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990

Department of the Treasury

Internal Revenue Service

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

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

Open to Public

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Inspection

OMB No. 1545-0047

<u>A</u>	ror the	e 2017 calendar year, or tax year beginning and	enaing	-	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		46-3	399632
	Initial return		Room/suite	E Telephone numbe	
L	Final return termin				682-6802
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	338,133.
F	lreturn □Applic			H(a) Is this a group re	
L	Application pendi			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
<u></u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		te: WWW.NIKKIMITCHELLFOUNDATION.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2013 N	1 State of legal domicile: ${f TN}$
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: PROV	IDING	COMFORT AND	RELIEF FOR
Activities & Governance		THOSE AFFECTED BY PANCREATIC CANCER, WHI	LE RAI	SING AWAREN	ESS AND
er i	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es 6	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	2
ξ		Total number of volunteers (estimate if necessary)			50
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
۹		Net unrelated business taxable income from Form 990-T, line 34			0.
Revenue		·		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		250,354.	337,360.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		381.	773.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,313.	-64,019.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		315,048.	274,114.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,759.	211,514.
				0.	0.
"	1	October 11 Control of the Control of		30,456.	39,328.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
en	h	Total fundraising expanses (Part IX, column (P), line 25)	95.	•	V •
Ä	1,5	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		60,738.	75,895.
				113,953.	326,737.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		201,095.	-52,623.
- 0	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
tso		Total accepts (Doct V. Para 40)	В	270,799.	End of Year 210,454.
SSE	20	Total assets (Part X, line 16)		9,783.	2,061.
Net Assets or	21	Total liabilities (Part X, line 26)		261,016.	208,393.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		201,010.	200,393.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatam	anta and to the heat of m	v knowledge and balisf it is
					y Kilowieuge allu bellel, it is
true	e, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	lias any knowledge.	
٠.		Signature of officer		I Date	
Sig		RHONDA MILES, PRESIDENT		Duto	
He	re	Type or print name and title			
			П	Date Check	PTIN
D-'		Print/Type preparer's name Preparer's signature Preparer's signature		Ollook	
Pai		FRANCES E. LEAHY FRANCES E. LEAH	1 0	5/30/18 if self-employs	P00713593
	parer	Firm's name KRAFTCPAS PLLC		Firm's EIN	62-0713250
Use	Only	Firm's address 555 GREAT CIRCLE ROAD			E 040 E054
		NASHVILLE, TN 37228		Phone no.61	5-242-7351
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: PROVIDING COMFORT AND RELIEF FOR THOSE AFFECTED BY PANCREATIC	CANCED
	WHILE RAISING AWARENESS AND SEARCHING FOR THE CURE.	CANCER,
	WHILE KAISING AWARENESS AND SEARCHING FOR THE CORE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes _▲ No
•	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🚣 No
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization for the section for	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 193,024 • including grants of \$ 178,200 •) (Revenue \$)
	WE EXPANDED OUR AWARENESS PROGRAM BY PRODUCING A CELEBRITY INV	
	FOR PANCREATIC CANCER. WE BROADENED OUR REACH FROM JUST SOCIAL	
	THREE SEPARATE TELEVISION MARKETS, NASHVILLE, TN, CHATTANOOGA,	
	MONTGOMERY, AL. THE REACH WAS WELL OVER 7.5 MILLION HOUSEHOLD	S.
4b	(Code:) (Expenses \$)
	BRIDGE OF WINGS: IN 2016, OUR DIRECT PATIENT SERVICES PROGRAM	
	RECEIVED WITH 27 PATIENTS ACQUIRING SERVICES SUCH AS GAS OR GR	
	CARDS, TRANSPORTATION TO TREATMENT, AND HOUSECLEANING. DUE TO	
	NEED, WE EXPANDED THE BUDGET FOR 2017 TO \$30,000 AND INCLUDED	HOTELS
	WHILE IN TREATMENT AND UTILITY PAYMENTS.	
		_
4c	(Code:) (Expenses \$)
		_
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 226,338.	J
	Total program dervice experiese p	Form 990 (2017)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 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			
	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	Х	
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			
	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Α,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	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		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate ore or more hospital facilities? If "Yes," complete Schedule H 20b I "Yes" to like 28a, of the organization are copy of its audied framed is alternetis to this return? 21 Did the organization expert more than \$8,000 of grants or other assistance to any domestic organization or domestic organization or domestic organization or organization or domestic organization organization are port more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, common (A) line 21 "IV" (Pes)" complete Schedule (Parts I and III) 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule (Parts I and III) 23 Did the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 28b through 28d and complete Schedule K If "No", 9 to line 28a 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization and a san "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and a san an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and a san an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and a san an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and a san an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 50(16), 50(16), 40(14), 40 and 50(16), 200 angularizations. Did