

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation WILLIAM J NICHOLSON FOUNDATION		A Employer identification number 27-0350937	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 158		Room/suite	
B Telephone number (see instructions) (313) 965-8300		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code NEW HUDSON, MI 48165		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>2,299,614</u>		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	825,569			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	16,035	16,035		
	4 Dividends and interest from securities	21,229	21,229		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	64,409			
	b Gross sales price for all assets on line 6a <u>1,243,917</u>				
	7 Capital gain net income (from Part IV, line 2)		64,409		
	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) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	927,242	101,673			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	788	394		0
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	3,965	2,974		991
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,583	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	360	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	7,696	3,368		991
	25 Contributions, gifts, grants paid	124,124			124,124
26 Total expenses and disbursements. Add lines 24 and 25	131,820	3,368		125,115	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	795,422				
b Net investment income (if negative, enter -0-)		98,305			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	28,994		
	2 Savings and temporary cash investments	131,491	142,348	142,348
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	122,926	119,857	118,256
	b Investments—corporate stock (attach schedule)	591,512	885,061	937,946
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	340,000	1,120,694	1,101,064
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,214,923	2,267,960	2,299,614	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	1,214,923	2,267,960		
30 Total net assets or fund balances (see instructions)	1,214,923	2,267,960		
31 Total liabilities and net assets/fund balances (see instructions) .	1,214,923	2,267,960		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,214,923
2 Enter amount from Part I, line 27a	2	795,422
3 Other increases not included in line 2 (itemize) ▶ _____	3	260,389
4 Add lines 1, 2, and 3	4	2,270,734
5 Decreases not included in line 2 (itemize) ▶ _____	5	2,774
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,267,960

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 151 S OLD WOODWARD AVE STE 200 BIRMINGHAM MI ZIP+4 48009

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 AVERY DENNISON	P	2018-08-14	2018-10-26
1 FIRST TENNESSEE BK	P	2018-01-11	2018-02-20
GENL DYNAMICS	P	2018-08-14	2018-10-26
INTL PAPER	P	2018-08-14	2018-10-26
WALT DISNEY CO	P	2017-12-22	2018-02-16
ALTRIA GROUP	P	2016-12-29	2018-02-16
DISCOVER BANK	P	2015-07-28	2018-08-06
GENL ELECTRIC	P	2014-06-18	2018-02-16
MONROE INC	P	2011-02-28	2018-02-16
PPG INDUSTRIES	P	2011-02-28	2018-02-16

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
139,064		173,392	-34,328
30,000		30,000	0
151,012		173,664	-22,652
153,687		180,810	-27,123
153,754		158,690	-4,936
62,481		64,858	-2,377
30,000		30,000	0
14,783		27,113	-12,330
8,090		4,926	3,164
63,097		24,018	39,079

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-34,328
			0
			-22,652
			-27,123
			-4,936
			-2,377
			0
			-12,330
			3,164
			39,079

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
PPG INDUSTRIES	P	2011-02-28	2018-10-26
1 STATE BK INDIA NY	P	2017-11-15	2018-11-28
VF CORP	P	2015-12-31	2018-02-16
YUM CHINA HLDGS	P	2011-02-28	2018-10-26
YUM BRANDS	P	2011-02-28	2018-02-16
ALTRIA GROUP	P	2016-12-29	2018-06-28

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
87,571		38,121	49,450
30,000		30,000	0
90,497		74,080	16,417
69,367		33,325	36,042
72,564		32,469	40,095
87,950		104,042	-16,092

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			49,450
			0
			16,417
			36,042
			40,095
			-16,092

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LYNN MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	PRESIDENT 10 00	0	0	0
LYNN MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	SECRETARY 3 00	0	0	0
LYNN MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	TREASURER 2 00	0	0	0
KATHERINE LYNN MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	TRUSTEE 2 00	0	0	0
AMANDA ANN MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	TRUSTEE 2 00	0	0	0
MADISON DIANNE MORAN 2825 UNIVERSITY DRIVE AUBURN HILLS, MI 48326	TRUSTEE 2 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FISHTOWN PRESERVATION PO BOX 721 LELAND, MI 49654	NONE	501(C)(3)	GENERAL FUNDING	5,000
GRASS LAKE SANCTUARY 18580 GRASS LAKE ROAD MANCHESTER, MI 48158	NONE	501(C)(3)	GENERAL FUNDING	5,000
LYON TOWNSHIP 58000 GRAND RIVER AVE NEW HUDSON, MI 48165	NONE	501(C)(3)	TO FUND THE PURCHASE AND INSTALLATION OF PLAYGROUND STRUCTURES	75,000
Total ▶ 3a				124,124

