Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.



B Charge of organization D Employer identification number Image: Second S	AI	or th	e 2019 calendar year, or tax year beginning and	ending	_			
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Number and street (0 F /L, box if mail is not delivered to street address) Houm/sume Fearborn number PO BOX 68305 City or town, state or province, country, and ZIP or foreign postal code G. Gross receipts 6 62.8, 489. Manager and street (0 F /L, box if mail is not delivered to street address) F Name and address of principal officer.RHONDA MILES H(a) Is this a group return for subordinates? Ves X No I Tax-exempt status: [X] Groporation Tust (mast no.) 4947(a)(1) or 527 I Briefly describe the organization's mission or most significant activities: COMPORT AND RELIEF FOR THOSE Approximate instructions) I Briefly describe the organization's mission or most significant activities: COMPORT AND RELIEF FOR THOSE AFFECTED BY PANCREATIC CANCER, RAISE AWARENESS, SEARCH FOR THE CURE. 2 Check this box I the group individuals employed in calendary year 2019 (Part V, line 1a) 4 6 4 Number of voting members of the governing body (Part V, line 1a) 4 6 500 4 Number of voting members of the governing body (Part V, line 2a) 5 4 6 5 Total number of independent voting members of the governing body (Part V, line 2a) 6 500 6 Total number of volunteers (estimate if necessary) 7a 0. 0. 0. 7a Total		chang	pe Doing business as		46-33996	32		
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0.9,000.107,004. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 224,183.342,165. 19 Revenue less expenses. Subtract line 18 from line 12 224,071.175,496. 20 Total assets (Part X, line 16) 435,906.609,730. 21 Total liabilities (Part X, line 26) 3,442.1,770.	es				-			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0.9,000.107,004. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 224,183.342,165. 19 Revenue less expenses. Subtract line 18 from line 12 224,071.175,496. 20 Total assets (Part X, line 16) 435,906.609,730. 21 Total liabilities (Part X, line 26) 3,442.1,770.	SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 0.9,000.107,004. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 224,183.342,165. 19 Revenue less expenses. Subtract line 18 from line 12 224,071.175,496. 20 Total assets (Part X, line 16) 435,906.609,730. 21 Total liabilities (Part X, line 26) 3,442.1,770.	ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 106,0	87.				
19 Revenue less expenses. Subtract line 18 from line 12 224,071. 175,496. 500 500 500 500 500 500 500 500 500 500	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		69,606.	-		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 435,906. 609,730. 21 Total liabilities (Part X, line 26) 3,442. 1,770.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
20 Total assets (Part X, line 16) 435,906. 609,730. 21 Total liabilities (Part X, line 26) 3,442. 1,770.		19	Revenue less expenses. Subtract line 18 from line 12			175,496.		
	s or			Be				
	sets	20	Total assets (Part X, line 16)					
ŽĒ 22 Net assets or fund balances. Subtract line 21 from line 20	t As	21	Total liabilities (Part X, line 26)					
	Fun	22	Net assets or fund balances. Subtract line 21 from line 20		432,464.	607,960.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RHONDA MILES, PRESIDEN Type or print name and title	Τ		Date			
Paid	Print/Type preparer's name FRANCES E. LEAHY	Preparer's signature FRANCES E. LEAHY	Date 06/29	/20			
Preparer	Firm's name 🕨 KRAFTCPAS PLLC			Firm's EIN 🖕 62-0713250			
Use Only	Firm's address 🖕 555 GREAT CIRCLE						
	NASHVILLE, TN 37	228		Phone no.615-242-7351			
May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	Discoult 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

Dor	990 (2019) NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Page
Fai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: PROVIDING COMFORT AND RELIEF FOR THOSE AFFECTED BY PANCREATIC CANCER,
	WHILE RAISING AWARENESS AND SEARCHING FOR THE CURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Par 1 2 3 4 4a 4b 4c 4d 4e	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$67,547. including grants of \$27,210.) (Revenue \$
	(Code:) (Expenses \$ 6 / , 54 / • including grants of \$ 2 / , 210 •) (Revenue \$
Part Part	FOR PANCREATIC CANCER RESEARCH, INCLUDING PROVIDING EDUCATIONAL AND
	RESEARCH GRANTS TO ORGANIZATIONS WORKING TOWARDS THE CURE OF PANCREATI
	CANCER.
	(Code:) (Expenses \$ 92,549. including grants of \$ 92,549.) (Revenue \$
	BRIDGE OF WINGS IS A DIRECT PATIENT SERVICES PROGRAM THAT PROVIDES
	PATIENTS IN NEED WITH FREE TRANSPORTATION TO TREATMENTS, HOUSE CLEANINGS, GROCERIES, HOLIDAY MEALS AND ADDITIONAL SERVICES TAILORED T
	SPECIFIC NEEDS. PATIENTS RECEIVING TREATMENT FOR PANCREATIC CANCER ARE
	ELIGIBLE FOR HELP TO RELIEVE FINANCIALLY STRESSFUL TIMES. DURING 2019,
	THE BRIDGE OF WINGS SERVED 40 PATIENTS EACH MONTH AND HAD A TOTAL OF 8
	PATIENTS IN THE PROGRAM AT ONE TIME. BRIDGE OF WINGS ALSO ASSISTED 10 FAMILIES WITH THANKSGIVING MEALS, SERVING A TOTAL OF 1,000 INDIVIDUALS
	TAMIDIES WITH THANKSGIVING MEADS, SERVING A TOTAL OF 1,000 INDIVIDUAL
Par 1 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program services (Describe on Schedule O.)
14	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 160,096.
4e	Total program service expenses ► 160,096. Form 990

	000	(0010)
Form	990	(2019)

 Form 990 (2019)
 NIKKI MITCHELL FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

