Form 990-PF Department of the Treasury Internal Ruvenue Service

EXTENDED TO OCTOBER 15, 2020

Return of Private Foundation

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

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

Go to www.rs.gov/Form990PF for instructions and the latest information.

For	cale	ndar year 2018 or tax year beginning DEC	1, 2018	, and ending	NOV 30, 2019	)
Na	me o	f foundation			A Employer identification	n number
_	_	LIAM F. NICKLIN CHARITA			22-2454314	<u> </u>
		and street (or P O box number if mail is not delivered to stree	Room/suite	B Telephone number		
		IVERS EDGE			(845) 485-	8900
		town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
_		BURGH, NY 12550			ļ	
G (	hec	k all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		, Enal return	Amended return		2. Foreign organizations me	peting the 85% test
		Address change	Name change		Foreign organizations me check here and attach co	omputation
H (	_	type of organization: X Section 501(c)(3) e		no	E If private foundation sta	
느	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	<del></del>	under section 507(b)(1)	)(A), check here
		·   —	ng method: X Cash	Accrual	F If the foundation is in a	. —
		Part II, col. (c), line 16)	ther (specify)	· ^ \	under section 507(b)(1)	(B), check here
	\$	113,132. (Part I, colur	1	· · · · · · · · · · · · · · · · · · ·		1 (4)
Pa	irt	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a),)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes
	<del></del>			1	Par sharman and an extension	(cash basis only)
	1	Contributions, gifts, grants, etc., received	50.	A444.5010		
	2	Check X if the foundation is not required to attach Sch 8 Interest on savings and temporary	TO A STATE OF THE		Park Mitter and Michigan	La Series
	3	cash investments			Received US	HOSEL USB
	4	Dividends and interest from securities			3	
		Gross rents	Chair E. A Confederation of the Confederation of th	MARINE TERRITOR AND DECEMBED THE	4 Augusta bridge landers 40	
	١ ـ	Net rental income or (loss)			ENGLISH OF THE	0.2020
a	16a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	45. 共通大器系统、连线、2m/20产品等级。如1°	STATE OF THE STATE		OPENCY TO SERVICE
en.	ן נ	Gross sales price for all assets on line 6a	ACCORD AND AND AND AND AND AND AND AND AND AN	CONTRACTOR OF THE CONTRACTOR O		
Revenue	′	Capital gain net income (from Part IV, line 2)		DASMIC SEASON INC. AND COLORS OF THE PARTY O	Door	
_	8	Net short-term capital gain	COLUMN AND DESIGNATION	THE TREE THE LANGE TO SECTION	Ogui	TO STATE OF THE PARTY OF THE PA
	40.	Income modifications Gross sales less returns	TARREST STREET,	Maria Property and the control of th	GANGGANG KONTO LIMINO LARIA MONTO COMO	
		and allowances	SHARE STATES AND	Market area and the second	SANTANTANTANTANTANTANTANTANTANTANTANTANTA	CONTRACTOR CONTRACTOR
		Less Cost of goods sold	的學術的學術學		<b>学师服务的标题</b>	CONTRACTOR CONTRACTOR CONTRACTOR
		Gross profit or (loss)		温度 100 0 100 100 100 100 100 100 100 100	<del></del>	A STATE OF THE STA
	11	Other income	50.	_ 0.	0.	
<del></del> _	12 13	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages	0 0		· · · · · · · · · · · · · · · · · · ·	
	15	Pension plans, employee benefits				
S		Legal fees		<del></del>		
Sus		Accounting fees				
Expenses		Other professional fees		<u></u>		
	17	Interest	<del></del>	<u> </u>		<del></del>
ativ	18	Taxes				<del></del>
str	19	Depreciation and depletion				
ü	20	Occupancy	1			ASSESSED BOOK OF THE PROPERTY
Ada	21	Travel, conferences, and meetings	<del></del>			
Ē	22	Printing and publications		,		
g	23	Other expenses STMT 1	50.	0.	0.	0.
	24	Total operating and administrative				<del></del>
Operating and Administrative	- 1	expenses. Add lines 13 through 23	50.	0.	0.	0.
Ö	25	Contributions, gifts, grants paid		TENERAL SERVICE		0.
	26	Total expenses and disbursements.		to make her of ename in the appropriate of agent	Carry trops Co. A. Seranders and Steel	
		Add lines 24 and 25	50.	0.	0.	0.
$\dashv$	_	Subtract line 26 from line 12:				PHILIPPE THE
		Excess of revenue over expenses and disbursements	0.			
	*	Net investment income (if negative, enter -0-)		0.		
			**************************************		0.	海水金加温/克里斯/400

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see Instructions.

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E F	Part.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Degining of year	<del></del>	n year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
•		Cash - non-interest-bearing		ļ <u></u>	
		Savings and temporary cash investments	742.	742.	742.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶		And the said and the State of the said	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	8	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and toans receivable		CHARLETTE BEARING	rikisateen allogiisuus
		Less: allowance for doubtful accounts			74020 10 20 20 20 20 20 20 20 20 20 20 20 20 20
S	8	Inventories for sale or use			
Assets	١	Prepaid expenses and deferred charges	<u> </u>	<del></del>	<u> </u>
Asi	100	Investments - U.S. and state government obligations		<u> </u>	
			45,625.	45,625.	112,390.
			45,025.	43,023.	112,390.
	1	Investments - corporate bonds	Standing of Standing States and March	411675114491. *********** *********	The at the second second at the same of the second
	11	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	1	Less accumulated depreciation			<u> </u>
	15	Other assets (describe		<u> </u>	·
	16	Total assets (to be completed by all filers - see the			•
		instructions. Also, see page 1, item I)	46,367.	46,367.	113,132.
	17	Accounts payable and accrued expenses			20年3月1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日
	18	Grants payable		•	Extract court in
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			WIND AND THE STATE OF THE STATE
Ξ	22	Other liabilities (describe  )			
	1				(第10年3年5年4月1日 元)
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
<b>5</b>		and complete lines 24 through 26, and lines 30 and 31.	, <u>, , , , , , , , , , , , , , , , , , </u>		
es	24	Unrestricted			
Balances	1 '	Temporarily restricted			THE COLUMN AS WELVES Y
<u>a</u>	•	Permanently restricted			TO THE REPORT OF THE PARTY OF T
	20				
5	ł		,		
or Fund		and complete lines 27 through 31.	20,690.	20 600	
Net Assets		Capital stock, trust principal, or current funds	20,690.	20,690.	
SS	l	Paid-in or capital surplus, or land, bldg., and equipment fund	25,677.	25 677	
¥	29	Retained earnings, accumulated income, endowment, or other funds		25,677.	
ž	30	Total net assets or fund balances	46,367.	46,367.	CANAL MARKET
	П		46.365	45.05	
	31	Total liabilities and net assets/fund balances	46,367.	46,367.	
ξĐ	árt:	Analysis of Changes in Net Assets or Fund B	alances		•
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	,	
	(mus	t agree with end-of-year figure reported on prior year's return)		1	46,367.
2	Enter	amount from Part I, line 27a		2	0.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	nes 1, 2, and 3		4	46,367.
5	Decre	ases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	46,367.
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(a) List and describe th	nd Losses for Tax on In the kind(s) of property sold (for example thouse; or common stock, 200 shs	mple, real esta		(b) How acqui P - Purchas D - Donation	red (	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	<u> </u>		···	B Bonation			
b NON	E						
C			-				
d				<u></u>			
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(	(h) Gain or (loss (e) plus (f) minus (	
а				_			
<u>b</u>							
C	<del> </del>						<del></del>
<u>d</u>	<del></del>		<del></del>				-
Complete only for specify above as	gain in column (h) and award by	ho foundation	05 10/21/60			(0.1.(1))	_
Complete only for assets snowing	gain in column (h) and owned by t					iains (Col. (h) gain (), but not less thai	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), If any			osses (from col. (	
a						<del></del>	- <u></u>
b							<del></del>
С	<del></del>						
<u>d</u>		-					
<u>e</u>				<del>_</del>			
2 Capital gain net income or (net capi	tal loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases}$	in Part I, line In Part I, line	7 7	} 2		·	= <del></del>
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, co		d (6):					
If (loss), enter -0- in Part I, line 8	, ( <b>0</b> ).			] 3			
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Investmen	nt Inco	me	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation doesn't qualify	n 4942 tax on the distributable am			od?			Yes 🗓 No
1 Enter the appropriate amount in ea	ch column for each year; see the in	structions be	fore making any ei	ntries.			
(a)  Base period years  Calendar year (or tax year beginning	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncharitable-use	assets	Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2017		0.		83,	856.		.00000
2016		2,500.		64,	001.		.039062
2015		632.			720.		.065023
2014		922.		12,	636.		.07296
2013		1,025.		18,	449.		.05555
2 Total of line 1, column (d)						2	.232608
3 Average distribution ratio for the 5-	year base period - divide the total o	n line 2 by 5.0	), or by the numbe	r of years			
the foundation has been in existenc	e if less than 5 years					3	.04652
4 Enter the net value of noncharitable	-use assets for 2018 from Part X, i	ine 5				4	119,596
5 Multiply line 4 by line 3						5	5,564
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	0.
7 Add lines 5 and 6						7	5,564
8 Enter qualifying distributions from P	art XII, line 4					8	0.
If line 8 is equal to or greater than lii See the Part VI instructions.		1b, and comp	lete that part using	a 1% tax rate.	•		

