## Form **990-PF**

## Return of Private Foundation

OMB No 1545-0052

	0.000	(1) Trust Treated as Private	i ouridation	1 921(1)1 🗖 📆
Department of the Treasury nternal Revenue Service		ity numbers on this form as it m		Open to Public Inspection
<del></del>	2017 or tax year beginning			
Name of foundation		, 2017, a	nd ending A Employer identifica	, 20
DAVE	NIKKEL FOUNDAL		20 - 8//	
	O. box number if mail is not delivered to street	address) Room/suit	te B Telephone number (	see instructions)
9202 6	1. Outario Dr.			/
City or town, state or pro	ovince, country, and ZIP or foreign postal code  \$0128		C If exemption applica	tion is pending, check here ▶ ☐
Check all that ap	pply: Initial return Initial I	tial return of a former public cha	arity D 1. Foreign organizati	ions check here
,	• • =	nended return		_
	Address change  Na	ıme change		ions meeting the 85% test, tach computation
Check type of or	ganization: Section 501(c)(3) e		If private foundation	status was terminated under
Section 4947(a)(	1) nonexempt charitable trust   (	Other taxable private foundation	section 507(b)(1)(A),	check here ▶ □
		method: Cash Accru	المال	
end of year (fro	m Part II, col. (c),		F If the foundation is in under section 507(b)	n a 60-month termination (1)(B), check here
line 16) ▶ \$ 6 2	· · · · · · · · · · · · · · · · · · ·	) must be on cash basis.)		
	of Revenue and Expenses (The total			(d) Disbursements
amounts in	columns (b), (c), and (d) may not necessarily	equal expenses per (b		sted net for chantable ome purposes
the amount	s ın column (a) (see instructions).)	books	income sinc	(cash basis only)
		40		* 4 90000 00 700.3
1 Contributio	ons, gifts, grants, etc., received (attach sch	nedule)   <i>/0 0</i> 00   🎬 🛎		
	ens, gifts, grants, etc., received (attach scl			4
2 Check ►	if the foundation is <b>not</b> required to attach	Sch. B	3	
2 Check ► 3 Interest of	if the foundation is <b>not</b> required to attach in savings and temporary cash invest	Sch. B ments	3 34/8	
2 Check ► 3 Interest of	if the foundation is <b>not</b> required to attach	Sch. B ments	3 348	
2 Check ► 3 Interest of	if the foundation is <b>not</b> required to attach in savings and temporary cash invest	Sch. B ments		
2 Check ► 3 Interest of	if the foundation is <b>not</b> required to attach in savings and temporary cash invest	Sch. B ments		
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2 Check ► 3 Interest of	if the foundation is <b>not</b> required to attach in savings and temporary cash invest	Sch. B ments		

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92	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End c	of year
		should be for end-of-year amounts only. (See instructions )	(a) Book Value	(b) Book Value	9	(c) Fair Market Value
	1	Cash—non-interest-bearing	24534	58012		58012
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶			,	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	}	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶	,			
		Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges				_
Ä	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11			30.30		
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) STATISMENT.I	18574	2649		4261
	14	Land, buildings, and equipment: basis ▶		<u> </u>		
		Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the	43058	60661		62273
	4-	instructions. Also, see page 1, item I)	73038	60661		0 - 7 -
	17	Accounts payable and accrued expenses				
9	18	Grants payable				
Liabilities	19	Deferred revenue				
ig	20	Loans from officers, directors, trustees, and other disqualified persons				
Ľ	21 22	Mortgages and other notes payable (attach schedule)				
	23	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)	0	D		
—	20		U	U		
es		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26, and lines 30 and 31.				
Balances	24	Unrestricted	43058	60661		
la	25	Temporarily restricted	7 50 50	60001		
Ä	26	Permanently restricted				
nd		Foundations that do not follow SFAS 117, check here ▶ □				
교		and complete lines 27 through 31.				
Net Assets or Fund	27	Capital stock, trust principal, or current funds				200
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	<u> </u>			
Se	29	Retained earnings, accumulated income, endowment, or other funds		<u> </u>	-	
As	30	Total net assets or fund balances (see instructions)	43058	60661		
et	31	Total liabilities and net assets/fund balances (see		0-66/		
Z		instructions)	43058	60661		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	, , , , , ,	0 0 0/		1 Table 2 Tabl
		I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	st agree with		1
	end-	of-year figure reported on prior year's return)			1	43058
2		r amount from Part I, line 27a		L	2	(4899)
3		er increases not included in line 2 (itemize)			3	<del>                                     </del>
4	Add	lines 1, 2, and 3	• • • • • • •	·····	4	38/59
5	D	recess and included in the O (the sales) by		ŀ	5	
6	Tota	reases not included in line 2 (itemize)   I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	38159
		<del></del>	<del></del> -			Form <b>990-PF</b> (2017)

