From Samuel Stavens

Form **990** 

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

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
Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public

Ā	For the 2	2013 calen	ar year, or tax year beginning	, 2013, and	ending		1
В	Check If app	olicable	C Name of organization ELLE FOUNDATI	ON		D Employer ident	tification Number
	Addres	s change	Doing Business As			26-3063	139
	Name	change	Number and street (or P O box if mail is not delivered	to street address)	Room/suite	E Telephone num	
	Initial r	_	717 MARSHALL ST			(318) 6	74-9550
	Termin	1	City or town, state or province, country, and ZIP or fore	eign postal code	·	(010/ 0	5000
	H	ied return			101	G Gross receipts	\$ 393,219.
	<del>⊢</del>	ation pending	F Name and address of principal officer	LA 71		Is this a group return for sub	
	L. Applica	aron pending	' ·	uprurpopm II-71			
	T			HREVEPORT LA 71	129	Arc all subordinates included if 'No,' attach a list. (see instr	ructions)
÷		mpt status	11 po 1(c)(a)	no.) 4947(a)(1) or	527		•
1	Websi			- Tau		Group exemption number	
K	·	organization		ther L Year o	f formation	2008   <b>M</b> State of I	egal domicile LA
Pa		Summar		and a resistance of the contract of the contra		T1170 3	······································
	1 Bn	eny descrit	the organization's mission or most significa-	uut activities: ZEE T	ATTACHM	ENT A	
95	-						<b></b>
Activities & Governance	_						
Ę.	2 Cr		► if the organization discontinued its	operations or disposed of	more than 2	25% of its not assets	
Ĝ			ng members of the governing body (Part VI,				5
<b>⇔</b> ∀			pendent voting members of the governing b				5
E.			f individuals employed in calendar year 201				
.≅			f volunteers (estimate if necessary)				0
Ą			business revenue from Part VIII, column (C				
	b Ne	t unrelated	ousiness taxable income from Form 990-T, I				
				Inte	ernal Re <u>vel</u>	nue Stint Xear	Current Year
ē	8 Cc	ontributions	and grants (Part VIII, line 1h)	· · · · · · · · · · · · Rèc	ćeivėd –		393,219.
Revenue			e revenue (Part VIII, line 2g)				
ě			ome (Part VIII, column (A), lines 3, 4, and 70 (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10		PO	AR <b>0 7</b> 2017	
_	,		– add lines 8 through 11 (must equal Part V			AR U 7 ZUIT	393,219.
			illar amounts paid (Part IX, column (A), lines			<del></del> _	1,228.
	14 Be	ants and si	or for mombers (Part IX, column (A), line	(\  \	SE Com	Miance	1,220.
	15 Sa	dorino palu	o or for members (Part IX, column (A), line 4 compensation, employee benefits (Part IX,	column (A) lunes 5-10)	(són, M\$ <del>3</del>	9269	133,810.
68	15 5		•	·	1		133,610.
Expenses	16a Pr		ndraising fees (Part IX, column (A), line 11e		·	· · · · · · · · · · · · · · · · · · ·	
Š	b⊤c		ng expenses (Part IX, column (D), line 25) 🕨				
	] <b>17</b> O1		s (Part IX, column (A), lines 11a-11d, 11f-24				339,223.
	18 To	tal expens	Add lines 13-17 (must equal Part IX, colur	mn (A), line 25)	· · · · L		474,261.
		evenue less	expenses Subtract line 18 from line 12				-81,042.
Assets or Balance						eginning of Current Year	
Asse Bals	20 To		Part X, line 16)			120,965.	49,920.
# 2	21 10	otal habilitie	(Part X, line 26)			17,760.	27,757.
žä	22 N	et assets or	und balances. Subtract line 21 from line 20			103,205.	22,163.
Pa	art II	Signatu	Block				
Und	er penalties	of penury, I de	fig that I have examined this maker including accompanyi (other than officer) is based on all information of which pr	ing schedules and statements, and	to the bast of 17	y knowledge and belief, it is	true, correct, and
COIN	piele. Decia	rauon oi prepa	(guiler trial) direct) is based on all information of which pr	eparer ras arry knowledge	-	1 atal	
			Vanicy			Date 3	9017
Si		Signau	e of officer			54.5	
He	re		ANDRA MONTGOMERY	·			
	·		ornal name and title  sparer's name Propurer's signature	Da Da	to		PTIN
_			,	ţ		Check X if	j
Pa		Samue			3/07/17	self employed	195-430385
	eparer e Only	Firm's nami	SAMUEL W. STEVENS III	CPA		 Firm s EiN ►	
UE	Omy	Firm's addr	<u> </u>	T. 71120C			0) 450 0000
		1	SHREVEPORT	LA 71135		Phone no. (31	<del></del>
_			return with the preparer shown above? (se				
BA	A FORP	aperwork i	eduction Act Notice, see the separate ins	tructions.	TEEA010	11 11/08/13	Form 990 (2013)
						41	<i>-</i>