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	n 990-PF (2018) WILLIAM F. NICKLIN CHARITABLE					2454			Page 4	,
	Excise Tax Based on Investment Income (Section 494)			140(e), or 4	948	- see in	stru	ICTIO	ns)	,
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and er	iter "N/A	N" on line 1.	Ì	難	12.5				!
	Date of ruling or determination letter: (attach copy of letter if nec	essary-	see instructio	ns)			79.0			
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%								0.	
	of Part I, line 27b				A 22		SHIP!			
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Par	t I, line 12, col.	(b).			713			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of			. , ,	2				0.	
	Add lines 1 and 2	•	,		3				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers er	nter -0-1		4				0.	
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	, 0.	0 /		5				0.	·
0					-	wil Hates	de la compa	, अधिप्रक्रि	est de	
0	Credits/Payments:	6a	ı	0.						
	a 2018 estimated tax payments and 2017 overpayment credited to 2018	$\vdash$		0.						
	Exempt foreign organizations - tax withheld at source	6b		0.			. 1			
	: Tax paid with application for extension of time to file (Form 8868)	6c								
	Backup withholding erroneously withheld	6d		0.	2000		فستثث			
7	Total credits and payments. Add lines 6a through 6d				7				0.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched			8				0.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9				0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10					
11				Refunded 🚩	11					
Pa	art VII-A Statements Regarding Activities			•						
18	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or	did it participa	ite or intervene	ın	1	學是	Yes	No	
	any political campaign?						1a	٠٠. نام	X	
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	es? Se	the instructio	ns for the defin	rtion		1b	, ,	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of					7	OF IS	<b>克莱斯</b>		
	distributed by the foundation in connection with the activities.							1		
	Did the foundation file Form 1120-POL for this year?					ľ	1c		X	
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear:				0		独立键	初期	
•	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers.			0.		Į,	等,	(数)		
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi		imposed on fo		•	1	3.0			
•	managers. > \$ 0.					4	COLT.			
9	Has the foundation engaged in any activities that have not previously been reported to the IF	82				13	2	in in the last of	X	
	If "Yes," attach a detailed description of the activities.					l,	- 1879	7. T.		
,	Has the foundation made any changes, not previously reported to the IRS, in its governing in	netruma	ent articles of i	ncorporation of	15	H				
3		rau umic	ing articles of i	ncorporation, c	''	ľ	3 3	ಪ್ರಕ್ರಿಯ	X	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	نـــــد رم					4a		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	•			NT	/A	4b			-
	o If "Yes," has it filed a tax return on Form 990-T for this year?				14	′^ }	5		x	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					<u> </u>	ວ ≃ຂົາເ	504.7502	7 C28314	
	If "Yes," attach the statement required by General Instruction T					la S			<b>经到</b>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied effective and the requirements of sections 4941 through 4945) satisfied effective and the requirements of sections 4941 through 4945) satisfied effective and the requirement of the results of the	ner:								
	By language in the governing instrument, or					27.5		<b>**</b>		
	By state legislation that effectively amends the governing instrument so that no mandatory	/ directi	ons that confli	ct with the state	law	ŝ				
	remain in the governing instrument?						6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	iete Par	t II, col. (c), an	d Part XV		L	7	X		
						33.0			Sim	
88	8a Enter the states to which the foundation reports or with which it is registered. See instructions.									
	NY									
ł	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	-	•			آ	8b	X		
9	is the foundation claiming status as a private operating foundation within the meaning of sec	ction 49	42(j)(3) or 494	12(j)(5) for cale	ndar	3		核就		2
٠	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," com					ľ	9		X	0
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu			addresses		[	10		X	
					_					

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1.3	Statements Regarding Activities (Continued)	L. Strom 1:		<del></del>
	About the second of the foundation of cells are about the second of the	14.00	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		<sub>v</sub>
40	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	l	x
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<b>├</b> ^
13	Website address ► N/A	L3	<u> </u>	Ц
14	The books are in care of ► WILLIAM NICKLIN  Telephone no. ► (845)	485	-89	00
17		$\frac{2550}{2550}$		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	T
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			傳輸
	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.	325	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	製造	333	SH
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	<b>建筑</b>		M
	a disqualified person?	漢達	1	
	(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?	1333		2. 10 mm
	(5) Transfer any income or assets to a disqualified person (or make any of either available		調	
	for the benefit or use of a disqualified person)?			34
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		200	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b	T.	42.2
	Organizations relying on a current notice regarding disaster assistance, check here			
¢	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	#2013	HE	
_	before the first day of the tax year beginning in 2018?	1c	Berdishta	X Moderated I
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	At the end of the year (2019, did the foundation have any undertributed income (lines 6d and 6e. Part XIII) for the year(a) beginning	<b>装</b> 混		
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?  X Yes No			
	If "Yes," list the years ► 2017 , 2016 , ,			
	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		AME.	
U	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	X	25.750
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	£\$14	23240	<b>医</b>
·	b			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-	during the year?	獲到		216
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after		<b>张</b> 紫	339
•	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	[四]		
	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,			累級
	Form 4720, to determine if the foundation had excess business holdings in 2018.)  N/A	3b	Part water	mer at tel sill
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	i ka		
	had not been removed from legnardy before the first day of the tax year beginning in 2018?	4h		X

Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) (if compensation (if not paid, enter -0-) (	Partivities for which	Form 4/20 May be	<b>Requirea</b> (contir	nuea)	•
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other smaller purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(c)(f)(A)/A) See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the previous of circuity to fulfrien or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the previous of circuity to fulfrien or animals?  (6) If any answer is "Yes" to \$1(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3,4945 or in a current notice regarding disaster assistance, theck here it the answers rives to question \$4,494, bose the foundation chain exemption from the tax because it maintained expenditure responsibility for the grant?  (6) Et the solution of the statement required by Regulations section \$3,4945-5(s).  (6) But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  (7) If "Yes" bid, in Form 8870.  (8) But the foundation greave any proceeds or have any net income attributable to the transaction?  (9) But the foundation receive any proceeds or have any net income attributable to the transaction?  (9) Title, and average holds a process parachite payments) directly and \$1,000,000 in remuneration or excess parachite payments) directly and \$1,000,000 in remuneration or excess parachite payments) directly and \$1,000,000 in remuneration or excess parachite payments) directly and \$1,000,000 in remuneration or excess parachite payments) directly and \$1,000,000 in remuneration or excess parachite payments; directly and \$1,000,000 in remuneration or excess parachite payments; directly and \$1,000,000 in remuneration or excess p					Yes No
any voter registration drive?  (3) Provide a grant to an organization other than a chantable, etc., organization described in section 495(0)(4)(A)? See assituations (3) Provide for any purpose other than religious, chartable, scentific, literary, or educational purposes, or for the prevention of creatly to children or animals?  If any answer set Yes 15 (a)(1)(4) deal you filt be transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, their contractions of the section 496 (a) dealy of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, their contractions of the fail of the foundation of the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53.4945-5(d).  8 a bit the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 b did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If Yes' 106, 116 form 870.  8 is the foundation subject to the section 496 fax on payment(s) of more than \$1,000,000 in remuneration or excess parachite payment(s) during the year?  1 If Yes' 106, 116 form 870.		• * * **		es 💹 No	
(3) Provide a grant to an animation other than a charitable, etc., organization disscribed in section  (4) Provide again to an animation other than a charitable, etc., organization disscribed in section  (5) Provide for any purpose other than religious, charitable, scentific, iterary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scentific, iterary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) It iterary answer is 1'ves' to \$10,110, and any of the transactions fail to qualify under the exceptions described in Regulations section \$3.496 for in a current notice regarding diseaster assistance, theck here the exceptions of the scentific animals of the scenific animals o	* * * * * * * * * * * * * * * * * * * *	or to carry on, directly or indir			
(4) Provide a grant to an organization other than a chantable, etc., organization described in section  4945(4)(4)(4)? Se enstructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  It is a name is 7 ves. to \$41(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance? See instructions Organizations relying on a current notice regarding desister assistance?  If Yes, statish the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes, a track the statement required by Regulations section 53.4945-5(d).  8a Is the foundation, during the year, was the foundation approximate, directly or indirectly, on a personal benefit contract?  If Yes is No.  8b If Yes, directly the religion of the foundation approximate, and the foundation received any proceeds or have any net income attitububle to the transaction?  9b If Yes, directly the foundation received any proceeds or have any net income attitububle to the transaction?  9b If Yes is No.  10b If Yes is No.  10b If Yes is No.  10c		•			
4945(pt/4/A)7 See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  It is any answer is "Set to SS,11/S), oid any of the transactions fail to qualify under the exceptions described in Regulations section S3.4935 or in a current notice regarding disaster assistance? See instructions  N/A Organizations relying on a current notice regarding disaster assistance, check here  It the answer is "Set to question S3.49, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes, and the statement required by Regulations section S3.4945-5(g).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes S action subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remineration or excess paractulate payment(s) during the year?  Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation Managers, Highly Part VIII.2 Information About Officiers, Directors, Trustees, Foundation (Information About Officiers, Directors, Part VIII.2 I	• • • • • • • • • • • • • • • • • • • •		Y	es Las No	
(s) Provide for any purpose other than relipous, charitable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If any answer is "fes' to 54(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations reliping on a current notice regarding disaster assistance? See instructions Organizations reliping on a current notice regarding disaster assistance? See instructions Organizations reliping on a current notice regarding disaster assistance? See instructions Organizations reliping on a current notice regarding disaster assistance? See instructions Organizations reliping on the service of the following t		on described in section	<del></del>	্ <b>ভ</b> ী "	
b If any answers or Yes' to Sa(1)+(3), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, their here organizations relying on a current notice regarding disaster assistance. Check here or if the answer of Yes to question \$64,0 does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, a take the statement required by Regulations section \$3.4945-\$(d). 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes's to 8, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If I I I I I I I I I I I I I I I I I I				es La_ No	
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions  Organizations relying on a current notice regarding disaster assistance, check here  If the answer is "Yes" to question 53.49, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(g).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to Si, the Form 870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheler transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax sheler transaction?  8 Is the foundation subject to the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractuble payment(s) during the year?  9 It is all officers, directors, trustees, and Contractors  1 List all officers, directors, trustees, and Contractors  1 List all officers, directors, trustees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 (a) Name and address  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 List all officers, directors, trustees, and foundation managers, highly and average (a) Name and address of each employee pad more than \$50,000  1 List all officers, directors, trustees, and foundation managers, highly and the part of the p		y, or educational purposes, or		[ <del>V</del> ]	
section 53.4945 or in a current notice regarding disaster assistance, beck here  of it the answer is "Ves" to question 53.494, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes, "atan'the istatement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes To 6b, the Form 8870.  7a A ray time during the tayer, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remarkation or excess parachute payment(s) during the year?  Part WIII33 Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  It List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  It Dist all officers, directors, trustees, and foundation managers and their compensation.  TRUSTEE  It all officers, directors, trustees, and foundation managers and their compensation.  TRUSTEE  It position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position of the highest paid employees (other than those included on line 1). If none, enter "NONE."  (b) Compensation of the highest paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compe	•	nder the exceptions described		es A NO	
Organizations relying on a current notice regarding disaster assistance, check here  of if the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Repulations section \$5.4945-\$(g), 68 and the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 60, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4980 tax on payments; of more than \$1,000,000 in remuneration or excess paractuling apyments; disning the year?  Part VIII.* Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average foundation foundation managers and their compensation.  (a) Name and address  NILLIAM NICKLIN  TRUSTEE  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			iii neguialions	N/A	5h