1 Is the organization described in section 2015(k) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization engage in direct or index for biological campage another so that of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Section 501(c)(3) organization. Diff the organization in ongge in lobbying activities, or have a section 501(t) election in effect of direct or index for 501(c)(4), 501(c)(6), 501(Yes	No
2 Is the organization required to complete Schedule 0. Schedule of Contributord 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct <i>II</i> 'Yes,' complete Schedule C, Part <i>II</i> 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in offect diuming the symples Schedule C, Part <i>II</i> 3 X 5 It the organization ascients of Di(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Parenus Provide election fuels or accounts for which donors have the right to provide activities as charing a transcurs in anounts in such that organization receive or hold a complex Schedule C, Part II 6 X 7 Did the organization markatin call transcurs, or hatoric attranscurs, or organize discount lability, serve as a cutotoxin for amounts in such thators attranscurs? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrory or custodia recart lability, serve as a cutotoxin for amount in Schedule D, Part IV 8 X 9 Did the organization anount in Schedule D, Part IV 10 X 10 It the organization report an amount in Part X, line 21, the schedule D, Part S, U, VII, VII, VII, VII, VX, X 8 3	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public unles? If Yes, 'complete Schedule C, Part I 3 X 4 Section SOL(QS) organizations. Did the organization rangage in bibbying activities, or have a section SOL(N) election in effect during the tax year II Yes, 'complete Schedule C, Part II 4 X 5 Is the organization a section SOL(QS) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-191 If Yes, 'complete Schedule C, Part II 5 X 6 Did the organization markina any domar advised finds or any similar funds or accountifs for which donon have the right to provide advice on the didtribution or investment of amounts in such funds or accountifs for which donon have the right to provide advice and the distribution or investment of amounts in such funds or accountifs for which donon services of the environment, historic tand areas, or historic structures? If Yes, 'complete Schedule D, Part II 7 X 9 Did the organization areatom aritina collections of works of art, historical treasures, or other similar assats? If Yes, 'complete Schedule D, Part X 8 X 10 Did the organization services? 9 X 10 X 11 The organization services? 9 X 10 X 10 Did the organization encept an amount for indus	-				
public office <i>II</i> (**e; * complete Schedule <i>C</i> , <i>Part I</i> 3 X 4 Section 501(h) election in effect during the tax year <i>II</i> **es, * complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization a section 501(k) election in effect on the anount as defined in Revenue Procedure 98-197 <i>II</i> **es, * complete Schedule <i>C</i> , <i>Part II</i> 6 X 6 Did the organization rainstain any done advised funds or any similar funds or accounts for which dones have the right to provide advise on the disthuiton or investment of anounts in such funds or accounts for which dones have the right to provide advise on the disthuiton or investment of anounts in such funds or accounts for which dones have the right to provide advised on the disthuiton or investment of anounts in such funds or accounts for which dones have the right to the environment, historic all eras, or historic structures <i>II</i> **ex, * complete Schedule <i>D</i> , <i>Part II</i> . 7 X 8 Did the organization report an amount in Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide craft complete Schedule <i>D</i> , Part <i>V</i> 8 X 9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II</i> **es, * complete Schedule <i>D</i> , Part <i>V</i> 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 171 **es, * complete Schedule			2	Λ	
4 Section 50 ft(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 ft(t)) election in effect during the taxy year <i>II</i> 'Yes,' complete Schedule (<i>C</i> , Pert <i>II</i>) is the organization asset on to (c)(c)(s). 50 ft(c)(s), or 50 ft(c)(s) or anization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-191 / Yes,' complete Schedule <i>C</i> , Pert <i>II</i> 4 X 5 Dot the organization maximum any donor advices ftudio or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of any site funds assessments for the second provide advice on the distribution or investment of any control electrons of which of a conservation assesses. The second provide advice on the distribution or investment second areas, or other similar assets? If 'Yes,' complete Schedule D, Pert II 7 X 9 Dot the organization second any other following questions is 'Yes.' Then complete Schedule D, Part V 8 X 9 Did the organization report an amount for investments - other ascuritios in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 127 if 'Yes,' complete Schedule D, Part X 10 X 10 Did the organization report an amount for investments - other ascuritios in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 127 if 'Yes,' complete Schedule D, Pa	3		2		x
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16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 16 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20b 20b			15		Х
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17				
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization neport more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18			37	
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	• • • • • • • •			v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	00	complete Schedule G, Part III	(i) (other than a private foundation)? 1 X iii (a Contributors?) 2 X paign activities on behalf of or in opposition to candidates for 3 X ge in lobbying activities, or have a section 501(h) election in effect 4 X organization that receives membership dues, assessments, or 5 X y similar funds or accounts or which dhonors have the right to in such funds or accounts or which dhonors have the right to in such funds or accounts of the system as a custodian for bt management, credit repair, or debt negotiation services? 6 X y, hold assets in donor-restricted endowments t/ 10 X 10 X is "Yes," then complete Schedule D, Part VI 11 X 10 X r securities in Part X, line 12; that is 5% or more of its total 11 X 11 X ie D, Part VII 11 X 11 X 11 X at X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 X audited financial statements for the tax year? 11 X 11 X audited financial statements for the tax year? 13 X 14 X inore than \$10,000 from		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
	21		21	х	
	93200:		1 X 2 X 3 X 3 X 3 X 4 X 5 X 6 X 7 X 8 X 9 X 10 X 111 X 120 X 13 X 144 X 15 X 16 X 17 X 18		

3

Form 990 (2019) Part IV Checklist of F				FOUNDATION,	INC.
	Part IV Checklis	t of Required S	Schedules (cont	inued)	

NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Page 4

		ation report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 X 22 X 22 X 22 X 22 X 22 X 22 X 22 X 22 X 22 X 23 X X 24 24		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22. If "Yes," complete Schedule I. Parts Land III	22	x	
23				
20				
		22		x
04.0	Did the extension have a tax exempt hand issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
		04-		v
h				- 23
		240		
С		04-		
	any tax-exempt bonds?	f grants or other assistance to or for domestic individuals on Crichedule I, Parts I and III 22 X exection A, line 3, 4, or 5 about compensation of the organization's current ployees, and highest compensated employees? If 'Yes,' complete 23 X sue with an outstanding principal amount of more than \$100,000 as of the mber 31, 2002? If 'Yes,' answer lines 24b through 24d and complete 24a X exempt bonds beyond a temporary period exception? 24b 24c 24c granizations. Did the organization engage in an excess benefit e year? I' 'Yes,' complete Schedule L, Part I 25a X excess benefit transaction with a disqualified person in a prior year, and mny of the organization's prior Forms 990 or 990-E27 If 'Yes,' complete 26b X X, line 5 or 22, for receivables from or payables to any current e, creator or founder, substantial contributor, or 35% 26b X septensors. If 'Yes,' complete Schedule L, Part II 26 X unbitons, and exceptions): 27 X asaction with one of the following parties (see Schedule L, Part IV 28a X asactor or organizations described in lines 28a or 28b?II 28b X in non-cash contributions? If 'Yes,' complete Schedule L, Part II 33 X isstance to any transaction with a cisstantial controlled entity as and'or organizations d		
		240		
25a		e than \$5,000 of grants or other assistance to or for domestic individuals on yes No es, " complete Schedule I, Parts I and III 22 X es to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ustees, key employees, and highest compensated employees? II "Yes," complete 24 X exempt bond issue with an outstanding principal amount of more than \$100,000 as of the used after December 31, 2002? II "Yes," answer lines 24b through 24d and complete 24a X gata face December 31, 2002? II "Yes," answer lines 24b through 24d and complete 24a X on behalf of Issuer for bonds outstanding at any time during the year? 24a X ensort of the organization engage in an excess benefit 25a X ensort of the organization or grade to any current an exported on any of the organization's prior Forms 900 or 900 F22? I "Yes," complete Schedule L, Part I 25a X a business transaction with one of the following parties (see Schedule L, Part II 25a X a business transaction with one of the following parties (see Schedule L, Part II 26 X a business transaction with one of the following parties (see Schedule L, Part III 26 X a business transaction with one of the following parties (see Schedule L, Part IIII) 28a X a described in line 28a		
		25a		
b				
				v
		25b		
26				
				v
~		26		_ <u> </u>
27				
		07		v
00		21		
28				
а		200-		v
h				
		200		- 23
С	· ·	200-		v
20				
29 20		29		- 23
30		20		v
21				
31 32		31		
32		20		x
22		32		- 23
33		20		v
04		33		- 23
34		24		v
05 -				
		358		- 23
a		25h		
36		330		
30		26		x
37		30		
57		37		x
38		07		
00		38	x	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·			No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?			
932004	01-20-20	Form	990	(2019)
	4			

Form	990	(2019)
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Part V

019) NIKKI MITCHELL FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		v	
h		6a			
D		6h			
7	Organizations that may receive deductible contributions under section 170(c).	do			
' 2		79	х		
h					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
-	to file Form 8282?	7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11					
a h					
5					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	• Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand 13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77	
	excess parachute payment(s) during the year?				
	If "Yes," see instructions and file Form 4720, Schedule N.			v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	anization file Form 8886-T? 5c gross receipts that are normally greater than \$100,000, and did the organization solicit 6a X deductible as charitable contributions? 6b 6a X evith every solicitation an express statement that such contributions or gifts 6b 6a X eductible contributions under section 170(c). recess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X rot otherwise dispose of tangible personal property for which it was required 7c X or otherwise dispose of tangible personal property for which it was required 7c X ms 8282 filed during the year 7d 7d X ms 8282 filed during the year 7d X 7d X ms 8282 filed during the year 7d X 7d X ms 8282 filed during the year 7d X 7d X pay permiums, directly or indirectly, on a personal benefit contract? 7d X ming door advised funds. 6b 6a 8 6a ke any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a			
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2019)

932005 01-20-20

NIKKI MITCHELL FOUNDATION, INC.

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management			1	
		1 1	~ 	Yes	N
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t				
	of officers, directors, trustees, or key employees to a management company or other person? \ldots		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
а	The governing body?		8a	Х	L
b	Each committee with authority to act on behalf of the governing body?		8b	Х	Ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			
				Yes	L
0a	Did the organization have local chapters, branches, or affiliates?		10a		L
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		L
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c		
3	Did the organization have a written whistleblower policy?		13		Γ
4	Did the organization have a written document retention and destruction policy?		14		
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a		E
	Other officers or key employees of the organization		15b		T
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		Γ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				
	exempt status with respect to such arrangements?		16b		Г
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $ ho$ TN , MD , AL				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and 990-T (Section 501(c))	3)s only	/) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.	((0))	, , , , , , , , , , , , , , , , , , ,	,	-
		n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	ind fina	ncial	
~	statements available to the public during the tax year.			10101	
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
	THE ORGANIZATION - 615 982-6802				
	PO BOX 68305, NASHVILLE, TN 37206				
000			Form	9 90	()
2000	6 01-20-20 6		TUII	1000	۲)
10	629 781331 20052-20052 2019.04000 NIKKI MITCHELI	FOUNDATION	2.00)52	_ '

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	ed
	Em	ployees, and	l Independe	ent Contra	ctors				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RHONDA MILES PRESIDENT	50.00	x		x				0.	0.	0.
(2) CINDY DENHAM	5.00	Δ						0.	•	0.
SECRETARY/TREASURER	5.00	x		x				0.	0.	0.
(3) KIM MCCOLLUM-MELE	1.00									
DIRECTOR		х						0.	0.	0.
(4) SCOTT SAFFORD	1.00									
DIRECTOR		х						0.	0.	0.
(5) TERRIE LAWRENCE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) WADE MERRY	1.00									•
DIRECTOR		X						0.	0.	0.
				<u> </u>						
932007 01-20-20	I							1		Form 990 (2019)