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MICHEL'S PLACE 1212 VETERANS DRIVE TRAVERSE CITY, MI 49684	NONE	501(C)(3)	GENERAL FUNDING	5,000
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH ROAD SUITE 150 BINGHAM FARMS, MI 48025	NONE	501(C)(3)	RESPIRE CARE PROGRAM FACILITATOR ANNUAL TRAINING PROGRAM	10,000
NEUTRAL ZONE 310 E WASHINGTON STREET ANN ARBOR, MI 48104	NONE	501(C)(3)	GENERAL OPERATING BUDGET	5,000
Total				124,124

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST RENE GROU PIL35955 RYAN ROAD STERLING HEIGHTS, MI 48310	NONE	501(C)(3)	GENERAL OPERATING BUDGET	5,000
TAKE ROOT 810 KNOX ST BIRMINGHAM, MI 48009	NONE	501(C)(3)	RAINING AND TRAVEL FOR TAKE ROOT INSTRUCTORS	4,124
THE KIMBERLY ANN GILLARY FOUNDATION 201 WEST BIG BEAVER STE 1020 TROY, MI 48084	NONE	501(C)(3)	GENERAL	10,000
Total				124,124

▶ 3a

TY 2018 Investments Corporate Stock Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	885,061	937,946

TY 2018 Investments Government Obligations Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937**US Government Securities - End
of Year Book Value:**

0

**US Government Securities - End
of Year Fair Market Value:**

0

**State & Local Government
Securities - End of Year Book
Value:**

119,857

**State & Local Government
Securities - End of Year Fair
Market Value:**

118,256

TY 2018 Investments - Other Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CERTIFICATES OF DEPOSIT	AT COST	1,120,694	1,101,064

TY 2018 Legal Fees Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CLARK HILL PLC - LEGAL	788	394		0

TY 2018 Other Decreases Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937

Description	Amount
MUNICIPAL SECURITIES COST BASIS ADJUSTMENT	2,774

TY 2018 Other Expenses Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE OF MICHIGAN - FEE	20	0		0
OFFICE SUPPLIES/POSTAGE	210	0		0
E-MAIL HOSTING	130	0		0

TY 2018 Other Increases Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937

Description	Amount
ADJUSTING ENTRY FOR DIFFERENCE IN TAX VS ACCOUNTING	2,752
CHANGE IN COST BASIS VALUE FOR ERROR IN BROKERAGE ACCOUNT REPORTING	257,637

TY 2018 Other Professional Fees Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
KM SQUARED LLC	3,965	2,974		991

TY 2018 Taxes Schedule**Name:** WILLIAM J NICHOLSON FOUNDATION**EIN:** 27-0350937

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2017 TAXES	1,325	0		0
2018 FEDERAL TAX DEPOSITS	1,258	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
WILLIAM J NICHOLSON FOUNDATION

Employer identification number
27-0350937

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization WILLIAM J NICHOLSON FOUNDATION	Employer identification number 27-0350937
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Part 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	LYNN MORAN AND PATRICK MORAN PO BOX 940 BIRMINGHAM, MI 48012	\$ 825,569	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization WILLIAM J NICHOLSON FOUNDATION	Employer identification number 27-0350937
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Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SHARES OF AVERY, CONNECTICUT WATER, AVANOS MEDICAL, GENL DYNAMICS, INTL PAPER, MCCORMICK, & VERITIV	\$ 825,569	2018-08-14
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____

Name of organization WILLIAM J NICHOLSON FOUNDATION	Employer identification number 27-0350937
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional 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 gift Transferee's name, address, 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 gift Transferee's name, address, 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 gift Transferee's name, address, 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 gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____