c If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, "attach the statement required by Regulations section 53.4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, no a personal benefit contract?  If Yes To 8b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If Yes, "did the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractivite payment(s) during the year?  Part VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  1 (b) Title, and average hours per week devoted (if not paid, entire 4).  3 RIVERS EDGE  NEWBURGH, NY 12550  1.00  0.0.  1.00	• •				1216-8 4947 1884 1
expenditure responsibility for the grain?  If Yes, attach the statement required by Regulations section 53.4945-5(d).  8a Ibid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes to 8b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8a Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Part VIII-32 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours give exceeded by the position of the first of the fir			ened		
If Yes, attach the statement required by Regulations section 53.4945-5(g).  6a Dd the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes 10 the form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Part VIII-3 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (b) Tile, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (find paid, enter 0-)  TRUSTEE  1.00  0.0.  7 RUSTEE  1.00  0.0.  7 RUSTEE  1.00  1.00  0.0.  0.0.  1.00  1.	, , , , , , , , , , , , , , , , , , , ,			es No	
68 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes To 6b, the Form 8870.  If "Yes To 6b, the Form 8870.  If "Yes To 7b, the Form 870.  If "Yes To 7b, the Form 8870.  If "Yes To 7b, the Form 8870.  If "Yes To 7b, the Form 870.  If "Yes To 7		_	-,		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to Sb, the Form 8870.  7a Atary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 is the foundation subject to the section 4860 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year?  Part VIII:  Part VIII:  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their componsation.  (a) Name and address  WILLIAM NICKLIN  3 RIVERS EDGE  NEWBURGH, NY 12550  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	, , ,	pay premiums on			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, the Form 8870.  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  A tax in the foundation subject to the section 4500 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractule payment(s) during the year?  Part VIII:  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their componsation.  (a) Name and address  (b) Till; and average holds for position (fill not paid, either 4-)  WILLIAM NICKLIN  TRUSTEE  1.00  0		, <b>, , ,</b> , , , , , , , , , , , , , , ,	□ Y	es X No	
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractule payment(s) during the year?  Part VIII.29 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours payment(s) during the year?  TRUSTEE  NEWBURGH, NY 12550  1 . 0 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	•	personal benefit contract?			6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b if Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8 is the foundation subject to the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (b) Tills, and average hours per week devoted of the paid, enter 4-0.)  TRUSTEE  3 RIVERS EDGE  NEWBURGH, NY 12550  1 . 00  0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0				ŀ	Mac Wild State
b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess paractive payments of during the year?  Part Villis   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address   (b) Title, and average hours per week devoted to position (fl not paid, enter -0-)  3 RIVERS EDGE  NEWBURGH, NY 12550   1.00   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	·	shelter transaction?	Y	es 🗶 No	
excess parachute payment(s) during the year?    Part VIII:  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, and foundation managers and their compensation.   (a) Name and address   (b) Trifis, and average hours per week devoted to position   (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."    Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."   (a) Name and address of each employee paid more than \$50,000   (b) Trifis, and average hours per week devoted to position   (c) Compensation   (d) Compensation   (e) Expense account, other account, other account, other managers, Highly represented to the position   (d) Compensation   (d) Compensation   (e) Expense account, other account, other managers, Highly represented to the position   (d) Compensation   (e) Expense account, other managers, Highly represented to the position   (d) Compensation   (d) Compensation   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense   (e)					
excess parachute payment(s) during the year?    Part VIII:  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, and foundation managers and their compensation.   (a) Name and address   (b) Trifis, and average hours per week devoted to position   (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."    Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."   (a) Name and address of each employee paid more than \$50,000   (b) Trifis, and average hours per week devoted to position   (c) Compensation   (d) Compensation   (e) Expense account, other account, other account, other managers, Highly represented to the position   (d) Compensation   (d) Compensation   (e) Expense account, other account, other managers, Highly represented to the position   (d) Compensation   (e) Expense account, other managers, Highly represented to the position   (d) Compensation   (d) Compensation   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense account, other managers, Highly represented to position   (e) Expense   (e)	8 Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration o	г		
Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter-0-) (c) Compensation (if not paid, enter-0-) (d) Compensation account, other compensation (if not paid, enter-0-) (d) Compensation account, other comp				es 🗶 No	
1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (fl not paid, enter-0-)  (g) Compensation (fl not paid, enter-0-) (fl not pa	Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highl	у	*/ <del>//</del>
(a) Name and address (b) Title, and average hours per week devoted to position  (c) Compensation enter deid, enter					£
WILLIAM NICKLIN 3 RIVERS EDGE NEWBURGH, NY 12550 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	1 List all officers, directors, trustees, and foundation managers and				* .
WILLIAM NICKLIN 3 RIVERS EDGE NEWBURGH, NY 12550 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(a) Name and address	hours per week devoted	(If not paid,	(O) Contributions to employee benefit plans and deferred	(e) Expense account, other
3 RIVERS EDGE NEWBURGH, NY 12550  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	WILLIAM NICKLIN		enter-0-)	compensation -	unovanocs
NEWBURGH, NY 12550  V. ADAH NICKLIN  3 RIVERS EDGE NEWBURGH, NY 12550  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1			
V. ADAH NICKLIN 3 RIVERS EDGE NEWBURGH, NY 12550 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00	0.	0.	.l & o.
3 RIVERS EDGE NEWBURGH, NY 12550  1.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1			37.00
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation  (c) Compensation  (d) Contributions to employee paid more than \$50,000  NONE  (e) Compensation  (f) Compensation employee paid more than \$50,000  (o) Compensation  (o) Compensat				i	•
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee pend pendiplans compensation  (e) Expense account, other allowances		1.00	0.	l o.	. ' o.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances			. — – .	1	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances		† ·	-		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances		1			1
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans account, other allowances  Account, other allowances		1	<u> </u>		1
NONE Compensation and wanted	2 Compensation of five highest-paid employees (other than those in		enter "NONE."		
NONE Compensation and wanted	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	NONE	advoted to hosition		compensation	anowances
Total number of other employees paid over \$50.000		-	j		}
Fotal number of other employees paid over \$50.000		<del>                                     </del>		<del></del>	<del> </del>
Fotal number of other employees paid over \$50.000	<del></del>	1			1
Fotal number of other employees paid over \$50.000					<del>                                     </del>
Fotal number of other employees paid over \$50,000	<del></del>	†	]		
Fotal number of other employees paid over \$50,000	<del></del>				<del>                                     </del>
Fotal number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000	•				† <del></del>
Total number of other employees paid over \$50,000		1			
	Total number of other employees paid over \$50,000	<del></del>		<b>▶</b> [	0