	990 (2019) NIKKI MI						-			46-3	399	632	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org an	pensa om the anizati d relate anizatio	e ion ed
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	sove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			0
3	Did the organization list any former officer,			key e	empl	loye	e, or	' hig	phest compensated emp	oloyee on	ľ		Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl	-	the organization		3		x x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services	6	5		x
	tion B. Independent Contractors Complete this table for your five highest co	magazatad in	100		t	onti			that reactived mare then	¢100.000 of oor		otion	irom	
1	the organization. Report compensation for	•	•						n the organization's tax	•				
	(A) Name and business	address	NC	ONI	Ξ			_	(B) Description of s	services	C) compe	ל) nsatioi	n
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot li	mite	d to		se lis 0	stec	d above) who received r	nore than				
												Form	990 (2	2019)

932008 01-20-20

Pa	rt \	VIII				nc -	or note to any "-	o in this Dart VIII			
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ributi grant abov	1b 1c 1d ons) 1e s, and 1f 1a-1f 1g \$		289,628. 56,474.	346,102.			
<u> </u>			Total. Add lines 1a-11				Business Code	010/1010			
Program Service Revenue	2	a b c d e f	All other program service								
			Total. Add lines 2a-2f								
	4	 3 Investment income (including dividends, intere- other similar amounts) 4 Income from investment of tax-exempt bond p 					► Proceeds	2,845.			2,845.
	5		Royalties		(i) Real		(ii) Personal				
	6	a	Gross rents	6a	(i) near						
		b	Less: rental expenses Rental income or (loss)	6b 6c							
			Net rental income or (loss	Ļ			>				
	7	a	Gross amount from sales of assets other than inventory	7a	(i) Securiti		(ii) Other				
ənr		b	Less: cost or other basis and sales expenses	7b							
Revenue			Gain or (loss)	7c							
er Re			Net gain or (loss)				🕨				
Othe	8	а	contributions reported on	, 6 line	28 . of 1c). See						
			Part IV, line 18				277,254.				
			Less: direct expenses				110,828.	166,426.			166,426.
	0		Net income or (loss) from Gross income from gamin		-		····· 🕨	100,420.			100,420.
	ľ	u	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gam	ing activities	s <u> </u>	►				
	10	а	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold			10b					
s			Net income or (loss) from		s of inventor	<u>у</u>	Business Code				
Miscellaneous Revenue	11	a b	OTHER REVENUE	1			900099	2,288.	2,288.		
eve eve		c									
Alisc		d	All other revenue								
			Total. Add lines 11a-11d					2,288.			
	12		Total revenue. See instruction	ons			►	517,661.	2,288.	0.	,
93200	09 0.	1-20	-20					9			Form 990 (2019)

NIKKI MITCHELL FOUNDATION, INC.

Form 990 (2019)

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NIKKI MITCHELL FOUNDATION, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses Total expenses Program Service Management and general expenses Fundation experial 1 Grants and Other assistance to domestic organizations and domest governemts. See Part IV, line 21 27, 210. <t< th=""><th>Don</th><th>Check if Schedule O contains a respon ot include amounts reported on lines 6b,</th><th>(A)</th><th>(B)</th><th>(C)</th><th> (D)</th></t<>	Don	Check if Schedule O contains a respon ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
and domestic governments. Size Part IV, line 21 27, 210. 27, 210. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 92, 549. 92, 549. 3 Grants and other assistance to foreign organizations. Foreign governments, and foreign individuals. See Part IV, line 51 and 16 92, 549. 92, 549. 4 Benefits path to or for members 5 Compensation of current officers, directors, trutates, and key emptypose 1 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(G)(3)(8) 107, 117. 2, 328. 28, 674. 7(6 9 Other emptype benefits 7, 685. 167. 2, 057. 5 10 Payroit taxes 7, 685. 167. 2, 057. 5 11 Feas for service (nonemptypees): a Management 10, 747. 10, 747. 10, 747. 10 chybring 10, 701. 8, 701. 2 2 9 Other emptypes 37, 398. 10, 291. 16, 815. 11 10 Conference, conventions, and meetings 7 11, 950. 2, 503. 5, 040. 10 Conference, conventions, and meetings 21, 618. 10, 291. 1			Total expenses	Program service	Management and	Fundraising expenses
2 Grants and other assistance to domesic individuals. See Part IV, line 22 92,549. 92,549. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 51 and 16. 92,549. 92,549. 4 Benefits paid to or for members 5 5 5 Compensation of Londoid above to disgualified persons is solutioned under sciences, directors, froates, and key employees 107,117. 2,328. 28,674. 76 6 Compensation and contributions (findude section 401/4 ad 403(b) employee contributions) 107,117. 2,328. 28,674. 76 9 Other analysis and contributions (findude section 401/4 ad 403(b) employees): 107,717. 10,747. 10,747. 10 Fayrol taxes 7,685. 167. 2,057. 10 9 Other employee contributions (findude section 401/4 ad 403(b) employees): 10,747. 10,747. 10,747. 4 Lobbying 10,747. 10,747. 2,454. 2 2 9 Other (find gande promotion 2,454. 2 2 2 4 2 10 7,398. 10,291. 16,815. 10 11,950. 2		•	27,210.	27,210.		
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Individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, directors		organizations, foreign governments, and foreign				
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e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 342,165. 160,096. 75,982. 106 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. according to the second sec		All other expenses				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · · · · · · · · · · · · · · ·	342,165.	160,096.	75,982.	106,087
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· · · · · ·	-			-
educational campaign and fundraising solicitation.						
Check here Gheck here Check here		Check here if following SOP 98-2 (ASC 958-720)				

12410629 781331 20052-20052 2019.04000 NIKKI MITCHELL FOUNDATION,

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Form **990** (2019)

