#### \*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. A For the 2018 calendar year, or tax year beginning and ending

Open to Public Inspection

В	Check if applicab	C Name of organization		D Employer ident	ification number
Г	Addre	NIKKI MITCHELL FOUNDATION, INC.			
F	Name Chang			46-	3399632
	Initial return		Room/suite	E Telephone numl	
	Final returr	DO BOX 68305			682-6802
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	539,687.
	Amen return	ded NASHVILLE, TN 37206		H(a) Is this a group	return
	Appli tion	F Name and address of principal officer. MIONDE ITTED		for subordinat	tes? Yes X No
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinate	es included? Yes No
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) 0	or 527	,	a list. (see instructions)
		te: WWW.NIKKIMITCHELLFOUNDATION.ORG		H(c) Group exemp	
		f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2013	M State of legal domicile; TN
Р	art I	Summary		ים ספודפים מ	OD MUCCE
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMFO AFFECTED BY PANCREATIC CANCER, RAISE AWAR	RENESS	S, SEARCH F	OR THE CURE.
rna	2	Check this box  if the organization discontinued its operations or dispose			
ove	3			ı	3   6
S S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 6
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5 1
₹	6	Total number of volunteers (estimate if necessary)			50
Act		Total unrelated business revenue from Part VIII, column (C), line 12			'a 0.
	b	Net unrelated business taxable income from Form 990-T, line 38	·····		7b 0.
		0		Prior Year 337,360	Current Year 405,056.
ne	8	Contributions and grants (Part VIII, line 1h)		337,300	
Revenue	9	Program service revenue (Part VIII, line 2g)		773	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-64,019	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		274,114	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		211,514	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,328	32,483.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.
xbe		Total fundraising expenses (Part IX, column (D), line 25)   42,5	21.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,895	69,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		326,737	
		Revenue less expenses. Subtract line 18 from line 12		-52,623	
Net Assets or Fund Balances				ginning of Current Yea	
SSE	20	Total assets (Part X, line 16)		210,454 2,061	
Zet Let	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		208,393	
	22 art II	Signature Block		200,333	152,1011
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of	my knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
Sig	ın	Signature of officer		Date	
He	re	RHONDA MILES, PRESIDENT			
		Type or print name and title			C. I. STILL
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai -		FRANCES E. LEAHY FRANCES E. LEAH	Y (	06/28/19 if self-emp	P00713593
	parer	Firm's name KRAFTCPAS PLLC		Firm's EIN	62-0713250
USE	Only	Firm's address 555 GREAT CIRCLE ROAD			15 040 7051
		NASHVILLE, TN 37228		Phone no. 6	15-242-7351
ινla	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <b>Yes X No</b>
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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.
4a	(Code:) (Expenses \$ 80,812 • including grants of \$
	EXPANSION OF AWARENESS OF PANCREATIC CANCER AND PROVISION OF SUPPORT FOR PANCREATIC CANCER RESEARCH, INCLUDING PROVIDING EDUCATIONAL AND
	RESEARCH GRANTS TO ORGANIZATIONS WORKING TOWARDS THE CURE OF PANCREATIC CANCER.
4b	(Code: ) (Expenses \$ 56,294. including grants of \$ 56,294.) (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 TO
	SPECIFIC NEEDS. PATIENTS RECEIVING TREATMENT FOR PANCREATIC CANCER ARE ELIGIBLE FOR HELP TO RELIEVE FINANCIALLY STRESSFUL TIMES. DURING 2018,
	THE FOUNDATION SERVED AN AVERAGE OF 40 CLIENTS EACH MONTH.
4c	(Code:) (Expenses \$
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 137,106.
	Form <b>990</b> (2018)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		<sub>V</sub>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		122
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

# Form 990 (2018) NIKKI MITCHELL FOUNDATION, Part IV | Checklist of Required Schedules (continued)

ı a	Officerist of nequired schedules (continued)			
	500 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		-
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			٠,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
21	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	51		
O_	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Forms COO files are under data appropriate Option data O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2018)

# Part V 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?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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			l			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a		0-		X			
	any contributions that were not tax deductible as charitable contributions?	6a		Λ			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5					
·	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,,,					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f							
g							
h							
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					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
a	Gross income from other sources (Do not net amounts due or paid to other sources against						
120	amounts due or received from them.)  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	120					
13	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						
С	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.		000				
		Form	990	(2018)			

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 in Schedule O. See instructions.