the organization on any and the organizatio				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, column (A), line 27 if "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization never the "Yes" to Part VI, section A, line 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule I, Part I and III 24 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 240 through 24d and complete Schedule K. If "No", 90 to line 25a 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28 Did the organization expert any amount on Part X, ins 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fusates, key employees, in disqualified person in a prior year, and that the transaction with a disqualified person of any prior the organization organization aparty to a business transaction twith one of the following parties (see Schedule L, Part IV 29 Did the organization aparty to a business transaction with one of the following parties (see S	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 II "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 I M the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "Yes," 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 vais sueed after December 31, 2002? If "Yes," answer fines 24b through 24d and complete Schedule II, If If I are seen than 310,000 and the part of the year, and that the transaction maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization in gene in a excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fusitions, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, fusitions, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27d Did the organization or applicable ling thresholds, conditions, and exceptions? 28d A current or former off	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part X, column (A), line 27 if "Yes," complete Schedule I, Parts I and III		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, flustees, 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 vails selved after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25s 24a X 25b Did the organization hivest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization at san "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are also section with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did 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 propers of 990-627 If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, stustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27c and any of these persons? If "Yes," complete Schedule I, Part IV 28b X as the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29c Did the organization organization and acu	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 240 through 24d and complete Schedule I. If "No", or to time 25s a possible to repair that in the properties of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 28 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what no are excess benefit transaction with a disqualified person in a prior year, and that the transaction with one are excess benefit transaction and prior provides of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, grant assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, grant assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, grant assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, grant assistanc		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J 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 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If yes," complete Schedule L, Part II 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction prior transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction prior transaction and any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, expending the prior of prior from transaction a part y to a business transaction to an officer, director, trustee, key employees, substantial contributions for applicable fling thresholds, co	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 32 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entit	00		21		
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		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	in			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2 a 2			
	filed for the calendar year ending with or within the year covered by this return			X	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a	•		3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account.)		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	44		
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (ERAD)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 00		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_		
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
			Form	990	(2017)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>					
	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	<u>'</u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision						
	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 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	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 Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	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 to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37			
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
40	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 arrangement with a			v			
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401					
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed TN, MD Section 6104 requires an erganization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)/3)s only).	availa!	No.				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avalidi	и С				
	Own website						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial				
13	statements available to the public during the tax year.	u iiiiafi	ciai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	THE ORGANIZATION - 615 682-6802						
	PO BOX 68305, NASHVILLE, TN 37206						