20052-21

Form 990 (2019)	NIKKI	MITCHELL	FOUNDATION,	INC.
Part X	Balance Sheet	t			

46-3399632 Page 11

		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			51,216.	1	32,960.
	2	Savings and temporary cash investments			382,780.	2	575,689.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,069.			
	b	Less: accumulated depreciation		3,988.	1,910.	10c	1,081.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			435,906.	16	609,730.
	17	Accounts payable and accrued expenses			3,198.	17	0.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
Liat		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X	244.		1 770
		of Schedule D			3,442.	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25			5,442.	26	1,770.
es		Organizations that follow FASB ASC 958, che	eck ner				
лс	07	and complete lines 27, 28, 32, and 33.			427,464.	07	601,803.
3ala	27	Net assets without donor restrictions			5,000.	27 28	6,157.
Ы	28	Net assets with donor restrictions			5,000•	28	0,137.
Fur		Organizations that do not follow FASB ASC 9	58, CN				
ŗ		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or ec Retained earnings, endowment, accumulated in				30 31	
Net Assets or Fund Balances	31				432,464.	31	607,960.
z	32	Total net assets or fund balances			435,906.	32 33	609,730.
	33	TOTAL HADINGES AND THE ASSETS/TUND DATANCES				33	

Form **990** (2019)

11

	990 (2019) NIKKI MITCHELL FOUNDATION, INC.	46-339	9632	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	342	2,1	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	175	5,4	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	432	2,4	64.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		C 0 F		~ ~
D	column (B))	10	60	/,9	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			37
2a	······		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2019
Open to Public

	Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public Internal Revenue Service Inspection Inspection											
Nan	ne of	the organizat		0010 WWW.II 3.90					Employer	identification number		
		Ū		I MITCHELL	FOUNDATION,	INC.				6-3399632		
Pa	rt I	Reason			All organizations must co		is part.) Se	e instructions	S.			
The	orgar	nization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)					
1		A church, co	nvention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3	Щ	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i i	ii).				
4				ation operated in co	onjunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
_		city, and stat										
5					ollege or university owned	d or opera	ted by a g	overnmental u	init descrit	bed in		
~				Complete Part II.)	an a such a la succión a la caractería a la fac		20/1-1/41/41	4.5				
6	X		-	-	mental unit described in					nulational an avita and in		
'	21			omplete Part II.)	antial part of its support f	rom a gov	ernmentai		ne general	public described in		
8					(1)(A)(vi). (Complete Par	+ II)						
9	\square				in section 170(b)(1)(A)		ed in coniu	inction with a	land-grant	college		
-					culture (see instructions).							
		university:		5 5 5	,		, ,	,				
10		An organizat	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from		
		activities rela	ated to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section	509(a)(2). (Co	mplete Part III.)								
11		-	-	-	sively to test for public sa	•						
12					sively for the benefit of, to							
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in											
_	 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 											
а												
				complete Part IV, Se	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting		
b					d or controlled in connec	tion with it	s support	ed organizatio	n(s) hy ha	avina		
Ň				-	anization vested in the s			-		-		
				t complete Part IV,					go the oup	portou		
с		_			g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,		
					s). You must complete I				, ,			
d		Type III no	on-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)		
		that is not	functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness		
	_	requiremer	nt (see instruct	ions). You must co r	mplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
					onally integrated support							
g		vide the follow (i) Name of supp	-	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(1) 2.1 ((described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)		
		-			above (see instructions))	103						
Tota	al											

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 13

 Schedule A (Form 990 or 990-EZ) 2019
 NIKKI MITCHELL FOUNDATION, INC.
 46-33996

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	48,517.	250,354.	337,360.	405,056.	346,102.	1,387,389.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	48,517.	250,354.	337,360.	405,056.	346,102.	1,387,389.
5		-	-				
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						375,871.
6	Public support. Subtract line 5 from line 4.						1,011,518.
	ction B. Total Support						1,011,010.
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	48,517.	250,354.	337,360.	405,056.	346,102.	1,387,389.
8	Gross income from interest,	1070170	200,0010		100,0000	010/1011	
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,			773.	1,623.	2,845.	5,241.
•	and income from similar sources			115.	1,025.	2,043.	
9							
	activities, whether or not the				40,245.	166,426.	206,671.
	business is regularly carried on				40,243.	100,420.	200,071.
10	Other income. Do not include gain						
	or loss from the sale of capital				1,330.	2,288.	3,618.
	assets (Explain in Part VI.)				1,550.	2,200.	1,602,919.
	Total support. Add lines 7 through 10		\ \				1,002,919.
	Gross receipts from related activities,						
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>So</u>	organization, check this box and stor ction C. Computation of Publ		rcontago				P
							63.10 %
	Public support percentage for 2019 (14	
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the o	•		•			
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Soho	dulo A (Earm 990	or 000 E7) 2010

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NIKKI MITCHELL FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

n ir 2 (C n fr a C 3 (C a	Gifts, grants, contributions, and nembership fees received. (Do not nclude any "unusual grants.") Gross receipts from admissions, merchandise sold or services per-							
ir 2 (0 1 1 2 3 (0 2 3	nclude any "unusual grants.") Gross receipts from admissions,							
2 (n fr a c 3 (a	Gross receipts from admissions,							
n fr a c 3 C a								
с З (а	formed, or facilities furnished in any activity that is related to the							
а	organization's tax-exempt purpose							
	Gross receipts from activities that							
	are not an unrelated trade or bus- ness under section 513							
4 T	Tax revenues levied for the organ-							
	zation's benefit and either paid to or expended on its behalf							
5 T	The value of services or facilities							
f	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
fr e	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support			•	•			
alen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 A	Amounts from line 6							
10a (c s	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
bι	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11 N a V	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 (Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	s first. second. thi	rd. fourth. or fifth t	ax vear as a sectio	n 501	(c)(3) organiz	ation.
	check this box and stop here	-			•		(-)(-) - 3	
ect	tion C. Computation of Publi	c Support Pe	rcentage					·····
	Public support percentage for 2019 (li			column (f))		15		%
	Public support percentage from 2018					16		%
	tion D. Computation of Invest							
	nvestment income percentage for 20		-			17		%
	nvestment income percentage from 2					18		%
	33 1/3% support tests - 2019. If the						% and line 1	
		-						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						un 33 1/3%	
		•						
	ine 18 is not more than 33 1/3%, che							
	Private foundation. If the organization 09-25-19	n ulu not check a	box on line 14, 19	a, or 190, check t				►) or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