Form 990-PF (2018) WILLIAM F. NICKLIN CHARITABLE FOUNDATION 22	-24543	14 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	10	Compensation
NONE		<u> </u>
	<del></del>	
		- <del></del>
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Ex	penses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 N/A	_	
	7	
2		
	7	,
	7	·
3	†	
9	ij	
	-	
	<del> </del>	
	Ⅎ	
<u> </u>	4	•
Dod W B I C	J	
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.	T	· · · · · · · · · · · · · · · · · · ·
	Air	nount
1 N/A	4	
	4	
2	_	
	_	
All other program-related investments. See instructions.		
3		
	1	
	7	
	1	
	1	
	1	
Total. Add lines 1 through 3	<del>                                     </del>	0.

Form **990-PF** (2018

1

Page 8

Part X Minimum Investment Return (All domestic foundations must com	plete this part. Foreign foundations, sec	e instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pu	rposes:	·
Average monthly fair market value of securities	1a	120,675. 742.
b Average of monthly cash balances	1b	742.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	121,417.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	121,417.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instru	uctions) 4	1,821.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, fill	· · · · · · · · · · · · · · · · · · ·	119,596.
6 Minimum investment return. Enter 5% of line 5	6	5,980.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) pi	rivate operating foundations and certain	
foreign organizations, check here  and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	5,980.
2a Tax on investment income for 2018 from Part VI, line 5		
b Income tax for 2018. (This does not include the tax from Part VI.)		•
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	5,980.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	5,980.
Deduction from distributable amount (see instructions)	8	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,980.
Part XII Qualifying Distributions (see instructions)	<u> </u>	i
Part An Adamying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	,	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pu	urposes 2	
3 Amounts set aside for specific charitable projects that satisfy the:	a ·	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XII	I, line 4 4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
Income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calcul	lating whether the foundation qualifies for the	section
4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2017	(c) 2017	( <b>d)</b> 2018
1 Distributable amount for 2018 line 7	8 from Part XI,				5,980.
2 Undistributed income, if any, as of a Enter amount for 2017 only	the end of 2018			4,193.	
b Total for prior years:			1,186.		
3 Excess distributions carryove a From 2013	er, if any, to 2018:				
b From 2014 c From 2015					
d From 2016 e From 2017					
f Total of lines 3a through e	1	0.			
4 Qualifying distributions for 20 Part XII, line 4: ►\$ a Applied to 2017, but not more	0.			0.	
<b>b</b> Applied to undistributed incorvers (Election required - see	me of prior		0.		
c Treated as distributions out of (Election required - see instru		0.			
d Applied to 2018 distributable					. 04/
e Remaining amount distributed  5 Excess distributions carryover appl (If an amount appears in column (d)	lied to 2018	0.			
6 Enter the net total of each co indicated below:	olumn as	•			
& Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	.0.		ABINELE HIND	
b Prior years' undistributed inco line 4b from line 2b	ome. Subtract		1,186.		
c Enter the amount of prior year undistributed income for whic deficiency has been issued, of the section 4942(a) tax has be assessed	ch a notice of r on which		0.		
d Subtract line 6c from line 6b. amount - see instructions	Taxable		1,186.		
e Undistributed income for 2013 4 4 from line 2a. Taxable amou				4,193.	
f Undistributed income for 2018 lines 4d and 5 from line 1. Thi be distributed in 2019	0.000				5,980.
7 Amounts treated as distribution corpus to satisfy requirements section 170(b)(1)(F) or 4942(	s imposed by	Number of American Control of the Co			
may be required - see instruct 8 Excess distributions carryover		0.			
not applied on line 5 or line 7	2040	0.			
9 Excess distributions carryove - Subtract lines 7 and 8 from lin	1	O.			
Analysis of line 9:     a Excess from 2014     b Excess from 2015					
c Excess from 2016 d Excess from 2017					
e Excess from 2018		<b>知此文字,探古人人学下,在上在学人规则为行为</b> 及	Fisher Crane at Electronia Lineari	たのかないというできる。	A CONTRACTOR OF A CONTRACTOR O

Form 990-PF (2018)				CHARITABLE		22-24	54314 Bage 1
Part XIV Private	Operating F	ound	<b>ations</b> (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has	received a ruling of	r determ	ination letter that	it is a private operating		<del></del>	
foundation, and the r	uling is effective for	r 2018, (	enter the date of t	he ruling	▶		
b Check box to indicate	whether the found	lation is	a private operatin	ig foundation described in	n section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the	e adjusted net		Tax year		Prior 3 years		
income from Part I or	r the minimum		(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
investment return fro	m Part X for						
each year listed		ĺ					
<b>b</b> 85% of line 2a							
c Qualifying distribution	ns from Part XII,			-			
line 4 for each year lis	sted					1	
d Amounts included in	line 2c not						
used directly for activ							
exempt activities							
e Qualifying distribution	ns made directly						
for active conduct of	•						
Subtract line 2d from	,						
3 Complete 3a, b, or c f	for the				<u>//</u>		
alternative test relied	upon:						
a "Assets" alternative te							
(1) Value of all asset	ł						
(2) Value of assets of							
under section 49	*** ** ** * * * * * * * * * * * * * * *				<del></del>		
b "Endowment" afternat 2/3 of minimum inves							,
shown in Part X, line				<b> </b>			
listed				/			اه
c "Support" alternative t	test - enter:		· /	ĺ			
(1) Total support oth							
investment incon dividends, rents,							
securities loans (							
512(a)(5)), or ro							4.
(2) Support from get	neral public						
and 5 or more ex							
organizations as section 4942(j)(3			<i>'</i>				
(3) Largest amount of							
an exempt organ	ızatıon						
(4) Gross investmen	<b>}</b>	7					<del></del>
Part XV. Suppler		rmatic	on (Comple	te this part only i	f the foundation	had \$5,000 or mo	ore in assets
	ime during tl					• •	
1 Information Regar	rding Foundation	n Mana	agers:				
				han 2% of the total contri	butions received by the f	oundation before the clos	e of any tax
year (but only if they l							
NONE							
	the foundation who	Own 10	0% or more of the	stock of a corporation (c	or an equally large portion	of the ownership of a na	ertnership or
other entity) of which	the foundation has	a 10%	or greater interes	t Stock of a corporation (c	or arrequally large portion	i oi tiic ownership or a pe	in the ship of
NONE			J				
		0	0:4 1	Cabalanahin ata Dua		·	
				Scholarship, etc., Pro			anta farafarada (f
				o preselected charitable o tions under other conditio			esis for funds. II
						···	
a The name, address, a	nd telephone numb	er or en	nail address of the	e person to whom applica	itions snould be address	BO:	
ann <i>am</i> rener	m o						•
SEE STATEMEN						·	
<b>b</b> The form in which app	olications should be	e submit	ted and informati	on and materials they sho	ould include:		
	<del></del>				·		
c Any submission dead	lines:						
d Any restrictions or lim	ntations on awards,	, such as	s by geographical	areas, charitable fields, k	inds of institutions, or ot	her factors:	

Form **990-PF** (2018)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation Amount status of recipient Name and address (home or business) a Paid during the year NONE ▶ 3a Total 0. **b** Approved for future payment NONE **▶** 3b 0. Total

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

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		uded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b	_		1		
C	_		<b>†</b>		
d			1		
e	_		<b>†</b>		<del></del>
1	_	<u> </u>	<u> </u>	·	<del>                                     </del>
g Fees and contracts from government agencies	_		<u> </u>		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	/740mma.us, 437	To the state of the second	**************************************	Judant our looks aproximation for for portagiones	" TO ME TO PROPERTY WAS IN THE SECOND
a Debt-financed property	(apt/11/1/ 1/2/ 1/	, Governor y y y rame or inches against a		76. S. Perra S. A. (American) Stand Hermitelet	It found to the second of the
b Not debt-financed property			<del>                                     </del>		
6 Net rental income or (loss) from personal			<del>                                     </del>	<u> </u>	
property			1		
7 Other investment income			<del> </del>		
8 Gain or (loss) from sales of assets other			<del> </del>		
than inventory			1		
9 Net income or (loss) from special events			<del> </del>	<u> </u>	<u> </u>
10 Gross profit or (loss) from sales of inventory	-		├		
11 Other revenue:					
8			$\vdash$		
b					
<u> </u>			├		
0	- <del>}</del>		<del> </del>		···-
e 12 Subtotal. Add columns (b), (d), and (e)	# W W W	0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	4, 4, 4,	<u> </u>	<u> </u>	13	0.
(See worksheet in line 13 instructions to verify calculations.	`			"-	
Line No:  Explain below how each activity for which in the foundation's exempt purposes (other the	come is reported	ın column (e) of Part XVI-A			nplishment of
				<del></del>	
				·	
		<del></del> _			
	<u> </u>				
				· <del></del>	<del></del>
				<del></del>	