Form **990** (2017)

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	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per week	box, unless person is officer and a director				is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RHONDA MILES	50.00								_	
PRESIDENT		Х		Х				0.	0.	0
(2) CINDY DENHAM	5.00							_	_	_
SECRETARY/TREASURER		Х		Х				0.	0.	0
(3) KIM MCCOLLUM-MELE	1.00									
DIRECTOR		Х						0.	0.	0
(4) SCOTT SAFFORD	1.00									
DIRECTOR		Х						0.	0.	0
(5) TERRIE LAWRENCE	1.00									
DIRECTOR		Х						0.	0.	0
(6) WADE MERRY	1.00									
DIRECTOR		Х						0.	0.	0
(7) MICHELLE MORGAN	3.00									
DIRECTOR		Х						0.	0.	0
		-								
		_								

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Page 8

Part VII Section A. Officers, Directors, 1 (A)	(B)	,		(C		<u></u>		(D)	(E)			(F)	
Name and title	Average			Posi	•	1		Reportable	Reportable		Ec	יי, timate	٨
Name and title	hours per		(do not check more than one box, unless person is both ar					compensation	compensation			nount o	
	week			d a di				from	from related			other	"
	(list any	tor						the	organizations			pensat	ion
	hours for	dire				pa		organization	(W-2/1099-MIS			om the	
	related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	on
	organizations	altrus	nal tr		oyee	o mp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatic	ns
	iii ie)	트	lus	JJ0	Key	E E	-B						
1h Sub total								0.		0.			0.
1b Sub-total c Total from continuation sheets to Par								0.		0.			0.
								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b									000 of reportable	-			
compensation from the organization		1000	· iiote	, G G G		3) WI	10 1		,,ooo or roportable				C
												Yes	No
3 Did the organization list any former offi			-	•	•	•							Х
line 1a? If "Yes," complete Schedule J f								har companation from			3		Λ
4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$	•							-	•		4		Х
5 Did any person listed on line 1a receive											7		
rendered to the organization? If "Yes," of	-				-						5		Х
Section B. Independent Contractors									•				
1 Complete this table for your five highes the organization. Report compensation										pens	ation f	rom	
(A) Name and busin								(B)			(0		
Name and busin	less address	N	INC	5				Description of s	ervices		omper	nsation	1
							\dashv						
2 Total number of independent contracto		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the org	ganization >					<u>) </u>					Form (990 (2	017)

Pa	rt VII			a in this Dort VIII			
		Check if Schedule O contains a respons	e or note to any IIn	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		337,360.			
Program Service Revenue	2 a b c d e f g						
	3 4 5	Investment income (including dividends, interestment similar amounts) Income from investment of tax-exempt bond Royalties	erest, and proceeds	773.	773.		
	b c	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities					
e	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not					
Other Revenue		1	ь 64,019.	64 010			C4 010
	9 a b	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	a b	-64,019.			-64,019.
	10 a b	Gross sales of inventory, less returns and allowances	a b				
	11 a b c	Miscellaneous Revenue	Business Code				
		All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		274,114.	773.	0.	-64,019.

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com			• • • • • • • • • • • • • • • • • • • •	
	Check if Schedule O contains a respon	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	178,200.	178,200.		
2	Grants and other assistance to domestic	33,314.	33,314.		
_	individuals. See Part IV, line 22	33,314.	33,314.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,564.	1,828.	7,313.	27,423
8	Pension plan accruals and contributions (include	,	, == = =	, 0	, == 0
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,764.	138.	553.	2,073.
11	Fees for services (non-employees):	-			· · · · · · · · · · · · · · · · · · ·
а		20,032.	1,898.	1,050.	17,084
	Legal	1,225.		1,225.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	694.			694
13	Office expenses	8,191.	679.	4,011.	3,501
14	Information technology				
15	Royalties	20 055	0 055	12 141	0.055
16	Occupancy	32,855.	9,857.	13,141.	9,857
17	Travel	1,973.			1,973
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,032.	310.	412.	310
23	Insurance	6,607.		3,303.	3,304
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEALS	2,276.			2,276
b	OTHER	1,010.	114.	896.	
c		-			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	326,737.	226,338.	31,904.	68,495
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

	1 990 (2		J F O	UNDATION, INC.		40-	3399034	Page 11
Pal	ΙX	Balance Sheet						
		Check if Schedule O contains a response or not	te to ar	y line in this Part X		<u>.</u>		<u> </u>
					(A) Beginning of year		(B) End of y	ear
		Oach was between the contrary			107,871.	_		7,328.
	1	Cash - non-interest-bearing			160,377.	1	180	,320.
	2	Savings and temporary cash investments		100,377.	2	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Loans and other receivables from current and for						
		trustees, key employees, and highest compens		_				
		Part II of Schedule L			5			
	6	Loans and other receivables from other disquali		,				
		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sec						
ets	l _	employees' beneficiary organizations (see instr)			6			
Assets	7	Notes and loans receivable, net				7		
-	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other	40	5,069.				
	١.	basis. Complete Part VI of Schedule D		2,176.	2,551.	40-	1	2,893.
	l	Less: accumulated depreciation			2,331.	10c		1,000.
	11 12	Investments - publicly traded securities		12				
	13	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line		13				
	14			14				
	15	Intangible assets Other assets See Part IV line 11				15		
	16	Other assets. See Part IV, line 11			270,799.		210	,454.
	17	Accounts payable and accrued expenses			8,735.	17	210	914.
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
ဟု	22	Loans and other payables to current and former						
Liabilities		key employees, highest compensated employee						
apil		Complete Part II of Schedule L				22		
≔	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of				
		Schedule D			1,048.	25	1	,147. 2,061.
	26	Total liabilities. Add lines 17 through 25			9,783.	26	2	2,061.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and				
S S		complete lines 27 through 29, and lines 33 ar						
ŭ	27	Unrestricted net assets			261,016.	27	208	3,393.
Sale	28	Temporarily restricted net assets				28		
βE	29	Permanently restricted net assets				29		
표		Organizations that do not follow SFAS 117 (A						
ō		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			061 01 -	32		
Z	33	Total net assets or fund balances			261,016.	33		3,393.
	34	Total liabilities and net assets/fund balances			270,799.	34	<u> </u>	,454.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,7 2,6				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain 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		20	8,3	93.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			_		Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit						
	Act and OMB Circular A-133?			3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