					Δ
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other			
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the				
_	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		<u> </u>		X
6					X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or a		<u> </u>		
1 a			70		х
	more members of the governing body?		7a		25
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,				X
_	persons other than the governing body?	or by the fellowing	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			v	
a	The governing body?			X	_
b	Each committee with authority to act on behalf of the governing body?		8b	Α.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				.,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?				Х
15	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati				
			16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed ►TN , MD , AL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501/a)/	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	555 . (5556511 551 (6)(	2,3 3m	,, availe	
		in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd fina	aoic!	
19		annot of interest policy, a	nu iiriai	ıcıdı	
20	statements available to the public during the tax year.	sake and reasds			
20	State the name, address, and telephone number of the person who possesses the organization's by THE ORGANIZATION $-615$ $682-6802$	DONS AND RECORDS -			
	PO BOX 68305, NASHVILLE, TN 37206				

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	١		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		_	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	g,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		9	suadi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t con	١.			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rme			Organizations
(1) RHONDA MILES	50.00	=	=	0		工 む	Œ			
PRESIDENT		x		x				0.	0.	0
(2) CINDY DENHAM	5.00							-		
SECRETARY/TREASURER		x		x				0.	0.	0
(3) KIM MCCOLLUM-MELE	1.00							-		-
DIRECTOR		x						0.	0.	0
(4) SCOTT SAFFORD	1.00									
DIRECTOR		X						0.	0.	0
(5) TERRIE LAWRENCE	1.00									
DIRECTOR		Х						0.	0.	0
(6) WADE MERRY	1.00									
DIRECTOR		Х						0.	0.	0
		1								
		1								
		4								
		4								
		1								
		1								
		1								
		$\vdash$			_					
		1								
		1								

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Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box, offic	not c , unle	Positive per per per per per per per per per pe	ition more rson	l than is bot	one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on d	(F) Estimated amount of other		of
	(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-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
	iiiic)	Jul	lls	HO Off	Ke	H.	요						
		-											
1b Sub-total			<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0.		0.			0.
Total number of individuals (including but a compensation from the organization	not limited to th	iose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	le		Yes	No.
3 Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for a								highest compensated e			3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors					-			_			5		X
Complete this table for your five highest co the organization. Report compensation for										npens	ation 1	from	
(A) Name and business	address	NC	ONI	3				<b>(B)</b> Description of s	ervices	C	ompe	c) nsatio	<u>1</u>
2. Total number of index or death and to	in aluelle et le ca			- ۱ ام	<b>4</b> /			I abova) viba za za za za za	novo the sur				
2 Total number of independent contractors \$100,000 of compensation from the organ		IOT III	ınıte	u to		se 119 )	steo	above) who received n	iore than				

Pa	rt v		o in this Dart VIII			
		Check if Schedule O contains a response or note to any lin	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2	b c d d e All other program service revenue	405,056.	isvande	Totalide	312 - 314
	3 4 5	g Total. Add lines 2a-2f	1,623.			1,623.
	6	a Gross rents b Less: rental expenses c Rental income or (loss)  (i) Real (ii) Personal				
	7	d Net rental income or (loss)  a Gross amount from sales of assets other than inventory  b Less: cost or other basis				
		and sales expenses  c Gain or (loss)  d Net gain or (loss)				
Other Revenue		a Gross income from fundraising events (not including \$ 311,863. of contributions reported on line 1c). See Part IV, line 18 a 131,678. b Less: direct expenses b 91,433.				
0	9	c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b	40,245.			40,245.
	10	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b				
	11	C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  OTHER REVENUE  900099	1,330.	1,330.		
		c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	1,330. 448,254.	1,330.	0.	41,868.

