CHARITABLE	
501 ST. JUDE PLACE				
MEMPHIS, TN 38105				500.
THE LIBRARY FOUNDATION		501(C)(3)	CHARITABLE	
301 YORK STREET				5 000
LOUISVILLE, KY 40203				5,000.
TWIGS OF KOSAIR CHILDREN'S HOSPITAL		501(C)(3)	CHARITABLE	
231 E. CHESTNUT ST. LOUISVILLE, KY 40202				100,
ACCIDITION, AL TURVA				100,
		501(0)(0)		
USA CARES PO BOX 5006		501(C)(3)	CHARITABLE	
ELIZABETHTOWN, KY 42702				_200.
Total from continuation sheets				