12410629 781331 20052-20052 2019.04000 NIKKI MITCHELL FOUNDATION,

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Schedule A (Form 990 or 990-EZ) 2019 NIKKI MITCHELL FOUNDATION, INC. Part IV Supporting Organizations (continued)

44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	┢
	A family member of a person described in (a) above?	11b	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations		Vee	
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	N
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	re a majority of the organization's directors or trustees during the tax year also a majority of the directors rustees of each of the organization's supported organization(s)? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how control</i> <i>management of the supporting organization was vested in the same persons that controlled or managed</i> <i>supported organization(s).</i> 1 1 D. All Type III Supporting Organizations Y the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	· · · · · · · · · · · · · · · · · · ·			
2		-		
2				
00		Z	<u> </u>	
00			Yee	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•				
		1		
ec			L	
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
	the set The set of the	3		_
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		I	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.).		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).).		
1 b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Activities Test. Answer (a) and (b) below.).		N
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of).		N
1 b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify).		N
1 b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,).		N
1 b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined). tructions		N
1 b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.).		N
1 b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more). tructions		N
1 b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the). tructions		N
1 b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these). tructions		Nd
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.). tructions		N
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea{see instructions. The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.). tructions		No
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or). tructions 2a 2b		
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instactivities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.). tructions		Nc
1 b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions. The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or). tructions 2a 2b		No

Schedule A (Form 990 or 990-EZ) 2019 NIKKI MITCHELL FOUNDATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 NIKKI MITCHELL FOUNDATION, INC.

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-	Excess from 2018			
-	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A		990-EZ) 2019 NIKKI				46-3399632
	Part IV, Secti	ion A, lines 1, 2, 3b, 3c, 4b	ovide the explana o, 4c, 5a, 6, 9a, 9t	tions required by Pa o, 9c, 11a, 11b, and	art II, line 10; Part 11c; Part IV, Sect	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section line 1; Part V, Section B, line 1e; Par
	Section D, lin	nes 5, 6, and 8; and Part V	Part IV, Section , Section E, lines	E, lines 1c, 2a, 2b, 3 2, 5, and 6. Also co	Ba, and 3b; Part V, mplete this part fo	line 1; Part V, Section B, line 1e; Par r any additional information.
	(See instructi	ions.)				•
32028 09-25-1	19					Schedule A (Form 990 or 990-E
				20		
10629	781331	20052-20052	2019.04		MITCHELL	FOUNDATION, 20052

Schedule B (Form 990, 990-EZ,

or 990-PF) De Inte

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2N1Q

umber

Internal Revenue Service				
Name of the organizat	ion		Emp	oloyer identification num
	NIKKI	MITCHELL FOUNDATION, INC.	4	6-3399632
Organization type (ch	eck one):			
Filers of:	Secti	on:		
Form 990 or 990-EZ	X	501(c)(3) (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		
		ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Specia	al Rule. Se	e instructions.
General Rule				
•	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot ntributor. Complete Parts I and II. See instructions for determining a contrib	•	
Special Rules				
•		bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	•	•

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

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;

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

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 58,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 17,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

052 2019.04000 NIKKI MITCHELL FOUNDATION, 20052-21

22

12410629 781331 20052-20052

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Name of organization

Employer identification number

NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,686. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 8 Person Payroll 10,350. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 9,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 8,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

12410629 781331 20052-20052 2019.04000 NIKKI MITCHELL FOUNDATION, 20052-21

23

Employer identification number

NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

20052-21

923452 11-06-19

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Name	of	organization

Employer identification number

46-3399632

NIKKI MITCHELL FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-06-19	25	Schedule B (Form	990, 990-EZ, or 990-PF

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page				
Name of o	rganization		Employer identification numbe				
	MITCHELL FOUNDATION,	INC.	46-3399632				
Part III	from any one contributor. Complete columns (a) through (a) and the following line er	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 o al space is needed.	r less for the year. (Enter this info. once.) ► \$				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-		e) Transfer of gi	l				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	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, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
923454 11-06	6-19	26	Schedule B (Form 990, 990-EZ, or 990-PF) (20				

SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



20052-21

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number	eı
46-3399632	

_	NIKKI MITCHELL FOUNDA	TION, INC.	46-3399632
Pa	t I Organizations Maintaining Donor Advised Fu	Inds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised fur	nds
•	are the organization's property, subject to the organization's exclu	-	
6	Did the organization inform all grantees, donors, and donor adviso		
Ū	for charitable purposes and not for the benefit of the donor or don		
Pa			
1	Purpose(s) of conservation easements held by the organization (ch		,
•	Preservation of land for public use (for example, recreation of		orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2		analyzation contribution in the form of a c	anagulation accompant on the last
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a c	Held at the End of the Tax Year
-	day of the tax year.		
a L	Total number of conservation easements		2a
D			2b
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	a, extinguisned, or terminated by the orga	nization during the tax
	year		
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic	•	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation e	asements during the year
-			
8	Does each conservation easement reported on line 2(d) above sati		
-	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote to	o the organization's financial statements t	hat describes the
De	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art	Historical Traceruses or Other	Cimilar Acceto
Pa			Similar Assets.
	Complete if the organization answered "Yes" on Form 990,		
1 a	If the organization elected, as permitted under FASB ASC 958, not	•	
	of art, historical treasures, or other similar assets held for public ex		ance of public
	service, provide in Part XIII the text of the footnote to its financial s		
b	If the organization elected, as permitted under FASB ASC 958, to		
	art, historical treasures, or other similar assets held for public exhit	bition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasure	-	, provide
	the following amounts required to be reported under FASB ASC 98		
а	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for I	Form 990.	Schedule D (Form 990) 2019
93205	1 10-02-19		