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

	Check if Schedule O contains a respons	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	o, and 10b of Part VIII.	· .	expenses	general expenses	expenses
	s and other assistance to domestic organizations omestic governments. See Part IV, line 21	65,800.	65,800.		
	ts and other assistance to domestic	03,000.	03,000.		
		56,294.	56,294.		
	iduals. See Part IV, line 22ts and other assistance to foreign	30,234.	30,254.		
_	nizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees				
	pensation not included above, to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)	30,175.	1,509.	6,035.	22,631
	r salaries and wages	30,173.	1,309.	0,033.	22,031
	on plan accruals and contributions (include				
	on 401(k) and 403(b) employer contributions)				
	r employee benefits	2 200	115	160	1 724
	oll taxes	2,308.	115.	462.	1,731
	for services (non-employees):				
<b>a</b> Mana	agement				
<b>b</b> Lega	l	4			
c Acco	ounting	4,790.		4,790.	
<b>d</b> Lobb	pying				
<b>e</b> Profe	ssional fundraising services. See Part IV, line 17				
f Inves	stment management fees				
<b>g</b> Othe	r. (If line 11g amount exceeds 10% of line 25,				
colum	nn (A) amount, list line 11g expenses on Sch O.)	3,850.	150.	3,700.	
12 Adve	ertising and promotion	462.			462
3 Office	e expenses	9,847.	1,405.	7,767.	675
	mation technology				
	alties				
	upancy	39,492.	11,538.	16,415.	11,539
1 <b>7</b> Trave		3,875.	-	3,875.	
	nents of travel or entertainment expenses	-			
	ny federal, state, or local public officials				
	erences, conventions, and meetings				
20 Intere	· · · · · · · · · · · · · · · · · · ·				
	nents to affiliates				
	reciation, depletion, and amortization	983.	295.	393.	295
	expenses. Itemize expenses not covered				
above 24e a	expenses. Itemize expenses in line 24e. If line mount exceeds 10% of line 25, column (A) int, list line 24e expenses on Schedule 0.)				
a OTI	· · · · · · · · · · · · · · · · · · ·	3,802.	0.	1,119.	2,683
b ME		2,505.	•	-,,	2,505
		2,505			2,500
ç					
d					
	ther expenses	224,183.	127 106	11 556	12 521
	functional expenses. Add lines 1 through 24e	444,103.	137,106.	44,556.	42,521
	costs. Complete this line only if the organization				
-	ted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
Check	here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	27,328.	1	51,216
2	Savings and temporary cash investments	180,233.	2	382,780
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
7	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8			8	
	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges		9	
lua	Land, buildings, and equipment: cost or other			
١.	basis. Complete Part VI of Schedule D 10a 5,069.  Less: accumulated depreciation 10b 3,159.	2,893.		1 01
b		4,093.		1,91
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	010 151	15	425 00
16	Total assets. Add lines 1 through 15 (must equal line 34)	210,454.	16	435,90
17	Accounts payable and accrued expenses	914.	17	3,19
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	1,147.	25	24
26	Total liabilities. Add lines 17 through 25	2,061.	26	3,44
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	208,393.	27	427,46
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	5,00
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	208,393.	33	432,46
1	Total liabilities and net assets/fund balances	210,454.	34	435,90