Part		E FOUNDATIO				<u>26-30</u>	63139	Page 2
		_	Service Accomp					
			<del></del>	any line in this Part I	<u> </u>	<u> </u>	· · · · · ·	<u></u> .[Х
1 (	Briefly describe the	organization's mis	sian'					
	SEE ATTACHM	<u>ENT_A</u>				~-~	_ <b></b>	
						~		
	~						_ <b></b>	<del></del> .
				vices during the year		d on the prior		_
							. X Yes	No
	If 'Yes,' describe th	ese new services o	n Schedule O				_	_
3	Did the organizatio	n cease conducting	, or make significant	changes in how it co-	nducts, any prograr	services?	. Yes	X No
	If 'Yes,' describe th	ese changes on So	hedule O					
4	Describe the organ Section 501(c)(3) a others, the total ex	nization's program s and 501(c)(4) organ penses, and revenu	ervice accomplishing izations and section ie, if any, for each pr	ents for each of its thr 4947(a)(1) trusts are ogram service reporte	ee largest program required to report th ed.	services, as measure e amount of grants a	ed by expense and allocations	s to
48	(Code:	) (Expenses \$	298,168.	including grants of	\$	0.)(Revenue	\$ 22	3,187.)
	Basic Cente	r Program pr		rary shelter,			ıng, refe	rrals
				to more than				
			**					
								<b>-</b>
			erans pro/ided	induding grants of supportive ser ery low-incom			loyment as	
4 c	(Code:	)(Expenses \$	m provided e	induding grants of ducation ans less youth.	prevention	sevices		
4 c	(Code:	)(Expenses \$	m provided e	ducation ans	prevention	sevices		
4 c	(Code:	)(Expenses \$	m provided e	ducation ans	prevention	sevices		
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	(Code: Street Out:	)(Expenses \$ ceach Progra	m provided e	ducation ans	prevention	sevices		
	(Code: Street Out:	)(Expenses \$	m provided e way and home	ducation ans less youth.	prevention	sevices		
4 d	(Code: Street Out: to more that	)(Expenses \$ ceach Progra	m provided e way and home  Schedule O)  Including gran	ducation ans less youth.	prevention	sevices		

Form 990 (2013) ELLE FOUNDATION 26-3063139 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Х 2 Х 3 Х 4 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 X 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, Х 6 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 . . . . . X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, я Х 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 Х Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes,' complete Schedule X D. Part VI. . . 11 a 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. . . . 11 b Х c 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 11 c 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 . . . . . X 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e 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. Х 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes.' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. . . . . . . . . 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a 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 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . . . . . . 14b X Y. 15 Х 16 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

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20 b

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .

20 a Did the organization operate one or more hospital facilities? If 'Yes.' complete Schedule H

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Part IV Checklist of Required Schedules (continued) Yes No 21 Х 22 Х 23 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 23 Х Schedule J . . . 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a . . . . . . . 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I. Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I . . . . . . - -Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member γ of any of these persons? If 'Yes, complete Schedule L, Part III . . . . . . . . . . 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV . . . . . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes.' complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . Х 29 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II . . . . . Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 . X Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b 36 Х 36 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O . . . Х 38