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Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. )	
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	579
	here ▶ ☐ and enter 1% of Part I, line 27b	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
_	Part I, line 12, col. (b).	2
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0
3	Add lines 1 and 2	579
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	579
6	Credits/Payments:	<del>- 7/1</del>   - 1
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   / 00 0	
b	Exempt foreign organizations—tax withheld at source 6b	
c	Tax paid with application for extension of time to file (Form 8868) . 6c	
d	Backup withholding erroneously withheld 6d	
7	Total credits and payments. Add lines 6a through 6d	1000
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	47-1
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 400 Refunded ▶ 11	21
_	VII-A Statements Regarding Activities	T ** 20**Tag T ba
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	₹ Yes No
b	participate or intervene in any political campaign?	1a X
	instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 10 1 17 '
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers. ► \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
_	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	***************************************
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 X
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4a ×
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
-	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	By language in the governing instrument, or	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	
	conflict with the state law remain in the governing instrument?	6 🗴
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 ×
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	
	Italy, and the second of the s	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b ×
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	
	complete Part XIV	×   e
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-
• -	names and addresses	10 X

	Information About Officers, Directors, Trustees, Foundation	dation Managers, Highly Paid En	nployees,
2 Fiv	and Contractors (continued) e highest-paid independent contractors for professional services.	See instructions If none enter (NON	E "
3 Fiv	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
No	NE.	to Type of service	(c) compensation
l otal num	ber of others receiving over \$50,000 for professional services .	<u> </u>	
Part IX-	Summary of Direct Charitable Activities		
	oundation's four largest direct charitable activities during the tax year. Include relevantions and other beneficiaries served, conferences convened, research papers produced,		Expenses
1	N 4		
			l .
2			
3			
34	<del></del>		
3  4  Part IX- Describe	the two largest program-related investments made by the foundation during the tax year		Amount
34Part IX-	<del></del>		Amount
3  4  Part IX- Describe	the two largest program-related investments made by the foundation during the tax year		Amount

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	30602
b	Average of monthly cash balances	1b	58012
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	88614
e	Reduction claimed for blockage or other factors reported on lines 1a and	ll	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	88614
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see instructions)	4	1329
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	97285
6	Minimum investment return. Enter 5% of line 5	6	4364
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► and do not complete this part.)	ounda	ations
1	Minimum investment return from Part X, line 6	1	4364
2a	Tax on investment income for 2017 from Part VI, line 5   2a   5'79'		
Ь	Income tax for 2017. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	579
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3785
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	3785
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3785
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	. 55°,	11
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	42000
ь	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	42000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part	XIII Undistributed Income (see instruct	ions)			rage 🗸
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2	Undistributed income, if any, as of the end of 2017:				3785
а	Enter amount for 2016 only				
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012 (133)	İ			
b	From 2013 9062	7			
С	From 2014	1			
d	From 2015				
е	From 2016				
f	Total of lines 3a through e / .	124857			
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 4200				
а	Applied to 2016, but not more than line 2a .	,	27.		,
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)	* * *			
ď	Applied to 2017 distributable amount	W 105 W 4			3205
е	Remaining amount distributed out of corpus	38215		× 1	3/33
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	763072			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				