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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)		8,2	
2 Total expenses (must equal Part IX, column (A), line 25)		4,1	
3 Revenue less expenses. Subtract line 2 from line 1		4,0	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	20	8,3	93.
5 Net unrealized gains (losses) on investments5			
6 Donated services and use of facilities 6			
7 Investment expenses 7			
8 Prior period adjustments			
9 Other changes in net assets or fund balances (explain in Schedule O)9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
column (B)) 10	43	2,4	64.
Part 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 O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
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 separate basis			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t,		
review, or compilation of its financial statements and selection of an independent accountant?	· I		Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au			
Act and OMB Circular A-133?	3a		Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	udit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	33,576.	48,517.	250,354.	337,360.	405,056.	1074863.			
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	22 556	40 545	050 054	225 260	405 056	1001060			
4	Total. Add lines 1 through 3	33,576.	48,517.	250,354.	337,360.	405,056.	1074863.			
5	The portion of total contributions									
	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,						0.70 0.20			
	column (f)						279,938.			
	Public support. Subtract line 5 from line 4.						794,925.			
	ction B. Total Support	( ) 22//	# \ 00.45	( ) 00/0	( n oo ( =		<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2014 33, 576.	(b) 2015 48,517.	(c) 2016 250, 354.	(d) 2017 337,360.	(e) 2018 405, 056.	(f) Total 1074863.			
	Amounts from line 4	33,370.	40,317.	250,354.	337,300.	405,050.	10/4003.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,				773.	1,623.	2,396.			
•	and income from similar sources				775•	1,025.	2,390.			
9	Net income from unrelated business									
	activities, whether or not the					40,245.	40,245.			
10	business is regularly carried on					40,245.	10,213.			
10	Other income. Do not include gain or loss from the sale of capital									
	·					1,330.	1,330.			
11	assets (Explain in Part VI.)					1,3301	1118834.			
12	Gross receipts from related activities,	etc (see instruction	nne)			12				
13	First five years. If the Form 990 is for			d fourth or fifth ta						
.0	organization, check this box and <b>stor</b>									
Sec	ction C. Computation of Publ						······			
14	Public support percentage for 2018 (	line 6, column (f) di	ivided by line 11, c	column (f))		14	71.05 %			
15	Public support percentage from 2017					15	%			
16a	33 1/3% support test - 2018. If the					nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X			
b	33 1/3% support test - 2017. If the									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b>			
17a	10% -facts-and-circumstances tes						or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the organ	ization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization					
b	10% -facts-and-circumstances tes									
	more, and if the organization meets tl	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	n in Part VI how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	<b>&gt;</b>			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2018

### 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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from 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.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization?	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi:	zation.
		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					·	
	Investment income percentage for 20				·	17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2017. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

## 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 disqualified 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV	Supporting Organizations <sub>(continued)</sub>			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а	A perso	on 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		
b	A family	y member of a person described in (a) above?	11b		
С	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		
Sec	tion B	. Type I Supporting Organizations			
		ŗ		Yes	No
1		directors, trustees, or membership of one or more supported organizations have the power to			
	-	y appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	r? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		led the organization's activities. If the organization had more than one supported organization,			
		e how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		ations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
	U	ation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		sed, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		Vaa	Na
	Mora	majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
		The time of the control of the contr		Yes	No
1	Did the	organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ation'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			
	organiz	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	son of the relationship described in (2), did the organization's supported organizations have a			
	-	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
C		ted organizations played in this regard.	3		
-		Type III Functionally Integrated Supporting Organizations			
1 a		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> . The organization satisfied the Activities Test. Complete line <b>2</b> below.	1		
b		the organization is the parent of each of its supported organizations. Complete line 3 below.			
c		he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2		es Test. <b>Answer (a) and (b) below.</b>		Yes	No
а		ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
		oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those s	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the c	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
	activitie	s but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? Provide details in Part VI.	3a		
b		organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its su	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
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	y integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

# **Schedule A**

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
DOUG HERALD	59,225.	36,848.
JAMEY JOHNSON	29,602.	7,225.
NITRO FLUIDS	57,300.	34,923.
NITRO CONSTRUCTION	125,000.	102,623.
STRAITLINE PUMPS	35,450.	13,073.
SERVITE HIGH SCHOOL	30,000.	7,623.
TOOTSIES ENTERTAINMENT LLC	100,000.	77,623.
Total Excess Contributions to Schedule A, Part II, Line 5		279,938.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