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Form 990 (2013) ELLE FOUNDATION 26-3063139 Page 5 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 . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?. Х 3 2 **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . . . . 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 8 b If 'Yes,' enter the name of the foreign country' 333 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? . . . . . . 6 a 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . . . . . e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. . . 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? . . . 9 a **b** Did the organization make a distribution to a donor, donor advisor, or related person? . 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . . 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. . . . . . . . b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. a is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 13 a 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 13 b c Enter the amount of reserves on hand . 14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b BAA TEE40105 07/02/13 Form 990 (2013)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	Form 990 (2013) ELLE FOUNDATION 26-3063139	_		age 6
Check if Strebula O contains a response or note to any line in this Part VI.  14. Enter the number of voting members of the governing body at the end of the tax year	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	v, and in	for	
1.6 Extert the number of volting members of the governing body at the end of the tax year.  1.7 Extert the number of volting members of the governing body at the end of the tax year.  1.8 Extert the number of volting members of the governing body at the end of the tax year.  1.9 If there are material differences in volting office among members of the governing body, or if the governing body or increase the control of the governing body.  2. Did any officer, director, trusteus, or key employee have a family relationship or a business relationship with any other officer, director, trusteus, or key employees to a management company or other person?  3. Did the organization make any significant changes to its governing documents since the price of section or trustees, or key employees to a management company or other person?  4. Did the organization have members or stockholders, or different persons who had the power to elect or appoint one or more members that the governing body?  5. Did the organization have members or stockholders, or different persons who had the power to elect or appoint one or more members that the governing body?  5. Did the organization have members or stockholders, or different persons who had the power to elect or appoint one or more members that the governing body?  5. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  5. Each committee with authority to act on behalf of the governing body?  6. Each committee with authority to act on behalf of the governing body?  7. Each organization and the governing body?  8. Did the organization make local chapters, branches, or affiliaters?  9. If yes, the organization have local chapters, branches, or affiliaters?  10. If yes to the organization have beautiful produced the numer and addissesse in Schedule O.  10. Did the organization have a w	Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			. X
Is Enter the number of voting members of the governing body at the end of the tax year.  If there are makenal differences in voting rights among members of the governing rights among members of the provided				
If there are malental differences in voting rights among members authority to an executive committee or similar committee, supplied to a submit of the an executive committee or similar committee. By the supplied in Schedule O  b Enter the number of voting members included in line 1s, above, who are independent officer, director, fiviletic, or key employee have a family retailanship or a business relationship with any other officer, directors or trustees, or key employees have a family retailanship or a business relationship with any other officers, directors or trustees, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  3	Gestion A. Governing Sody and Management		Yes	No
2 Did any officer, director, insteace, or key employee have a family relationship or a business relationship with any other officer, director, insteace to key employee?  3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors or instease, or key employees to amongment company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  7 a Did the organization have members or stockholders?  8 Did the organization have members or stockholders, or other persons who had the prover to elect or appoint one or more members of the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  9 Is there any officer, director, furstice, or key criphytice listed in Part VIII, Section A, who cannot be reached at the organization or provide the names and addresses in Schedule O.  9 Is the ready officer, director, furstice, or key criphytice listed in Part VIII, Section A, who cannot be reached at the organization's maining address? If If Yes, 'provide the names and addresses in Schedule O.  9 If Yes, 'did the organization have local chapiters, branches, or affiliates?  10 Did the organization have local chapiters, branches, or affiliates?  10 Did the organization have local chapiters, branches, or affiliates?  10 Did the organization have local chapiters, branches, or affiliates?  10 Did the organization regularly and consistently monitor and enforce compliance with the polecy? If Yes,' describe in Schedule O have the was done.  11 Did the organization regularly and consistently monitor and enforce compliance with the polecy? If Yes, describe	If there are material differences in voting rights among members			
of officers, directors or fusitess, or key employees to a management company of the person?  A Did the organization make any significant changes to its governing document of the programs of the process	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	X	
4	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
5 Dut the organization bacome aware during the year of a significant diversion of the organization's assets?  5 Dut the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance dacations of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?  5 Are any governance dacations of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?  5 A Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  6 Tack committee with authority to act on behalf of the governing body?  7 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any offlicer, director, flustes, or key umployee fisted in Part VIII, Section A who cannot be reached at the organization's mailing address? It if Yes. provide the names and eddresses in Schedule 0  9 Is there any offlicer, director, flustes, or key umployee fisted in Part VIII, Section B. Policies not required by the Internal Revenue Code.  10 a Did the organization have untelle publices and procedures governing the activities of such chapters, stimulates?  10 If Yes, did the organization have untelle publices and procedures governing the activities of such chapters, stimulates on ensure their operations are consistent with the organizations recommended a complete copy of this Form 990 to all members of its governing body before filing the form?  11 a list the coganization have a written unconflict of interest policy? If No. 90 to line 13  12 b Ut the organization have a written conflict of interest policy?  13 Did the organization have a written within the properties of the properties of the organization of the process for determining complessation of the following persons	4 Did the organization make any significant changes to its governing documents			,
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17 List the states with which a copy of this Form 990 is required to be filed ►  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550.	participation in joint venture arrangements under applicable federal tax law, and taken steps to safequard the	1. 2		4 = -
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550				
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674–9550	17 List the states with which a copy of this Form 990 is required to be filed ▶			
Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550	18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550	Own website Another's website X Upon request Other (explain in Schedule O)			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550	19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	ible to		
THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101 (318) 674-9550		ÐΠ		
	THE ELLE FOUNDATION 556 EGAN ST SHREVEPORT LA 71101	18)		