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Part	XIV Private Operating Founda	tions (see instru	uctions and Part	VII-A, question 9	))	
1a	If the foundation has received a ruling foundation, and the ruling is effective for					
ь	Check box to indicate whether the four		•		ection	or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	Journal 19 19 12 (1/6)	<del>/ =</del>
20	income from Part I or the minimum		(h) 2016	<del>,                                      </del>	100004	(e) Total
	investment return from Part X for	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					<del>-</del>
	line 4 for each year listed		ļ			
d	Amounts included in line 2c not used directly		† · · · · · · · · · · · · · · · · · · ·			
_	for active conduct of exempt activities			,		
	•		<del></del>	<del> </del>	<del></del>	
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:		1			
а	"Assets" alternative test—enter:					
-				<b>Y</b>	[	
	(1) Value of all assets		<del> /</del>	<del> </del>		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in			1	1	
	Part X, line 6 for each year listed				ļ	
С	"Support" alternative test-enter:					
	(4) Total augment other than areas					
	(1) Total support other than gross investment income (interest,		4	Ì		
	dividends, rents, payments on		<i>/</i>			
	securities loans (section	/	1	Į.	}	
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt		Ì		1	
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	- <del>-</del>	<del>-/</del>	<del> </del>	<del> </del>	<del></del>	<del></del>
Dont	(4) Gross investment income	/ (0 1 - 4 - 4)	 	<u> </u>		
Part				ne toundation n	iad \$5,000 or mo	re in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					y the foundation
	before the close of any tax year (but o		ontributed more th	nan \$5,000). (See s	section 507(d)(2).)	
	DAVID K. NIK	KEL				
b	List any managers of the foundation		or more of the sto	ck of a corporatio	n (or an equally larg	re portion of the
_	ownership of a partnership or other e					, perment en mie
	NONE	,,		ve ye e. g. ee.		
		0 1 0 1		<del></del>		
2	Information Regarding Contribution			_		
	Check here ► ☐ if the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or c	organizations under	other conditions,
	complete items 2a, b, c, and d. See in	structions.				
а	The name, address, and telephone nu	ımber or email ac	dress of the perso	on to whom applica	ations should be add	dressed:
	, , , = <b>p</b> =		F			
	The form in which applications about	t ha auhmittad	d information and	motoriolo the sector	vild indude:	
b	The form in which applications should	ne submitted ar	iu iriiormation and	materials they sho	Juid Include:	
C	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as b	oy geographical a	reas, charitable fi	elds, kinds of insti	tutions, or other
	factors:	•	• .	•	-	-

Dave NikkEL Foundation

Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year 10,000 CONCERN, World Wipe 355 LEXINGTON AVE 16th Floor NEW YORK, NY 10017 22,000 Doctors Without Borders (MSF) 40 Rector ST., 16th Floor NEW York, NY 10006 5,000 World FOOD Programme 1725 Eye ST. N.W Suite 510 WASH, DC 20006 5,000 RAIN For The SAKEL P.o. Box 1503 Portsmouth, NH 03802 Approved for future payment

6	er gross amounts unless otherwise indicated.	Unrelated bus		<del>                                     </del>	on 512, 513, or 514	{ <b>(e)</b>  Related or exempt
1	Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	a					
	b					
	С					
	d					
	е					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments				3	
4	Dividends and interest from securities			14	348	
5	Net rental income or (loss) from real estate:			/		
	a Debt-financed property					
	<b>b</b> Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	` '	·		18	28600	<u> </u>
9	Net income or (loss) from special events					<u></u>
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b				!	<u></u>
	c	. <u> </u>				
	d					
	e					
	Subtotal. Add columns (b), (d), and (e)				28951	<u> </u>
13					13	18951
	worksheet in line 13 instructions to verify calculation	ons.)				
	rt XVI-B Relationship of Activities to the	Accomplishme				
Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to the
Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to th
Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to th
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Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to the
Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to the
Lin	rt XVI-B Relationship of Activities to the	Accomplishme			-A contributed oses) (See instru	importantly to the

20-8116361

		Organizatio	ons						-		-							
1		ne organization d															Yes	No
		ction 501(c) (of	ther than	section 5	501(c)(3)	organizati	ions) or	in .	section	on 52	27, re	lating	to	polit	cal			
	organ	izations?																
а	Trans	fers from the rep	orting for	undation to	a nonch	aritable exe	empt org	aniz	ation	of:					j			
	(1) C	ash													. [	1a(1)		
	<b>(2)</b> O	ther assets .													. [	1a(2)		$\bot \times $
b	Other	transactions:																
	(1) S	ales of assets to	a noncha	ritable exen	npt orga	nization									.	1b(1)		×
	(2) P	urchases of asse	ts from a	noncharital	ole exen	npt organiza	ation .									1b(2)		<b>×</b>
	(3) R	ental of facilities,	equipme	nt, or other	assets										. [	1b(3)		X
	(4) R	eimbursement ar	rangemer	nts												1b(4)		<b>'</b> ×
	(5) Lo	ans or loan guar	rantees												. [	1b(5)	Ī	×
	(6) P	erformance of se	rvices or	membershi	p or fund	draising sol	icitations	s .							. [	1b(6)		×
C		ng of facilities, ed														1c		×
ď		answer to any o																
		of the goods, ot																
		in any transaction						ne va	llue o	f the g	goods	, othe	r ass	ets, c	or ser	vices	recei	ved.
(a) Line	по. (	b) Amount involved	(c) N	ame of noncha	antable exe	empt organizat	tron	(d)	Descr	iption o	f transf	ers, tran	sactio	ons, ar	d shar	ing arr	angem	ents
			A/	A														
												_						
											_							
	$-\downarrow$																	
	$\perp$																	
	_																	
	$\rightarrow$																	
	_																	
								<u> </u>									_	
								L										
2a	is the	foundation dire	ctly or in	directly affi	liated w	ith, or relat	ed to, o	ne o	r moi	re tax	-exen	npt or	ganiz	atior	is —		_	
	descr	ibed in section 5	01(c) (oth	er than sec	นเดก 501	(c)(3)) or in	section :	5277	•					•	. L	Yes	; (X	No
	IT "Ye	s," complete the	<u>~</u>	schedule.														
		(a) Name of organi	zation			(b) Type of or	ganization					(c) De:	scripti	on of I	elation	ship		
		N4																
					<del> </del>													
	- لاما ا	r popultion of manuar 1	doologe that t	have average	l this retire	includes as -		- ha-	100.55	l atet	ontr -	d to th	host:	6			halist	1 10 t===
Sign		r penalties of perjury, I ct, and complete Decla	aration of pre	nave examined parer (other thai	n taxpayer)	, including accounts based on all i	ampanying s information	of whi	nes and ch preb	astatem arer has	ents, an any kn	iu to tne owledae	uest o					
_	1 1	MINA	+ 11/11			466	1	`	s. <b>b</b> ⊆	1		•					uss this shown l	
Here		MM	<u>_w</u>			[[]]	<u> </u>	<u>re</u>	5.00	<u>.                                    </u>							∐Yes	
	Sign	ature of officer or trus			Dronner	Dafe/	Title			B=0				느	16	TIN		
Paid		Print/Type preparer	s name		Preparer	's signature				Date	3		Che		If	TIN		
Prep		- <u>-</u>			<u> </u>								Ь	emplo	yed		_	
Use	Only	Firm's name ▶										$\overline{}$	s EIN	<u> </u>				_
		Firm's address ▶										Phon	е по					