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

	•	,	•	ng with any other organization		ction 501(c)	` .	res	NO
				g to political organizations?					: 1
a Transfer	s from the reporting founda	ation to a nonc	charitable exempt oi	ganization of:					ر ــــــــــــــــــــــــــــــــــــ
(1) Casi	h						1a(1)		X
(2) Othe	er assets						1a(2)		X
<b>b</b> Other tra	insactions;						3		
(1) Sale	s of assets to a noncharital	ble exempt or	ganization				1b(1)		X
(2) Puro	chases of assets from a nor	ncharitable exi	empt organization				1b(2)		X
(3) Ren	tal of facilities, equipment, (	or other asset:	S				1b(3)		X
(4) Rein	nbursement arrangements						1b(4)		X
(5) Loa	ns or loan guarantees						1b(5)		X
(6) Perf	ormance of services or me	mbership or fi	indraising solicitation	ons			1b(6)		X
c Sharing	of facilities, equipment, mai	iling lists, othe	r assets, or paid em	ployees			1c		X
-		•	• •		ways show the fair	market value of the goods, of	ther ass	ets.	
or servic	es given by the reporting fo	oundation. If th	ne foundation receiv	ed less than fair market valu		on or sharing arrangement, sh		-,	
COIUMII ( (8)Line no	(d) the value of the goods, (b) Amount involved			e exempt organization	(d) Description	on of transfers, transactions, and si	haring arr	 angeme	nts
			N/A		<del></del>				
	····		,	·					
			<del> </del>		<del> </del>	<del></del>			<del></del>
				<del></del>	<del>                                     </del>	· —			
					<del></del>	<del></del>			—
			<del></del>	- · · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>			
					<del></del>				—
			<del>-</del>		<del> </del>				—
	<del></del>	<del></del>			+	<del></del>			
	<del></del>		<del></del>		<del></del>	<del></del>			
				<del> </del>					
					<del>-                                    </del>				
					<del></del>				
	<del></del>				<b></b>				
	<del></del>								
			<del> </del>						
	-	-	-	or more tax-exempt organi	zations described		٦		,
	n 501(c) (other than section		r in section 527?			. L	Yes	X	No
b If "Yes," o	complete the following sche								
	(a) Name of orga	anization		(b) Type of organization		(c) Description of relationship	p		
	N/A				·				
			····						
		$\Pi$							
Unde	r penalties of perjury 1 declare	hat I have exam	ned this return, includir	ng accompanying schedules and	statements, and to th	L (   May	the IRS di	scuss th	iis
Sign   👢	belief, it is true, correct, and com	pieto Leclaratio	n of preparer (other tha	n taxpayer) is based on all inform	ation of which prepar		n with the n below?	prepare	r
Here	1 / I / I	1 / 1		1011/1eW	> Thus		Yes		No
Sig	nature of officer or trustee			Date	Title				
	Print/Type preparer's na	me V	Preparer's s	ignature	Date	Check if PTIN			
			<b>~</b>			self- employed			
Paid	MARK DEGIA	COMO, (	CPAMARK D	EGIACOMO, C	10/12/20	P01	0111	181	
Preparer	Firm's name ►KIRS					Firm's EIN ▶ 14-15			
Use Only			· - /	- · · ·			- · •	-	
	Firm's address ▶ 31	1 MTT.T.	STREET			<del>                                     </del>			
			PSIE, NY	12601		Phone no. 845-47	3-18	311	
	1 200				· · ·		m <b>990</b>		2018)
						rui	330	-r-(	1010)

FORM 990-PF	OTHER E	XPENSES		ST	ATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			(D) CHARITA PURPOS	
NYS DEPT. OF LAW FEE	50.		0.	0.		0.
TO FORM 990-PF, PG 1, LN 23	50.	·	0.	0.		0.
FORM 990-PF	CORPORAT	E STOCK		ST	'ATEMENT	2
DESCRIPTION			BOOK VALUE	FA	IR MARKE	т
1000 SHS TELOS CORP MD 50000 SHS INRAD OPTICS INC 10000 SHS SONO TEK CORP		<del></del>	10,025 24,000 11,600	•	19,9 67,5 24,9	00.
TOTAL TO FORM 990-PF, PART II	, LINE 10B		45,625	•	112,3	90.

## FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM F. NICKLIN, 3 RIVERS EDGE NEWBURGH, NY 12550

TELEPHONE NUMBER

845-485-8900

FORM AND CONTENT OF APPLICATIONS

WRITTEN APPLICATION, PURPOSE OF FUNCTION AND PROOF THAT ORGANIZATION HAS OPERATED EFFICIENTLY AND PERFORMED ITS FUNCTION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

HUDSON VALLEY OF NY, CHILDCARE, ELDERLY CARE OR EDUCATIONAL

FORM 990-PF	OTHER E	XPENSES			STATEMENT 1
. DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE		(C) ADJUSTED NET INCOM	
NYS DEPT. OF LAW FEE	50.		0.		0. 0.
TO FORM 990-PF, PG 1, LN 23	50.		0.		0. 0.
1					
FORM 990-PF	CORPORAT	E STOCK			STATEMENT 2
DESCRIPTION			воо	K VALUE	FAIR MARKET VALUE
1000 SHS TELOS CORP MD 50000 SHS INRAD OPTICS INC		-		10,025. 24,000. 11,600.	19,990. 67,500.
10000 SHS SONO TEK CORP				11,000.	24,900.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM F. NICKLIN, 3 RIVERS EDGE NEWBURGH, NY 12550