From: Samuel Stevens

Form 990 (2	013)	ELLE	FOUNDAT	ION_						26-3063139	9	Page 7
			on of Off t Contrac		Directors,	Trustees,	Key Employe	ees,	Highest Co	ompensated Emp	oloyees	, and

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

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

- 1 a 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

				(C	;)						
(A) Name and Title	( <b>B</b> ) Average hours per	offic	in (do x, uni er an	not d ess o d a dii	heck erson rector	more the is both trustee	an an )	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	Individual trustoc or director	Institutional trustee	Officar	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1089-MISC)	from the organization and related organizations	
(1) CASSANDRA MOUTGOMERY	40.00										
EXECUTIVE DIRECTOR					Х	X	_	54,751.	0.		
(2) CARLA MITCHELL	1.00						li	_			
BOARD CHAIRPERSON	<del></del>	X	_				-	0.	0.		
(3) TROY CUMMINGS	1_00								^		
BOARD MEMBER		X					-	0.	0.		
(4) BRITTNEY DALE	. <u>  1.00</u> .	١,,						0.	ر. ه		
BOARD MEMBER (5) LACOYA PLATER	1.00	X_	$\vdash$	-	┝─		<del> </del>	U .	0.		
BOARD MEMBER		X	•		)		)	. 0.	0.	C	
(6) EBONY FULLER	1.00						<u> </u>				
BOARD MEMBER		x	ł	}	ŀ	}	ł	0.	0.	C	
(7)											
(8)		-			]		ļ —			·	
(9)		-		-			-			<del></del>	
10)					-					<del></del>	
11)	- <del> </del>		-			-					
12)		-		-							
13)		-	-			-	-				
(14)				-		-	-			<del></del>	

BAA

TEEA0107 07/08/13

Form 990 (2013)

