

Form 990-T
990-T

EXTENDED TO 11/15/2018

2989332105705 8

OMB No 1545-0687

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if
address changed

B Exempt under section

501(c)(3) 03
 408(e) 229(e)
 408A 530(a)
 529(a)

Print
or
Type

Name of organization (Check box if name changed and see instructions.)

THE DEIKEL FAMILY FOUNDATION

D Employer identification number
(Employees' trust, see
instructions)

81-0982538

Number, street, and room or suite no. If a P.O. box, see instructions
1660 HIGHWAY 100 S STE 500

E Unrelated business activity codes
(See instructions)

City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS PARK, MN 55416

900099

C Book value of all assets
at end of year

7,570,073.

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ► INVESTMENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

► Yes No

If "Yes," enter the name and identifying number of the parent corporation ►

J The books are in care of ► KIM NASH

Telephone number ► 952-697-4041

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

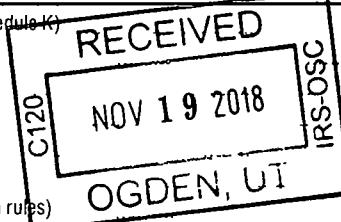
1a Gross receipts or sales
b Less returns and allowances
c Balance
2 Cost of goods sold (Schedule A, line 7)
3 Gross profit. Subtract line 2 from line 1c
4a Capital gain net income (attach Schedule D)
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)
c Capital loss deduction for trusts
5 Income (loss) from partnerships and S corporations (attach statement)
6 Rent income (Schedule C)
7 Unrelated debt-financed income (Schedule E)
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)
10 Exploited exempt activity income (Schedule I)
11 Advertising income (Schedule J)
12 Other income (See instructions, attach schedule)
13 Total. Combine lines 3 through 12

1c			
2			
3			
4a			
4b			
4c			
5	4,211.	STMT 13	4,211.
6			
7			
8			
9			
10			
11			
12			
13	4,211.		4,211.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)
15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
18 Interest (attach schedule)
19 Taxes and licenses
20 Charitable contributions (See instructions for limitation rules)
21 Depreciation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere on return
23 Depletion
24 Contributions to deferred compensation plans
25 Employee benefit programs
26 Excess exempt expenses (Schedule I)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions Add lines 14 through 28
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13
31 Net operating loss deduction (limited to the amount on line 30)
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32



14	
15	
16	
17	
18	
19	684.
20	
21	
22a	
23	
24	
25	
26	
27	
28	
29	684.
30	3,527.
31	
32	3,527.
33	1,000.
34	2,527.

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2017)

SCANNED DEC 10 2018

09251113 143399 66550V.01

1
2017.05000 THE DEIKEL FAMILY FOUNDAT 66550V.1

g-7 6

Part III Tax Computation

35 **Organizations Taxable as Corporations** See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here ► See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) (2) (3)

b Enter organization's share of, (1) Additional 5% tax (not more than \$11,750)
 (2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

36 **Trusts Taxable at Trust Rates** See instructions for tax computation Income tax on the amount on line 34 from
 Tax rate schedule or Schedule D (Form 1041)

37 **Proxy tax.** See instructions

38 Alternative minimum tax

39 **Tax on Non-Compliant Facility Income** See instructions

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

	35c
►	36 379.
►	37
	38
	39
►	40 379.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
 41a

b Other credits (see instructions)
 41b

c General business credit Attach Form 3800
 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)
 41d

e **Total credits** Add lines 41a through 41d
 41e

42 Subtract line 41e from line 40
 42 379.

43 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
 43

44 **Total tax** Add lines 42 and 43
 44 379.

45a Payments: A 2016 overpayment credited to 2017
 45a

b 2017 estimated tax payments
 45b 600.

c Tax deposited with Form 8868
 45c

d Foreign organizations Tax paid or withheld at source (see instructions)
 45d

e Backup withholding (see instructions)
 45e

f Credit for small employer health insurance premiums (Attach Form 8941)
 45f

g Other credits and payments Form 2439
 Form 4136 Other Total ► 45g

46 **Total payments.** Add lines 45a through 45g
 46 600.

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ►
 47

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed
 48

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid
 49 221.

50 Enter the amount of line 49 you want Credited to 2018 estimated tax ► 221. | Refunded ► 50 0.

	42 379.
►	43
►	44 379.
	45a <input type="text"/>
	45b <input type="text"/> 600.
	45c <input type="text"/>
	45d <input type="text"/>
	45e <input type="text"/>
	45f <input type="text"/>
	45g <input type="text"/>
►	46 600.
►	47 <input type="checkbox"/>
►	48 <input type="text"/>
►	49 <input type="text"/> 221.
►	50 <input type="text"/> 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

53 Enter the amount of tax-exempt interest received or accrued during the tax year ►

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/>	<input checked="" type="checkbox"/> X

Sign Here

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

Signature of officer

Date

TRUSTEE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

ANNE M. LEDWEIN

Anne M. S...

11/13/18

P00448677

Firm's name ► CBIZ MHM, LLC

Firm's EIN ► 34-1873282

222 SOUTH 9TH STREET, SUITE 1000

Firm's address ► MINNEAPOLIS, MN 55402

Phone no 612-339-7811

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Other costs (attach schedule)	4b		
5 Total Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	3(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) (2) (3) (4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Total dividends-received deductions included in column 8				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
Totals				0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col (A)				Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26	
Totals				0.	0.	0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))				0.	0.	0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	► 0.	0.				0.
	Enter here and on page 1 Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	► 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	►		0.

Form 990-T (2017)

THE DEIKEL FAMILY FOUNDATION

81-0982538

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS
AND S CORPORATIONS

STATEMENT 13

DESCRIPTION

AMOUNT

KKR ENERGY
OCA VIII

853.
3,358.

TOTAL TO FORM 990-T, PAGE 1, LINE 5

4,211.