NIKKI MITCHELL FOUNDATION, INC. 46-3399632 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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.,

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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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) (2018)

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	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

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) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Person **Payroll** 100,000. 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.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

## NIKKI MITCHELL FOUNDATION, INC.

46-3399632

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
23453 11-08		\$	990 990-F7 or 990-PF) (20

Employer identification number

Name of organization

NIKKI	MITCHELL FOUNDATION, I	NC.		46-3399632	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held	
-	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-	Transferee's name, address, ar	(e) Transfer of gif	fer of gift  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held	
	Transferse's name address or	(e) Transfer of gif		neferor to transferoe	
	Transferee's name, address, ar	10 ∠IP + 4	Helationship of trai	nsferor to transferee	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NIKKI MITCHELL FOUNDATION, INC.

**Employer identification number** 46-3399632

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ıferring
_			
Pai	•		IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	I historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
a	Number of conservation easements included in (c) acquired		
2	listed in the National Register		
3		eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	accoment is legated	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
Ū		, mandaning or violations, and officing contour	ation describing dailing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		, ,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	-	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	IS TOT FORM 990.	Schedule D (Form 990) 2018

832051 10-29-18

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simil	ar Asse	t <b>s</b> (contii	nued)	<u>-</u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a s	ignificant	use of its	collectio	n item	ıs
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how tl	ney further t	he organizati	ion's exe	mpt purp	ose in Pa	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	storical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII	l				
Pai											
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance	•		•							
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:				1		
	Board designated or quasi-endowment	,	%	J, (	"						
	Permanent endowment	%	_								
	Temporarily restricted endowment ▶	<u></u>									
	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses		ation th	at are held a	and administe	ered for t	he organi	zation			
	by:	ŭ					Ü			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?	)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part I	/, line 11a. 9	See Form 990	D, Part X	line 10.				
	Description of property	(a) Cost or o		i	t or other		ccumulat	ed	(d) Boo	k valu	—— е
	- company or property	basis (investr			(other)		preciation	I .	(-,		_
1a	Land	<del></del>	,		· /						
	Buildings										
	Leasehold improvements										
	Equipment				5,069.		3,1	59.		1,9	10.
	Other				,		- , <u>-</u>				
	. Add lines 1a through 1e. (Column (d) must ed		X. colur	nn (B). line 1	10c.)	·				1,9	10.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 NIKKI MITC	HELL FOUNDATIO	N, INC.	46-3399632 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
1) Financial derivatives			
(2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>&gt;</b>		
Part IX Other Assets.			
Complete if the organization answered "Ye		11d. See Form 990, Part X,	
(	a) 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 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Ye			Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES		244.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

244.

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	448,254.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	448,254.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			448,254.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total expenses and losses per audited financial statements		1	224,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	224,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
_	Total expanses Add lines 2 and 40 (This must equal Form 900 Part Lline)	10 \		224 183.

#### Part XIII Supplemental Information.

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.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	NIKKI	MITCHELL	FOUNDATION,	INC.	46-3399632 Page 5
Schedule D (Form 990) 2018  Part XIII   Supplemental Information	rmation (co	ontinued)			
-					

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NIKKI MITCHELL FOUNDATION, 46-3399632 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