To Danielle Ludolph Fax (877) 514-1475 Page 9 of 19 03/07/2017 5 10 PM

Form 990 (2013) ELLE FOUNDATION									<u>26-306313</u>	
Part VII Section A. Officers, Directors, Trus	stees, l	Key	Εm			es,	and	Highest Con	pensated Emp	oyees (continued)
(A) Name and title	Average hours	) box	unle	ss pe	ition More Ison I	then o s both or/trusti	an	( <b>D</b> ) Reportable	( <b>E)</b> Reportable	( <b>F</b> ) Estimated
	A Secondaria	or director		Officer		Highest compensated empleyee		conipelisation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	aniount of other compensation from the organization and effect organizations and related organizations
<u>(15)</u>					_					
(16)	<del> </del> -	-								
(17)										
(18)										
(19)										<u> </u>
(20)										
(21)										
(22)					_					
(23)	<del> </del>				<u> </u>		_			
(24)	<u> </u>									
(25)	<u> </u>						_			
1 b Sub-total					• •		<b>-</b>	54,751.	<u> </u>	0.
d Total (add lines 1b and 1c)							_	54,751.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to those	listed	da b	ove)	whe	o reci	eive	d more than \$100,	000 of reportable cor	npensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc									mployee	Yes No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the such individual	ortable c an \$150	ompe ,0 <b>0</b> 07	ensa P If "	tion Yes'	and com	othe	r co	mpensation from		. 4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes.' co										. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate		- n-d	1	n+n-	oter	م داخ م	P= -	alved mars than A	100 000 -4	
compensation from the organization Report compen	sation fo	r the	cale	enda	r ye	ar en	ding	g with or within the	organization's tax ye	ar
(A) Name and business addre	ss							Description (		(C) Compensation
	<del></del>		-							
Total number of independent contractors (including to \$100,000 of compensation from the organization.)	out not lii	mited	to t	hose	e list	ed at	oove	e) who received mo	ore than	
BAA	<del></del>	TEEA	0108	11/	11/13			<del></del>		Form <b>990</b> (2013)

From Samuel Stevens

Fax (877) 514-1475

Page 9 26-3063139 Form 990 (2013) ELLE FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . (D) (B) (C) Total revenue Related or Unrelated Revenue exempt business excluded from tax 3.5 under sections function revenue 512-514 revenue 1 a Federated campaigns 1 b b Membership dues . . 1 c c Fundraising events . . 1 d d Related organizations . . . . . 1 e e Government grants (contributions) . . 393,219 f All other contributions, gifts, grants, and similar amounts not included above. . g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f . . . . . PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds Royalties . . 6a Gross rents . . . . . b Less rental expenses c Rental income or (loss) . . d Net rental income or (loss) . . . . . . . (i) Securities (a) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) . . d Net gain or (loss) 8 a Gross income from fundraising events OTHER REVENUE (not including . \$ of contributions reported on line 1c) See Part IV, line 18. . . . . . b Less' direct expenses . . . c Net income or (loss) from fundraising events . . . . . . # II 9 a Gross income from gaming activities. b Less direct expenses . . . . . . . c Net income or (loss) from gaming activities i'ri 1 1 10 a Gross sales of inventory, less returns and allowances . . . . . 11.1 b Less cost of goods sold . . c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue . . . e Total. Add lines 11a-11d . . . . Total revenue. See instructions . . 393,219 BAA TEEA0109 07/08/13

Form 990 (2013) ELLE FOUNDATION

Part IX Statement of Functional Expenses

26-3063139

Page **10** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)  Check if Schedule O contains a response or note to any line in this Part IX											
	Check ii Schedule O contains a re	<del></del>									
	not include amounts reported on lines 75, 85, 95, and 105 of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	û.	0.								
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0.	0.								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	1,228.	1,228.								
4	Benefits paid to or for members	0.	0.		-11-11-11-11						
5	Compensation of current officers, directors,										
_	trustees, and key employees.  Compensation not included above, to	54,751.	18,068.	36,683.	0.						
6	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	26,125.	14,833.	11,292.	0.						
7	Other salaries and wages	39,679.	36,679.	3,000.	0.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).										
9	Other employee benefits										
10	Payroll taxes	13,255.	11,442.	1,813.	0,						
11	Fees for services (non-employees)										
а	Management										
t	Legal										
C	Accounting										
	Lobbying		<u> </u>	<u> </u>							
	Professional fundraising services See Part IV, line 17										
	Investment management fees	<u> </u>		<del> </del>							
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	218,283.	218,283.	0.	l o.						
12	Advertising and promotion	865.	865.	0.	0.						
13	Office expenses	<u>19,556.</u>	19,556.	0.	0.						
14	Information technology		<u></u>								
15	Royalties	<u> </u>		<u> </u>							
16	Occupancy	14,085.	14,085.	0.	0.						
17	Travel	3,184.	3,184.	0.	0.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings										
	Interest										
21	Payments to affiliates	ļ		<u> </u>							
22	Depreciation, depletion, and amortization										
23 24	Insurance										
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	expenses on Schedule O )	نا ياليابيابيابيابي			1 1 1 2						
ā	Supplies	6,086.	0.	5,086.	0.						
ı	Taxes and Fees	1,665	0.	1,565.							
	Other	75,499.	0.	75,499.	Q.						
	All other expenses										
25	Total functional expenses Add lines 1 through 24e	474,261.	338,223.	135,038.	0.						
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   [In following [ASS OF 179]]										
	SOP 98-2 (ASC 958-720)	<u> </u>	1	1	<u> </u>						

