SCANNED DEC 2 0 2018

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Page: 7 of 28

	_	990	1				1	OMB No 1545-0047				
	Form	330	Return of	Organization Exen	npt From	Income T	·ax	2016				
,			Under section 501(c), 5	527, or 4947(a)(1) of the Internal Re	evenue Code (ex	cept private foun						
Depa	artment of I nai Revenu	he Treasury se Service	► Do not ento ► Information	Open to Public Inspection								
	For the	2016 calend	year, or tax year begin	_ -	, 2016, and	ending	To continue	dentification number				
В	Check if a			E FOUNDATION			ļ					
		ess change	Doing business as	if mail is not delivered to street address	,	Room/sulle	26-30 E Telephone r					
	\vdash	e change		II Than is not delivered to street boarss	'	TOO THOUSE						
	H	l relurn	City or town state or courses of	country, and ZIP or foreign postal code			(318)	674-9550				
	\vdash	returnkentirated		warmy, and an or loragin poster door	יור מז	1.01	G Gross mean	pls \$1,042,861.				
	⊢ ⊣	nded return ication pending	REVEPORT Name and address of principal of	Histor	LA 71		a group return for					
				MARSHALL SHREVEPOF	RT LA 71	~ 1 ∵	subordinates inclu attach a list (see					
1	Tav.ev	empt status	501(c)(3) 501(c) (527) If No.	attach a list (see	instructions)				
j J		ite. ► N/.	00.(0)(0)	/ (1130-(110)	**************************************	/ / /	exemption numbe	r >				
<u>-</u> -		forganization	Corporation Trust	Association Other	L Year of		T	of legal domicile LA				
	rt I	Summar	<u> </u>		- 							
	1 B	riefly describ	ne organization's mission	or most significant activities	SEE A	TACHMENT	Ą					
ą,												
음												
Activities & Governance	l -											
Š		heck this bo		discontinued its operations or								
∞8				ng body (Part Vt, line 1a) of the governing body (Part Vt,				3 <u>5</u>				
es				alendar year 2016 (Part V. line				5				
₹				cessary)				6 0				
Act	I		·	rt VIII, column (C), line 12		r. j		7a				
	b N	let unrelated	siness taxable income fro	om Form 990-T, line 34	· · · · · · / \	<u> </u>		7 b 0.				
				•	167		Prior Year	Current Year				
a)				ı)	11.10.	<i>f</i>	1,2/0,623	3. 1,042,861.				
Revenue	9 ₽	rogram servi	revenue (Part VIII, line 2	revenue (Part VIII, line 2g)								
ě				lines 3, 4, and 7d)								
<u>—</u>				5, 6d, 8c, 9c, 10c, and 11e)			1 000 600	1 042 061				
				nust equal Part VIII, column (A			1,270,62	1,042,861.				
	1		r amounts paid (Part IX,									
	1	•	•	column (A), line 4)			026 446	E E 1 406				
S	15 S			penefits (Part IX, column (A), li			926,445	5. 551,496.				
ens.	16a F	Professional f	raising fees (Part IX, coli	umn (A), line 11e)		· · · ·						
Expenses	bĭ	otal fundrais	expenses (Part IX, colun	nn (D), line 25) 🟲		0.						
ш	17 0	Other expense	Part IX, column (A). lines	s 11a-11d, 11f-24e)	 .	· · · · <u> </u>	353,562	2. 470,624.				
	1B T	otal expense	Add lines 13-17 (must eq	ual Part IX, column (A), line 2	5)		1,280,00					
		Revenue less	penses Subtract line 18	from line 12	· · · · · · · ·	· · · ·	-9,384					
10.00						Beginn	ing of Current Y					
t Assets of Balanc	20 T	•	t X, line 16)	· • • · · · • • • • · · · · · · · · · ·	• • • • • • •	· · · ·	81,89					
Not A	21 ⊺		art X, line 26)		· · · · · · · ·	· · · ·	28,96					
	<u> </u>			21 from line 20			52,92	52,921.				
Pa	art II	Signatur	Block	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Und	er penalhe: plete Ded	s of perjury, I dec	that I have examined this return their than officer) is based on all it	including accompanying schedules and information of which preparer has any kr	l statements and to	the best of my kno	wiedge and belief,	it is tive, correct, and				
		L.	1/1/101-7/			- т		<u></u>				
٠.		Signatu	officer William				Date ///	3/1/				
Siq He	gn	, °	(DECMOD				
HE	16		NDRA MONTGOMERY I name and life			EXEC	IC SVITUE	RECTUR				
		Pant/Type p		Preparer's signature	Date	<u> </u>	Check X	PTIN				
_				1 ' '	į			' ' ' ' ' '				
Pa				SAMUEL W. STEVENS	6, III 11	/15/1/	self-employed					
	eparei e Onli	1		EVENS III CPA			Sum a Eini D	05 4300305				
Jo	o Omi	Firm's addre	P.O. BOX 5263		21125			95-4308385				
14-	v the ID	S diagram 45.	SHREVEPORT	J.A	71135			318) 458-0930				
	y the IR		turn with the preparer sh	own above? (see instructions)) • • • • •		· · · · · · · ·	X Yes No				