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

20052-21

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. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,500.	33,576.	48,517.	250,354.	337,360.	671,307.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,500.	33,576.	48,517.	250,354.	337,360.	671,307.
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,						
	column (f)						103,033.
6	Public support. Subtract line 5 from line 4.						568,274.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014 33,576.	(c) 2015 48,517.	(d) 2016	(e) 2017 337, 360.	(f) Total
7	Amounts from line 4	1,500.	33,576.	48,517.	250,354.	337,360.	671,307.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					773.	773.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					0.	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						672,080.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<u>▶X</u>
	ction C. Computation of Publ						
	Public support percentage for 2017 (14	<u>%</u>
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the c	•		•		•	x and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2016. If the d						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	-	. \square
	meets the "facts-and-circumstances"	-	-		-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
40	organization meets the "facts-and-circ		•		,		
Ιğ	Private foundation. If the organization	ni dia not check a	มบx บท iine 13, 168	a, 100, 1/a, 0r 1/k	o, check this box a	ına see instruction	s ▶∟⊥

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.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on				-		
or loss from the sale of capital						
assets (Explain in Part VI.)				-		
13 Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14 First five years. If the Form 990 is for the second s	· ·			•	. , . ,	
						> L
Section C. Computation of Public					11	
15 Public support percentage for 2017 (lin					15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2017. If the o	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	lifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2016. If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	>
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 (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		
За		
3b		
_		
Зс		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations _(continued)			
				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 Part VI 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 (see instructions) . The organization satisfied the Activities Test. Complete line 2 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. Answer (a) and (b) below.		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	t 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 qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting or	ranization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
		·	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	С.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
_	Гуссо	a from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Name of the organization

Employer identification number

NIKKI MITCHELL FOUNDATION, INC.

Organization type (chec	ck one):
Organization type (enec	in one).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	on is covered by the General Rule or a Special Rule . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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; EZ, line 1. Complete Parts I and II.
year, total cont	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}{\big
but it must answer "No" certify that it doesn't me	n 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), 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 et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
LHA For Paperwork Re	eduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

NIKKI MITCHELL FOUNDATION, INC.

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		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$17,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$7,725.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Humo, addi coo, and En 1 1	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	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
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NIKKI MITCHELL FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>12,950.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	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
11		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 6,650.	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 a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

NIKKI MITCHELL FOUNDATION, INC.

46-3399632

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD, DRINKS, SETUP	_	
		<u> </u>	10/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	HOTEL LODGING	_	
		 	10/01/17
(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
	-	_	
723453 11-0	1 17		990. 990-EZ. or 990-PF) (2017)