orm 990	(2013) ELLE FOUNDATION  Balance Sheet			
rait'A	Check if Schedule O contains a response or note to any line in this Part X			
<u> </u>		(A) Beginning of year		(B) End of year
1 1	Cash non-interest-bearing	120,965.	1	49,920.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
1		10 Table 1		: .: 1.38
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
\$ 7	Notes and loans receivable, net		7	
\$ 7 8 E 8 T	Inventories for sale or use		8	
T 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D		==: ·	
h	Less accumulated depreciation		10 c	
11	Investments – publicly traded securities		11	
12	Investments — other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	120.965.	16	49,920
17	Accounts payable and accrued expenses	17,760.	17	_27,757
18	Grants payable		18	
19	Deferred revenue		19_	
լ 20	Tax-exempt bond liabilities		20	
L 20 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
B 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
T   22	Secured mortgages and notes payable to unrelated third parties		23	
5 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	Γ'	. 26	27 <b>,</b> 757
N E	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			1
₹	lines 27 through 29, and lines 33 and 34.			14
§ 27	Unrestricted net assets	103,205	. 27	22,163
27 E 28 S 28	Temporarily restricted net assets		28	
179	Permanently restricted net assets		29	
R	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F N 30	Capital stock or trust principal, or current funds		30	
1	Paid-in or capital surplus, or land, building, or equipment fund		31	
B 31	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances.	103,205	. 33	22,163
8 33 8 34	Total liabilities and net assets/fund balances			19,920
BAA				Form 990 (201

Form 990 (2013) ELLE FOUNDATION	26-	<u>306313</u>	9	Paç	ge 12
Part XI Reconciliation of Net Assets					_
Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>		
1 Total revenue (must equal Part VIII, column (A), line 12)		1	_3.9	93,2	19.
2 Total expenses (must equal Part IX, column (A), line 25)		2	4~	74,2	61.
3 Revenue less expenses Subtract line 2 from line 1		3	- 8	31,0	42.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		_4	10	03,2	<u>05.</u>
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			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		40			
column (B)).	<del></del>	10	-	22,1	<u>63.</u>
Part XII   Financial Statements and Reporting					_
Check if Schedule O contains a response or note to any line in this Part XII	· ·	<u> </u>	· · ·		: L
				Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			_ [,	i t	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain					- 1
ın Schedule O.					. :
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or r separate basis, consolidated basis, or both	eviewed on a		- 14	7,-	- tv
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?			2 b		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a			3 v v.,		
basis, consolidated basis, o <u>r b</u> oth	·		, i	1	- 13 - 13
Separate basis Consolidated basis Both consolidated and separate basis					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign	ght of the aud	ıt,	_		
review, or compilation of its financial statements and selection of an independent accountant?			2 c	7	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O			1	- <u>- 1 - 1</u>	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?			3 a		Х
b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo t	n <b>e required a</b>	udit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	• • • •	3b		
BAA			Form	990 (2	2013)