TELEPHONE NUMBER

845-485-8900

### FORM AND CONTENT OF APPLICATIONS

WRITTEN APPLICATION, PURPOSE OF FUNCTION AND PROOF THAT ORGANIZATION HAS OPERATED EFFICIENTLY AND PERFORMED ITS FUNCTION

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

HUDSON VALLEY OF NY, CHILDCARE, ELDERLY CARE OR EDUCATIONAL

# EXTENDED TO OCTOBER 15, 2020 Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No 1545-0052

For calendar ye	ar 2018 or other tax year beginning	DEC 1 , 2018, and	lending NOV 30	, 2019	<del></del>
	ization or entity			Employe	r identification number
٠.					
WILLIAN	f. NICKLIN CHARI	TABLE FOUNDATION		22-2	454314
Number, street	, and room or suite no. (or P.O. box if n	nail is not delivered to street address)		Check bo	x for type of annual return:
3 RIVER	RS EDGE				n 990 🔲 Form 990-EZ
	ate or province, country, and ZIP or for	eign postal code		K For	n 990-PF 🔲 Other
NEWBURG	SH, NY 12550			For	n 5227
					Yes No
A Is the orga	nization a foreign private foundation wi	thin the meaning of section 4948(b)?			X
	tive action been taken on any taxable e		·		·
	ach a detailed description and docume			-	
	e correction > \$		ected acts or transactions), attach an		
	Taxes on Organization (Sec	tions 170(f)(10), 664(c)(2), 4911(a), 4	912(a), 4942(a), 4943(a), 4944(a)(1)	), 4945(a)(1	), 4955(a)(1), 4959, 4960(a),
	4965(a)(1), 4966(a)(1), and 4968(a))			<del></del> -	
	indistributed income - Schedule B, line			1	1,614.
	xcess business holdings - Schedule C,			2	
	rvestments that jeopardize charitable pi		•	3	
	axable expenditures - Schedule E, Part			4	
	olitical expenditures - Schedule F, Part			5	<u> </u>
	xcess lobbying expenditures - Schedul	•		6	, ,
	lisqualifying lobbying expenditures - Sc			7	
	remiums paid on personal benefit conti			8	
	eing a party to prohibited tax shelter tra		(h)	9	<u> </u>
	axable distributions - Schedule K, Part I	, ,,		10	
	charitable remainder trust's unrelated l			11	
	allure to meet the requirements of section		2	12	
	xcess executive compensation - Sched			13	
	et investment income of private college	s and universities - Schedule O		14	
	id lines 1 - 14)			15	1,614.
Part II-A		-Dealers, Disqualified Per		-	and Related Persons
·		(a)(2), 4945(a)(2), 4955(a)(2), 4958			
(a) iva	me and address of person subject to ta	x. City or town, state or province, coun	try, 21P or foreign postal code	(D) 1a)	payer identification number
<u>a</u>					
<u>b</u>			<del></del>	<del></del>	
<u>c</u>	Co Tay on self-dealing -	(d) Tax on investments that	[ /-\T	(O. T-	
	(c) Tax on self-dealing - Schedule A, Part II, col. (d),	jeòpardize charitable purpose -	(e) Tax on taxable expenditures - Schedule E, Part II, col. (d)	(T) Tax	on political expenditures - hedule F, Part II, col. (d)
•	and Part III, col. (d)	Schedule D, Part II, col. (d)	00.1000.00.100.100.100	+	
<u>a</u>			<del> </del> -	<del></del>	
D					<del></del>
C	<del> </del>		· · · · · · · · · · · · · · · · · · ·		<del></del>
Total	(a) Toy on disqualitums labbums	(h) Tax on excess benefit	(1) Tax on being a party to prohibite	d (a) Too	c on taxable distributions -
	(g) Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)	transactions - Schedule I, Part II, col.	I tax shelter transactions - Schedule :		nedule K, Part II, col. (d)
		(d), and Part III, col. (d)	Part II, col. (d)		
<u>a</u>			· · · - · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
<u>b</u>	<del></del>		<u> </u>	+	
C Takel			<u> </u>	<del></del>	
Total	(k) Tay on prohibited hopefits. Cab.	Direction of acceptance of the con-			
	(k) Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d)			🎒 (I) Tota	I - Add cols. (c) through (k)
	(a), and . art iii, ook (d)			\$ <del></del>	<del></del>
<u>a</u>					
<u>b</u>				\$	
<u>C</u>	<u> </u>			注 <b>/</b>	
Total	<u></u>	集中的 计时间 时间 经基础 医二甲基甲基	《大型公司》(1998年) 1997年 [11] [12]	(¢.)	Form 4720 (2018)

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## SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business	Holdings and	d Computation of Tax						
-		gs in more than one business enterprise,	attach a	a separate schedule f	or each e	nterprise. Refer to the in	ıstruc	tions for
	before making any	<del></del>			<del></del>			
Name and ad	dress of business er	nerprise						
Employer ide	ntification number					<b></b>		· · · · · · · · · · · · · · · · · · ·
Form of enter	rorise (corporation r	partnership, trust, joint venture, sole prop	rietorsh	un etc.)		•		
· om or once	prioc (corporation, p	antitioning, though jump voltable, sole prop	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Voting stock (profits interes	t or	(b) Value		(c) Nonvoting stock (capital interest)
1 Foundate	Foundation holdings in business enterprise		1					
2 Permitte	d holdings in busines	ss enterprise	2					
	excess holdings in b	· ·	3					
days; or,	excess holdings disp other value of exces	s holdings not				,		,
subject to section 4943 tax (attach statement)  5 Taxable excess holdings in business enterprise - line 3 minus line 4			5					F.**
7 Total tax		ne 6, columns (a), (b),	7					
and (c), e	enter total here and o	D - Initial Taxes on Investr		That Jeopard	dize Cl	naritable Purpos	i <b>e</b> (Se	ection 4944)
Part le	Investments	and Tax Computation						<u> </u>
(a) Investment number	(b) Date of -	(c) Description of investment		(d) Amount of investment		(e) Initial tax on foundation (10% of col. (d))		(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
2								
3 4								
5	o (c) Enter have and	Los Dort Line 2					$\equiv$	
	in (e). Enter here and in (f). Enter total (or j	prorated amount) here and in Part II, colu	umn (c),	below				Control of the Control of the Control of Con
Part II	Summary of	Tax Liability of Foundation	Man	agers and Pro	oration	of Payments		
(a) Names of foundation managers liable for tax			(b) Investment no. from Part I, col. (a)		x from Part I, col. (f), prorated amount	(d)	Manager's total tax liability (add amounts in col. (c)) (see instructions)	
,								. ,
·							+	
						<u> </u>	1	<del>-</del>
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## SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures	and Computa	ation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address o	f recipient				enditure and purposes ch made
1								
3						<del> </del>		
4						<del>                                     </del>		
5	<del></del> -	<del></del>						· · · · · · · · · · · · · · · · · · ·
(f) Question Form 52	on number from Form 990 27, Part VI-B, applicable t	0-PF, Part VII-B, or to the expenditure	(g) Initial tax imposed on (20% of col. (b					ndation managers (if applicable)- 10 or 5% of col (b))
								· ·
	umn (g). Enter here and o	n						
Part I, line 4		orated amount) here	and in Part II, column (c),	_			经对数分	1880元-1864、1964、1964、1964年1964、1964年1964、1964年1964年1964年1964年1964年1964年1964年1964年
<u>below</u>								
· Rart II	Summary of T	ax Liability o	f Foundation Managers					
	(a) Names of	foundation manager	rs liable for tax	(b) Item no. Part I, col.		(c) Tax from Part I, col. or prorated amoun	. (h), t	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							-	£,
							$\blacksquare$	. spok
<u>!</u> ,						-		£s,
	·				1		$\exists$	
-								થા
<u>.                                    </u>		SCHEDULE F	- Initial Taxes on Politic	al Expen	ditur	<b>'es</b> (Section 4955)		
Part I	Expenditures		tion of Tax		1 /-			,
(a) Item =	(b) Amount	(c) Date paid or incurred	(d) Description of political ex	penditure <sup>—</sup>		) Initial tax imposed on - anization or foundation (10% of col. (b))	'n	(f) Initial tax imposed on nanagers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
1 1					<del>├</del>		-	
3		<del>                                      </del>			+		╁──	
4	···· <u>·</u>	+			<del> </del>		$\vdash$	
5	<del></del>	<u> </u>	<del></del>					
Total - Colu	ımn (e). Enter here and on	Part I, line 5						
Total Colu	(f) Enter total (ex pro	rated amount) have	and in Dort II. column (a) holow					
Part II			and in Part II, column (c), below ization Managers or Foundation	n Manager	s and	Proration of Payme	nte	
i) ione in S	(a) Name	es of organization mation managers liable	anagers or		o. from	(c) Tax from Part I, c or prorated amou	ol. (f),	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
i								
1								1
<del></del>								
								]
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<b>SCHEDULE G - Tax on Excess</b>	Lobbying Ex	kpenditures (Section	on 4911)
-----------------------------------	-------------	----------------------	----------