Employer identification number

Name of organization

	FOUNDATION, IN	C.		-3399632
II Exclusively reli the year from any	gious, charitable, etc., contril / one contributor. Complete co	butions to organizations described lumns (a) through (e) and the follov	in section 501(c)(7), (8), or (10) that ving line entry. For organizations	total more than \$1,0
completing Part III, er	nter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)	
	opies of Part III if additional	space is needed.		
(b) Puri	pose of gift	(c) Use of gift	(d) Description o	f how aift is held
(5) 1 (1)	poce or girt	(e) 000 or girt	(a) Bessription o	Thow girt io nota
		(e) Transfer of gift		
Transf	eree's name, address, and	ZIP + 4	Relationship of transferor t	o transferee
(b) Pur	pose of gift	(a) Has of sift	(d) Description o	f how sift is hald
(b) Pur	pose or gift	(c) Use of gift	(u) Description o	i now girt is neld
		(e) Transfer of gift		
Transf	eree's name, address, and	ZIP + 4	Relationship of transferor t	o transferee
(b) Pur	pose of gift	(c) Use of gift	(d) Description o	f how gift is held
(5) 1 (1)	poce or girt	(e) 3 55 51 gm	(a) Bessription e	Thow gire to ficia
		(e) Transfer of gift		
Transf	eree's name, address, and	1 ZIP + 4	Relationship of transferor t	o transferee
Transf	eree's name, address, and	3 ZIP + 4		o transferee
Transf	eree's name, address, and	1 ZIP + 4		o transferee
Transf	eree's name, address, and	d ZIP + 4		o transferee
	eree's name, address, and	d ZIP + 4		o transferee
			Relationship of transferor t	
	eree's name, address, and	(c) Use of gift		
			Relationship of transferor t	
			Relationship of transferor t	
			Relationship of transferor t	
		(c) Use of gift	Relationship of transferor t	
			Relationship of transferor t	
(b) Pur	pose of gift	(c) Use of gift (e) Transfer of gift	(d) Description o	f how gift is held
(b) Pur		(c) Use of gift (e) Transfer of gift	Relationship of transferor t	f how gift is held
(b) Pur	pose of gift	(c) Use of gift (e) Transfer of gift	(d) Description o	f how gift is held
(b) Pur	pose of gift	(c) Use of gift (e) Transfer of gift	(d) Description o	f how gift is held

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	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located ►	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic 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		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		▶ \$

732051 10-09-17

Schedule D (Form 990) 2017

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

Pai	t III Organizations Maintaining C	Collections of Ar	t, His	torical Tr	easures, d	or Othe	r Simila	r Asse	t s (conti	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(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	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary 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										
	, ,	•	J						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										Ī
Pai											
		(a) Current year		rior year	(c) Two year			ars hack	(e) Fou	r vears	hack
12	Beginning of year balance	(a) carrerit year	(2)	nor your	(6) 1110 your	TO DUCK	(a) 111100 you	aro buon	(0) 1 0 0	youro	buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
						+					
е	Other expenditures for facilities										
	and programs					-					
	Administrative expenses										
_	End of year balance		/I: -4		<u> </u>						
2	Provide the estimated percentage of the cur			g, column (a)) neid as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	and administe	ered for th	ne organiza	tion	1		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization) 				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or of		` ,	t or other		cumulated		(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment				5,069.		2,17	6.		2,8	93.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)					2,8	93.

Schedule D (Form 990) 2017

Schedule D	(Form 990) 2017 NIKK	I MITCHEI	LL FOUNDATI	ON, INC.	46-3399632	Page 3
	Investments - Other Sec			•		g -
	Complete if the organization ans	swered "Yes" on	Form 990, Part IV, lin	e 11b. See Form 990, F	Part X, line 12.	
(a) Descript	tion of security or category (including na		(b) Book value		aluation: Cost or end-of-year market	value
(1) Financia	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n) must equal Form 990, Part X, col. (I	3) line 12.)				
	Investments - Program					
	Complete if the organization ans		Form 990 Part IV lin	e 11c. See Form 990. F	Part X line 13	
	(a) Description of investment	Wered res on	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market	value
(1)	., .		.,	,	,	
(2)						
(3)						
(4)						
(5)						
(6)		+				
(7)						
(8)						
(9)						
	n) must equal Form 990, Part X, col. (I	2) line 12)				
Part IX	Other Assets.	5) 11110 10.)				
i dit ix	Complete if the organization ans	wered "Ves" on	Form 990 Part IV lin	e 11d See Form 990 I	Part X line 15	
	Complete if the organization and		scription	c 11d. occ 1 omi 550, i	(b) Book v	alue
(1)		()			(3, 200.1.)	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)					+	
(8)					+	
(9)	mn (b) must equal Form 990, Part	V and (D) line 1	F \			
Part X	Other Liabilities.	X, COL. (B) IIITIE T	o.)			
FaitA			Farma 000 David IV line	- 11 11 C Faure	2000 Dart V. line 05	
	Complete if the organization ans		Form 990, Part IV, IIII	(b) Book value	1990, Part X, line 25.	
1.		lability		(b) BOOK Value		
	eral income taxes CRUED PAYROLL TAX	ZEC .		1,147.		
	CRUED PAIROLL TAX	VED		1,14/•		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						

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) 2017

1,147.