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

	edul	le G (Form 990 or 990-EZ) 2018 NIKKI M					3399632 Page 2
Pa	πι	Fundraising Events. Complete if the of fundraising event contributions and gr					
		or iditarialsing event contributions and gr	(a) Event #1 JJ GOLF	(b) Event COUNTRY BOOTS CA	t #2 ANCER	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	374,275.		,585 <b>.</b>	6,725.	438,585.
	2	Less: Contributions	282,889.	22	,249.	6,725.	311,863.
	3	Gross income (line 1 minus line 2)	91,386.	35	,336.		126,722.
	4	Cash prizes					
es	5	Noncash prizes					
xbens	6	Rent/facility costs	12,420.	7	,500.		19,920.
Direct Expenses	7	Food and beverages	7,919.	1	,439.		9,358.
	9	Entertainment Other direct expenses Direct expense summary. Add lines 4 through	53,747.		,408.	<b>•</b>	62,155. 91,433.
		Net income summary. Subtract line 10 from I					35,289.
Pa	rt I	II Gaming. Complete if the organization					
		\$15,000 on Form 990-EZ, line 6a.					ı
Revenue			(a) Bingo	(b) Pull tabs/ bingo/progress		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ш	1	Gross revenue					
ses	2	Cash prizes					
t Expenses	3	Noncash prizes					
Direc	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes No	%	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	_	states?			Yes No
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated durin	ng the tax	year?	Yes No
b	If "۱	Yes," explain:					

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 NIKKI MITCHELL FOUNDATION, INC. 46-	3399632	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No No
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	□ No
13 Indicate the percentage of gaming activity conducted in:		
	120	0.4
a The organization's facility		<u>%</u>
<b>b</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	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party  \$\bigs\sum_{		
c If "Yes," enter name and address of the third party:		
on rest, enternante and address of the third party.		
Name ▶		
Address ▶		
16 Gaming manager information:		
Name ▶		
Name P		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
Brioderionics Employee masperiorit contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes	□ No
retain the state gaming license?	L	∟ но
<b>b</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	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	NIKKI	MITCHELL	FOUNDATION,	INC.	46-3399632 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (co	ontinued)			
-						
-						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	KI MITCHELL FOU	INDATION, IN	1C.				46-3399632
	on Grants and Assistance						
1 Does the organization mainta		-		-			
criteria used to award the gra  Describe in Part IV the organ	ants or assistance?	toring the use of gron	t funda in the Unite	d Ctataa			X Yes No
	sistance to Domestic Organ				anization answered "	Ves" on Form 990 Part	: IV line 21 for any
	more than \$5,000. Part II car				anization answered	res on ronn 550, ran	TV, III e 2 1, 101 arry
1 (a) Name and address of orgor government		(c) IRC section (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	<b>(h)</b> Purpose of grant or assistance
JOHN HOPKINS UNIVERSITY							
733 N. BROADWAY, STE 100							TO SUPPORT PANCREATIC
BALTIMORE, MD 21205	52-0595110	501(C)3	60,300.	0.			CANCER RESEARCH AND CARE.
2 Enter total number of section	n 501(c)(3) and government o	rganizations listed in t	he line 1 table				<b>1.</b>
3 Enter total number of other of	raanizations listed in the line	1 table					<b>•</b>

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>(b)</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
OUSING, MEALS, TRANSPORTATION AND LIVING					
SISTANCE FOR TRAVELS FOR MEDICAL TREATMENT AND					
STING	114	56,294.	0.		
Part IV   Supplemental Information. Provide the information re			<u> </u>	<u> </u>	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional 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 SPPLICATION 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

Part IV Supplemental Information
OF PATIENTS ENROLLED, THE NUMBER OF STATES REACHED, THE NUMBER OF MILES
DRIVEN FROM THE GAS CARDS, AND THE DECREASE IN NUMBER OF TREATMENT
CANCELLATIONS.

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

NIKKI MITCHELL FOUNDATION TNC. **Employer identification number** 46-3399632

WIRKI MITCHELL TOOKSMITTON, INC. 40 5555052
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.

### Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 46-3399632 NIKKI MITCHELL FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO BOX 68305 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NASHVILLE, TN 37206 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 THE ORGANIZATION The books are in the care of ► PO BOX 68305 - NASHVILLE, TN 37206 Telephone No. ► 615 682 - 6802 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or \_\_\_ tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

За

3b

any nonrefundable credits. See instructions.