27 2019.04000 NIKKI MITCHELL FOUNDATION,

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Sche		ITCHELL FO						339963		age 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical T	reasures, o	or Othe	r Similar A	ssets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	e following that	at make si	gnificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 <u> </u>		change progra					
b	Scholarly research	e	• 🗆	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							Part XIII.		
5	During the year, did the organization solicit of									_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" on	Form 990, Par	t IV, line 9, o	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							—		٦
	on Form 990, Part X?							Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			r			
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F						ty?	Yes		
	If "Yes," explain the arrangement in Part XIII						-			
Par	t V Endowment Funds. Complete		1							
		(a) Current year	(b)	Prior year	(c) Two year	rs back 🛛 🌔	d) Three years b	oack (e) Fou	r years	back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line	1g, column (a)) held as:					
а	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	nat are held a	and administe	ered for th	ne organizatior	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on	Schedule R?	?			3b		
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	t funds.						
Par	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part	IV, line 11a.	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) Ac	cumulated	(d) Boo	k valu	е
	,	basis (investi			(other)		reciation			
1a	Land									
	Buildings									
	Leasehold improvements			1						
	Equipment									
	Other			1	5,069.		3,988.		1,0	81.
	Add lines 1a through 1e. (Column (d) must e		t X, colu	ımn (B), line	-				1,0	
		,,					Sche	dule D (Forr		
								•		

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Schedule D (Form 990) 2019 $old N$]	IKKI	MITCHELL	FOUNDATION,	INC.
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Dook value	(c) Method of Valdation. Cost of chi	a or year market value
<u>(1)</u>			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ə 15.)	▶	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES			1,770.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 1

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗴

Schedule D (Form 990) 2019

1,770.

932053 10-02-19

	ILE D (Form 990) 2019 NIKKI MITCHELL FOUNDATION,				99632 Pa	age 4
Part 2	XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1 Te	otal revenue, gains, and other support per audited financial statements			1	517,6	61.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:					
a N	et unrealized gains (losses) on investments	2a				
b D	onated services and use of facilities	2b				
c R	ecoveries of prior year grants	2c				
d O	ther (Describe in Part XIII.)	2d				-
e A	dd lines 2a through 2d			?e		0.
3 S	ubtract line 2e from line 1			3	517,6	61.
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Ir	vestment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b O	ther (Describe in Part XIII.)	4b				
	dd lines 4a and 4b			lc		0.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	517,6	61.
	XII Reconciliation of Expenses per Audited Financial Staten	nents With Ex	penses per R	eturn		
			penses per R	eturn		
Part	XII Reconciliation of Expenses per Audited Financial Staten	a.	· · ·	eturn 1	342,1	65.
Part	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	· · ·			65.
Part . 1 To 2 A	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements	a. 	· · ·			65.
Part 1 Tr 2 A a D	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25:	a. 	· · ·			65.
Part 2 1 Tr 2 A a D b P	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities	a. 	· · ·			65.
Part 1 Tr 2 A a D b P c O	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments	a. 2a 2b 2c	· · ·			65.
Part : 1 Tr 2 A a D b P c O d O	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments	2a 2b 2c 2d			342,1	0.
Part 1 T 2 A a D b P c O d O e A	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments ther losses ther (Describe in Part XIII.) dd lines 2a through 2d	2a 2b 2c 2d		1		0.
Part 1 T- 2 A a D b P c O d O e A 3 S	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments where losses where (Describe in Part XIII.)	2a 2b 2c 2d		1 2e	342,1	0.
Part 1 T 2 A a D b P c O d O e A 3 S 4 A	XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments ther losses ther losses uther (Describe in Part XIII.) dd lines 2a through 2d ubtract line 2e from line 1	2a 2b 2c 2d		1 2e	342,1	0.
Part 1 Tr 2 A a D b P c O d O e A 3 S 4 A a Ir	XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments ther losses ther losses ubtract line 2e from line 1 mounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d		1 2e	342,1	0.
Part 1 T 2 A a D b P c O d O e A 3 S 4 A a Ir b O	XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments ther losses ther losses ubtract line 2e from line 1 mounts included on Form 990, Part IX, line 25, but not on line 1: westment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b		1 2e	342,1	<u>0.</u> 65. 0.
Part 1 T 2 A a D b P c O d O e A 3 S 4 A a Ir b O c A 5 T	XIII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a otal expenses and losses per audited financial statements mounts included on line 1 but not on Form 990, Part IX, line 25: onated services and use of facilities rior year adjustments ther (Describe in Part XIII.) dd lines 2a through 2d ubtract line 2e from line 1 mounts included on Form 990, Part IX, line 25, but not on line 1: nvestment expenses not included on Form 990, Part VIII, line 7b ther (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b		1 2e 3	342,1	<u>0.</u> 65. 0.