Employer Identification number

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fax (866) 531-9558

## **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public

Name of the organization							Employer	Identificati	ion number		
ELLE FOUNDATION								63139			
Part I Reason for Publi	c Charity Status	(All organizations n	nust co	mplete	this p	art.) S	<u>ee instr</u>	ructions	S		
The organization is not a private											
1		ion of churches describe	d in sec	tion 170	J(b)(1)(A	)(ı).					
2 A school described in s											
		rganization described in									
4 A medical research org	ganization operated in i	conjunction with a hospi	tal descri	bed in s	section 1	70(b)(1	)(A)(iii)	Enter the	e hospital's		
name, city, and state:		_ <b>_</b>	<b>-</b>		<b>-</b>	<b>-</b>				<b>_</b>	
☐ 170(b)(1)(A)(iv). (Con	nplete Part II)	college or university own					al unit de	escribed	in section		
6 A federal, state, or loca	al government or gover	nmental unit described i	n sectio	n 170(b	)(1)(A)(v	).	-1				
∷ in section 170(b)(1)(A	.)(vi).  (Complete Part l			governn	nental ur	iit or froi	m the ge	neral pul	blic describe	<b>∌</b> a	
		<b>b)(1)(A)(vi).</b> (Complete F									
☐ from activities related to investment income and June 30, 1975. See se	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.)										
		usively to test for public									
more publicly supporte	ed organizations descri	usively for the benefit of bed in section 509(a)(1) and complete lines 11e	or section through	in 509(a 11h	functions i)(2) See	of, ar c sectio	arry out f n 509(a)	the purpo (3). Chec	oses of one ck the box t	or hat	
a ∏Typel bi	1 1.36	"	-		d				nctionally in	tegrate	ed
By checking this box, other than foundation section 509(a)(2)	certify that the organia managers and other th	zation is not controlled d an one or more publicly	rectly or supporte	indirected organ	ly by one	or mor describe	e disqua ed in sec	lified per tion 509(	sons (a)(1) ar		
f If the organization rece	eived a written determi	nation from the IRS that	ıs a Typ	∍I, Typi	ellor Ty	pe III su	pporting · ·	organiza	ation,		. $\square$
g Since August 17, 2006	S, has the organization	accepted any gift or co	n <b>tr</b> ibutior	from a	ny of the	follow <b>i</b> n	g persor	ıs?			
										Yes	No
below, the gove	rning body of the supp			· · ·					. 11 g (i)		<u> </u>
		d in (i) above?							. 11 g (ii)		l
		scribed in (i) or (ii) above							· 11 g (iii)		
h Provide the following in	nformation about the s	upported organization(s	)								<u></u>
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) le organiza column (i) your go docur	ation in listed in Zerning	(v) Did yo the organi column (i) supp	zation in of your	(vi) is organiza colum urganizes U S	etion in in (i) d in the	(vir) Amoun sup	t of moni port	etary
			Yes	No	Yes	No	Yes	No			
(A) _											
(B)											
_											
(C)			-								
(D)	,		-								
(E)											
Total					- [ d	1 :	i dan	S INTERNATIONAL PROPERTY OF THE PARTY OF THE			
BAA For Paperwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (Forn	n 990 or 990	)-EZ) :	2013

Schedule A (Form 990 or 990-EZ) 2013

ELLE FOUNDATION

26-3063139

Page 2

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 )

Sect	ion A. Public Support						<del></del>
begir	ndar year (or fiscal year ining in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants')					393,220.	393,220.
2	Tax revenues levied for the organization'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					393,220.	393,220.
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)						
6	Public support. Subtract line 5 from line 4				- Co.	# h	393,220.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning ɪn) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					393,220.	393,220.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		144 THE 1714				393,220.
12	Gross receipts from related activit	ies, etc (see ınstru	ctions)			12	
13	First five years. If the Form 990 organization, check this box and s	s for the organizati	on's first, second, i	third, fourth, or fifth		ion 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 201	•	•				<u> 100.00</u> %
15	Public support percentage from 20	012 Schedule A, P	art II, line 14			15	%_
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and the nization	he line 14 is 33-1/3	% or more, check th	nis box ····► X
b	33-1/3% support test — 2012. If and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/.	3% or mare, check t	this box
17 a	10%-facts-and-circumstances to or more, and if the organization meets the 'facts-to-company facts to the transfer or the organization meets the 'facts-to-company facts to the transfer or the	eets the 'facts-and	-circumstances' te	st, check this box a	ind stop here. Exp	lain in Part IV how	▶ []
	10%-facts-and-circumstances to or more, and if the organization more and arganization meets the facts-and	eets the 'facts-and -circumstances' tes	-circumstances' te it. The organization	st, check this box a r qualifies as a pub	and <b>stop here.</b> Exp dicly supported org	ılaın ın Part IV how t anızatıon	he ►
_18 	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	ıs ► []
BAA					Sch	edule A (Form 000	or 000 EZ) 2042