#### 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

2017

Name of	the organization	KKEL	FOUNDATION		Employer identification number 20 - 8 / / 63 6 /
Organiz	ation type (check on		-	<del></del>	
Filers o	f:	Section:			
Form 99	00 or 990-EZ	☐ 501(c)(	) (enter number) organ	ization	
		4947(a)(1) no	nexempt charitable trust	not treated as a private for	ındation
		☐ 527 political of	organization		
Form 99	00-PF	501(c)(3) exer	mpt private foundation		
	/	☐ 4947(a)(1) no	nexempt charitable trust	treated as a private founda	ition
		☐ 501(c)(3) taxa	able private foundation		
instructi Genera	ons.	<i>,,</i> (- <i>,</i> - , (,,,,,,		for both the General Rule a	
	l Rule				
		r property) from ar		ceived, during the year, con plete Parts I and II. See inst	
Special	Rules	•			
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) ar I that received from	nd 170(b)(1)(A)(vi), that ch n any one contributor, du	90 or 990-EZ that met the 3 secked Schedule A (Form 9 uring the year, total contribu 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)
	contributor, during the	he year, total contr	ributions of more than \$1	ng Form 990 or 990-EZ tha ,000 e <i>xclusively</i> for religious y to children or animals. Col	s, chantable, scientific,
	contributor, during to contributions totaled during the year for a General Rule applie	he year, contributi d more than \$1,000 In <i>exclusively</i> religi es to this organizat	ions exclusively for religions.  O. If this box is checked, ious, charitable, etc., pur tion because it received.		ses, but no such utions that were received

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	Form 990, 990-EZ, or 990-PF) (2017)		Page <b>2</b>
Name of or	DAVE NIKKEL FOUNDATION	l i	Employer identification number 20 - 8//636/
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dave NikkEL 9202 W. ONTRED Dr. Littleton, CO 80128	\$ 10,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- <b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>}</u>		-   \$	Person  Payroll  Noncash
		<i></i>	
	•		
107			

B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Nikkel Foundation 20-81/6361 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (d) from Description of noncash property given Date received Part I (see instructions) MARKETABLE SALUTIFIES VARIOUS (a) No. (c) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 2 34620 (a) No. (C) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (d) Date received **(b)** FMV (or estimate) from Description of noncash property given Part I (see instructions) (a) No. FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (c) FMV (or estimate) (a) No. (d) from Description of noncash property given Date received Part I (see instructions)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional space	e is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

# STATE MELTS

Dave Nikkel Foundation

20-8116361

STATE MENT I

Description

VALUATion mothod

Book Value

Fair Market VAlhe

Mutual Funds

Lost

4261 2649

PART. 11, Line 13

STATEMENT I

Des cryp tim

List of Substantiac Contributors

Part VIT, A-Line 10

DAUE Wittel

Address 9202 U. Outmire De Littleting Go 80128