Par	t XI Rec	conciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total revenu	ue, gains, and other support per audited financial statements		1						
2	Amounts ind	cluded on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealiz	zed gains (losses) on investments	2a							
b	Donated ser	rvices and use of facilities	2b							
С	Recoveries									
d	Other (Desc	cribe in Part XIII.)	2d							
е	Add lines 2a	a through 2d		2e						
3	Subtract line	e 2e from line 1		3						
4	Amounts ind	cluded 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 (Desc	cribe in Part XIII.)	4b							
-	Add lines 4a	4c								
		ue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)								
Pai		conciliation of Expenses per Audited Financial Statem	-	es per Return.						
		plete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1		ses and losses per audited financial statements		1						
2		cluded on line 1 but not on Form 990, Part IX, line 25:	1 1							
а	Donated ser	rvices and use of facilities	2a							
b	Prior year ac	djustments	2b							
С	Other losses									
		cribe in Part XIII.)								
е		a through 2d		2e						
3	Outstone at the									
	Subtract line	e 2e from line 1		3						
4				3						
4 a	Amounts ind	e 2e from line 1		3						
а	Amounts inc	e 2e from line 1 cluded on Form 990, Part IX, line 25, but not on line 1:	4a	3						
a b	Amounts inc	e 2e from line 1 cluded on Form 990, Part IX, line 25, but not on line 1: expenses not included on Form 990, Part VIII, line 7b cribe in Part XIII.)	4a 4b							

| 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) 2017

Schedule D (Form 990) 2017	NIKKI	MITCHELL	FOUNDATION,	INC.	46-3399632 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	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 the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NIKKI MITCHELL FOUNDATION TNC.

Employer identification number 46-3399632

	TICHELL TOURDITTON	<u> </u>	-10.		1 1 0 0 0 0 0 0 0				
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. a									
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization									
		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.									

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 NIKKI MITCHELL FOUNDATION, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events JJ GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 1 Gross receipts 262,359 262,359. 262,359 262,359. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 9,000. 9,000. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 55,019. 9 Other direct expenses 55,019. **10** Direct expense summary. Add lines 4 through 9 in column (d) -64,019 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities:

Schedule G (Form 990 or 990-EZ) 2017

b If "No," explain:

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

a Is the organization licensed to conduct gaming activities in each of these states?

Sch	edule G (Form 990 or 990-EZ) 2017 NIKKI MITCHELL FOUNDATION, INC. 46-	3399632	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ 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:		
	The organization's facility	13a	%
	An outside facility		%
	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
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
	If "Yes," enter name and address of the third party:		
•	The root, office that address of the third party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└── No
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 🕨 \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	b, 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** 46-3399632 NIKKI MITCHELL FOUNDATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) TO PROVIDE COMFORT AND ROCK AND RIDE FOR THE CURE, INC. FINANCIAL RELIEF TO 33 S DELAWARE, STE #105 PANCREATIC CANCER PATTENTS YARDEY, PA 19067 81-2367482 501C3 169,000. 0 TO PROVIDE COMFORT AND FINANCIAL RELIEF TO HOPE CENTER FOUNDATION, INC PANCREATIC CANCER 100 MARKETPLACE BLVD CARTERSVILLE, GA 30121 20-3449977 501C3 PATTENTS 5,000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

36

Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
HOUSING, MEALS, TRANSPORTATION AND LIVING								
ASSISTANCE FOR TRAVELS FOR MEDICAL TREATMENT AND								
TESTING	69	33,314.	0.					
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.				
PART II, LINE 1, COLUMN (H):								
NAME OF ORGANIZATION OR GOVERNMENT	: HOPE C	ENTER FOUN	DATION, IN	С				
(H) PURPOSE OF GRANT OR ASSISTANCE	: TO PRO	VIDE COMFO	RT AND FIN	ANCIAL				
RELIEF TO PANCREATIC CANCER PATIEN								
TO SUPPORT MISSION OF NONPROFIT								

SCHEDULE 0

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization 46-3399632 NIKKI MITCHELL FOUNDATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SEARCHING FOR THE CURE. 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.

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

Schedule O (Form 990 or 990-EZ) (2017)