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Schedule A (Form 990 or 990-EZ) 2013

ELLE FOUNDATION

26-3063139

Page 3

	(Complete only if you check to qualify under the tests list			_	_	artin. Il tile organizat	ion ians		
Sect	ion A. Public Support								
Calend 1	far year (or fiscal yr beginning in)  Gifts, grants, contributions  and membership fees  received (Do not include  any 'unusual grants')	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.				,	-			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-						
	The value of services or facilities furnished by a governmental unit to the organization without charge		,						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						<u></u>		
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b Public support (Subtract line				300				
	7c from line 6.)				=- 1,,,	16			
	tion B. Total Support					·			
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9 10 a	Amounts from line 6 Gross income from interest,	<u> </u>	<del> </del>		<del>                                     </del>				
	dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable								
	income (less section 511 taxes) from businesses acquired after June 30, 1975								
44	Add lines 10a and 10b	L	ļ. ———						
''	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total Support. (Add Ins 9,10c 11 and 12)								
14	First five years. If the Form 990 in organization, check this box and a	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ [		
14	- 5-		2						
	tion C. Computation of Pu	blic Support F	ercentage	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))					
	tion C. Computation of Pu			3, column (f))		15	O		
Sec	tion C. Computation of Pu	3 (line 8, column (f	f) divided by line 1			\- <del></del> +-	े ते		
Sec 15 16	tion C. Computation of Pu Public support percentage for 201	3 (line 8, column (f 012 Schedule A, P	f) di∨ided by line 1 art III, line 15. .	<u></u>		\- <del></del> +-			
Sec 15 16	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 2	3 (line 8, column (f 012 Schedule A, P: /estment Incol	f) divided by line 1 art III, line 15 me Percentag	<u> </u>		16			
Sec 15 16 Sec	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 2 tion D. Computation of Inv	3 (line 8, column (f 012 Schedule A, P vestment Incol r 2013 (line 10c, co	f) divided by line 1 lart III, line 15 <b>me Percentag</b> olumn (f) divided b	e y line 13, column (l	f)) · · · · · · · ·	16	र्ते		
Sec 15 16 Sec 17 18	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 2 tion D. Computation of Inv Investment income percentage fo	3 (line 8, column (for 2012 Schedule A, Power and Incolumn 1 2013 (line 10c, column 2012 Schedule for 2013 (line organization of 2012 Schedule for 2012 Sche	f) divided by line 1 art III, line 15	y line 13, column (l	(i)) · · · · · · · · · · · · · · · · · ·	16 17 18 18 33-1/3%, and line 1	i fi		
5ec 15 16 Sec 17 18	tion C. Computation of Pu Public support percentage for 201 Public support percentage from 2: tion D. Computation of Inv Investment income percentage for Investment income percentage from 33-1/3% support tests — 2013.	3 (line 8, column (for 2012 Schedule A, Power Processing Processin	f) divided by line 1 art III, line 15  me Percentag blumn (f) divided book A, Part III, line 17 did not check the book a too check a book did not check a book did not check a book are.	y line 13, column (i	line 15 is more than publicly supported of	17 18 33-1/3%, and line 1 organization	† † † † † † † † † † † † † † † † † † †		

TEEA0403 06/28/13

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013	ELLE FOUNDATION		<u> </u>
Part IV: Supplemental Informa or 17b; and Part III, line (See Instructions).	tion. Provide the explanations require 12. Also complete this part for any add	d by Part II, line 10; Part II, line 17a litional information.	
	<del></del>		
			<b>-</b> -
	~		
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			- <b>-</b>

TEEA0404 06/28/13

Schedule A (Form 990 or 990-EZ) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Fax (866) 531-9558

## 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 2013

Open to Public

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 26-3063139 ELLE FOUNDATION Pt III, Line 2 \_\_ During 2013, Elle started its program providing veterans assistance \_\_\_ Pt VI, Line 19 The organization makes its governing documents, conflict of interest \_policy, and financial statements available to the public upon request.

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

TEEA4901 09/09/2013

Schedule O (Form 990 or 990-EZ) 2013