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4	

### SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

(a) Item		(c) Date paid			
number	(b) Amount	or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))
1					
2					
3					
4					
5					

Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below

Part II	Summary of Tax Liability of Organization Ma	nagers and Pror	ation of Payments	
	(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				<del></del>

### SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I	Excess Benef	it Transaction	ns and Tax Computation	
(a) Transaction number	(b) Date of transaction		(c) Description of tran	saction
1				
2				
3				
4				
5				
	(d) Amount of excess l	benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))
	<del></del>	<del></del>		
				<u> </u>

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WILLIAM F. NICKLIN CHARITABLE FOUNDATION 22-2454314 Page 6 Form 4720 (2018) SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued Summary of Tax Liability of Disqualified Persons and Proration of Payments Part II (d) Disqualified person's total tax (b) Trans no from (C) Tax from Part I, col (e), liability (add amounts in col (c)) (a) Names of disqualified persons liable for tax Part I, col (a) or prorated amount (see instructions) Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (d) Manager's total tax liability (b) Trans no from (C) Tax from Part I, col (f), (add amounts in col (c)) (8) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax Parti, col (a) or prorated amount (see instructions) SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (c) Type of transaction 1 - Listed (a) (d) Description of transaction (b) Transaction 2 - Subsequently listed Transaction 3 - Confidential
4 - Contractual protection date number 2 3 4 5 (e) Did the tax-exempt entity know or have reason to know this transaction (g) 75% of proceeds attributable to the (h) Tax imposed on the tax-exempt (f) Net income attributable to the PTST was a PTST when it became a party to the transaction? Answer Yes or No PTST entity (see instructions)

Total - Column (h). Enter here and on Part I, line 9

⊒Part II ,	Tax Ir	nposed on Entity Managers (Sec	tion 4965) Continu	ed				
		(8) Name of entity manager		กบก	Fransaction inber from t I, col (a)	transact	enter \$20,000 for each ion listed in col (b) for manager in col (a)	(d) Manager's total tax liability (add amounts in col. (c))
					<del> </del>	<u> </u>		
			···					
					· · · · · · · · · · · · · · · · · · ·			
<u> </u>	SCHE	OULE K - Taxes on Taxable Dist	ributions of S	pons	orina Or	ganiza	tions Maintai	ning Donor
		Ac	dvised Funds	Section	4966). See	the instru	ctions.	
<sub>∗</sub> Part I	Taxat	ole Distributions and Tax Comp						
(a) Item number		(b) Name of sponsoring organization donor advised fund	and			(c	) Description of distr	bution
1				-				
2								
3								
4								
(d) Dat	n of T		(f) Tay imp	osed on	organization		(a) Tay on fund	managers (lesser of 5%
distribu		(e) Amount of distribution		% of col				(e) or \$10,000)
		here and on Part I, line 10					* * * * * * * * * * * * * * * * * * * *	
Part II	nn (g). Ente I Sumn	r total (or prorated amount) here and in Part II, nary of Tax Liability of Fund Ma	nagers and P	rorati	on of Pa	vmen	s	
raiti	<u> </u>	idly of Tax Liability of Carlo III.						(d) Manager's total tax liability
		(a) Name of fund managers liable for tax			em no from ti, col (a)		x from Part I, col (g) prorated amount	(add amounts in col. (c)) (see instructions)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

			See the instru	ctions			
《Part·l系	Prohibited Be	nefits and Tax	c Computation				
(a) Item number	(b) Date of prohibited benefit		(c) Description of benefit				
1							
2							
3							
4							
5							
((	d) Amount of prohibited	d benefit	(e) Tax on donors, donor advis (125% of col. (d)) (se	ors, or related persons e instructions)	(f) Tax on fund manage 10% of col. (d) or \$1	ers (if applicable) (lesser of 0,000) (see instructions)	
					ļ		
					ļ <u></u>		
				D-1-4-4 D-	Daniel	n of Daymanta	
Part II	Summary of I	ax Liability of	Donors, Donor Advis	ors, Helated Pe	rsons, and Proratio	•	
	(a) Names of donors, d	onor advisors, or related	persons liable for tax	(b) Item no from Part I, col (a)	(C) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col (c)) (see instructions)	
.,						-	
				+		· · · · · · · · · · · · · · · · · · ·	
						**	
				<del></del>		·	
(Part III)	Summany of T	av Liability of	Fund Managers and	Proration of Pay	ments	· ·	
(Farting)		s of fund managers liabl		(b) Item no from Part I, col (a)	(C) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col (c)) (see instructions)	
1							
·							
	<del></del>						

	Sch	edule M - Tax on Hospi Assessment		i <b>n for Failure to</b> (Sections 4959 and 5				aith N	leeds	
Part	l. Failu	res to Meet Section 50	)1(r)(3)				-			
(a) Item		Name of hospital facility	(c) Descri	ption of the failure		(d) Tax year hospital facility last conducted a CHNA			e) Tax year hospital cility last adopted an elementation strategy	
1	<u> </u>						•			
2										
3										
4										
5										
Part	II Com	putation of Tax			· · · · · · · · · · · · · · · · · · ·					
1 N H										
2 T	2 Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12									
	SC	HEDULE N - Tax on Ex	cess Executive	Compensation	(Section	<u>4960). (Se</u>	<u>ee instru</u>	<u>iction</u>	s.)	
(a) Item number		b) Name of covered employee	(c) Excess remuneration			(d) Excess parachute payment			(e) Total. Add column (c) and (d)	
1										
2										
3										
4									14	
5									, , , , , , , , , , , , , , , , , , , ,	
6	Attachment	, if necessary. See instructions		_,					. , te-	
		(e) items 1 - 6)					·		** 5, 1	
Tax.		the amount above here and on Pa							<u> </u>	
	SCI	HEDULE O - Excise Tax			Private (	Colleges	and Un	ivers	ities"	
			(Se	ction 4968)		,			. I have	
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	gain net income to income		e) Administ openses allo oncome income incom	cable	(f) Net investment income (See instructions.)	
- 1	iling Organization									
- 1	Related Organization									
3 F	Related									

4		(a) Name	(b) EIN	income (See instructions.)	gain net income	to income included in cols. (c) and (d)	income (See instructions.)			
1	Filing Organization					·				
2	Related Organization									
3	Related Organization									
4	Related Organization									
_5_	Total from attachment, if necessary									
6_	Total	·					<u> </u>			
	7 Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14									

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