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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S INCOME
TAX RETURN TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE
LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE
APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF
ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS
DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE
LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE WERE NO PROVISIONS FOR
INCOME TAXES, PENALTIES, OR INTEREST RECEIVABLE OR PAYABLE RELATING TO
UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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Schedule D	(Form 990) 2019
Dort VIII	0

Part XIII Supplemental Information				
755 10.02.10			Schedule	D (Form 990) 2019
.055 10-02-19 .0629 781331 20052-20052	2 2019,04000	31) NIKKI MITCHELI	, FOUNDATION	20052-21

SCHEDULE G		ental Information Regarding						OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2019
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public Inspection
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instru	uction	is and	the latest informat	ion.		Inspection Intification number
		ITCHELL FOUNDATION					46-3399	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indir	s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	bution:	s or has been notified	d it is	s exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

20052-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	1	(b) Event #2		ots greater than \$5,000.
			(a) Event #1 JJ GOLF	TRALER PARK	(c) Other events	(d) Total events
				SHOW	1	(add col. (a) through
			(event type)	(event type)		col. (c))
Revenue				-		
Pev	1	Gross receipts	473,132.	58,889.	34,861.	566,882.
	2	Less: Contributions	270,603.	9,500.	9,525.	289,628.
	3	Gross income (line 1 minus line 2)	202,529.	49,389.	25,336.	277,254.
	4	Cash prizes				
ŝ	5	Noncash prizes				
xheired	6	Rent/facility costs	45,753.	11,916.		57,669.
Uirect Expenses	7	Food and beverages	3,163.	370.		3,533.
^ר	8	Entertainment			0.000	
	9	Other direct expenses	45,101.	· · · · · · · · · · · · · · · · · · ·	2,022.	49,626. 110,828.
		Direct expense summary. Add lines 4 throug				166,426
)a	<u>11</u> rt l	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		n 990 Part IV line 19 or		100,420
_		\$15,000 on Form 990-EZ, line 6a.				
1		. , , ,		(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Peverue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
-	1	Gross revenue				
3	2	Cash prizes				
	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)		►	
-					· · · ·	•
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				. 🛄 Yes 🛄 No
b	lf "I	No," explain:				
02	Wo	re any of the organization's gaming licenses re	evoked suspended or t	erminated during the tax	vear?	Yes No
		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
~		х — це				
	_					
1200	2 00)-11-19			Schedule C (Ea	rm 990 or 990-EZ) 2019
200	2 08	, , , , , , , , , , , , , , , , , , , ,				111 330 01 330-LZj ZU I

Schedule G (Form 990 or 990-EZ) 2019 NIKKI MITCHELL FOUNDATION, INC. 46-	3399632	Page
11 Does the organization conduct gaming activities with nonmembers?		<u> </u>
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	
Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name 🕨		
Gaming manager compensation 🕨 \$		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
32083 09-11-19 Schedule G (Foi 34	m 990 or 990	-===) 4

Schedule G (Form 990 or 990-EZ)	NIKKI	MITCHELL	FOUNDATION,	INC.
Part IV Supplemental Infor	mation (co	ontinued)		

32084 04-01-19	 00050	00050	0.01	 35		1, 20052-2:
					Schedule (G (Form 990 or 990-E

SCHEDULE (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection	
Name of the	e organization NIKKI MIT	CHELL FOU	NDATION, IN	IC.				Employer identification number $46-3399632$	
Part I	General Information on Grants a	and Assistance							
criteri	the organization maintain records a used to award the grants or assi	stance?							
	ribe in Part IV the organization's pro								
	Grants and Other Assistance to recipient that received more than	-				anization answered in	res" on Form 990, Par	t IV, line 21, for any	
	ame and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
	NTS OF THE UNIVERSITY OF A - 9500 GILMAN DR - LA A 92093	95-6006144	501(C)3	20,000.	0.			TO SUPPORT PANCREATIC CANCER RESEARCH AND CARE.	
2 Enter	total number of section 501(c)(3) a	and government or	rganizations listed in th	ne line 1 table	1		I	1.	
	total number of other organization								
LHA For I	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)								

Schedule I (Form 990) (2019) NIKKI MITCHELL FOUNDATION, INC.

46-3399632

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
HOUSING, MEALS, TRANSPORTATION AND LIVING ASSISTANCE FOR TRAVELS FOR MEDICAL TREATMENT AND TESTING	132	92,549.	0.				
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.			
PART I, LINE 2:							
PART III: PANCREATIC CANCER PATIENTS ARE REFERRED TO THE FOUNDATION BY							

PATIENT ADVOCATES AT VARIOUS TREATMENT FACILITIES. PATIENTS COMPLETE A

BRIDGE OF WINGS APPLICATION WHICH MUST BE FAXED OR EMAILED TO THE

FOUNDATION FROM THE PATIENT'S HEALTHCARE FACILITY BY THE PATIENT'S DOCTOR

OR PATIENT ADVOCATE. THE APPLICATION MUST BE COMPLETED IN FULL AND EACH

MUST BE RENEWED MONTHLY. THE MONTHLY RENEWAL FORM MUST ALSO BE SENT FROM

THE HEALTHCARE FACILITY BY THE DOCTOR OR PATIENT ADVOCATE. THE FOUNDATION

ACTIVELY MONITORS PARTICIPATION IN BRIDGE OF WINGS BY TRACKING THE NUMBER

Schedule I (Form 990) NIKKI Part IV Supplemental Information	MITCHELL FOUNDATION, INC.	46-3399632 Page 2
	E NUMBER OF STATES REACHED, THE NU	
DRIVEN FROM THE GAS CARD	S, AND THE DECREASE IN THE NUMBER	OF TREATMENT
CANCELLATIONS.		
932291 04-01-19		Schedule I (Form 990)
	38	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

NIKKI MITCHELL FOUNDATION, INC.

Employer identification number 46 - 3399632

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DISTRIBUTED TO THE

BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON

REQUEST.

FORM 990, PART IV, SECTION B, LINE 15:

THE FOUNDATION DOES NOT CURRENTLY PROVIDE COMPENSATION FOR A PRESIDENT,

CEO, EXECUTIVE DIRECTOR OR OTHER TOP MANAGEMENT OFFICIAL. COMPENSATION

IS ONLY PROVIDED TO ADMINISTRATIVE STAFF. AS A RESULT, A PROCESS FOR

DETERMINING COMPENSATION FOR EXECUTIVES IS NOT CURRENTLY REQUIRED.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 09-06-19
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