From: Samuel Stovens Fax: 18665319558 To: Fax: (855) 309-9361 Page: 8 of 28 11/27/2018 5:07 PM

Form 990 (2016)	ELLE FOUNDATION		26-3063139	Page 2
	tement of Program Servic			
, Che	ck if Schedule O contains a respon	se or note to any line in this Part III		
1 Briefly desc	ribe the organization's mission			
`SEE ATA	ACHMENT A			
2 Did the orga	anization undertake any significant	program services during the year which were i	not listed on the prior	
=	-			X No
	cribe these new services on Sched			ت
		e significant changes in how it conducts, any p	program services? Yes	X No
-	cribe these changes on Schedule (orogram services	<u> </u>
·	•	complishments for each of its three largest pr	ogram sendoes as measured by expensi	P C
Section 501 and revenue	(c)(3) and 501(c)(4) organizations e, if any, for each program service	are required to report the amount of grants and reported	d allocations to others, the total expenses	5,
4 a (Code		79,041. including grants of \$		2,820.)
Through	ı its Supportive Serv	ices for Veteran Families,	<u>Elle assisted 187 vetera</u>	n <u>s</u>
				<u>-</u>
			- · ·	
				
4 b (Code		43,079. including grants of \$		0,041.)
The org	<u>anızation served more</u>	than 365 youth in Shrevepor	t/Bossier_cities_in_Caddo	Parish_
				
				-
4 - 10 - d -) (Frances - C	makadan a sasaha at C) (Bayeaua - É	
4 c (Code) (Expenses \$	including grants of \$) (Revenue \$	 '
		 		
				
4 d Oth	rom consecs (December in Cabe date	2)	20-11, 11 12, 21, 21, 21, 21, 21, 21, 21, 2	
	am services (Describe in Schedule) (Deverous C	
(Expenses	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	luding grants of \$) (Revenue \$)
	am service expenses	1,022,120.	 	000 (0015)
BAA		TEEA0102 11/16/16	Form	n 990 (2016)

To:

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Form 990 (2016) ELLE FOUNDATION

26-3063139

Page 3

	1990 (2016) ELLE FOUNDATION 26-306313 Checklist of Required Schedules			age 3
			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			H.
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
t	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		Х
C	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	11 d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11 в	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
BAA	TEEA0103 11/16/16	Form	990 (2016)

Fax: (855) 309-9361

From: Samuel Stevens

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26-3063139 Page 4 Form 990 (2016) ELLE FOUNDATION Part IV Checklist of Required Schedules (continued) No Yes Χ 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Χ 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 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... 24 a Χ 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? 24 d Χ 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 Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Х If 'Yes,' complete Schedule L, Part II . . 26 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 Χ 27 of any of these persons? If 'Yes,' complete Schedule L, Part III . . . 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) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b 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 28c Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II . . 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related 36 Χ organization? If 'Yes,' complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Χ treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37

BAA Form 990 (2016)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O . . .

Х

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BAA

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ELLE FOUNDATION 26-3063139 Page 5 Form 990 (2016) 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 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . 0 0 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2 a 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 2 b b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b 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 4 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 a X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible 6 b 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 services provided to the payor? 7 a Х 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 Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Χ 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 上間 體壓性 基礎 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations Enter b Gross income from other sources (Do not net amounts due or paid to other sources 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If Yes, enter the amount of tax-exempt interest received or accrued during the year . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . 13 b c Enter the amount of reserves on hand .

TEEA0105 11/16/16

14 a

14 b

11/27/2018 5:37PM (GMT-06:00)

14 a 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

Fax: 18665319558

Fax: (855) 309-9361

26-3063139 Page 6 Form 990 (2016) ELLE FOUNDATION Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? . Х X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No Х 10 a Did the organization have local chapters, branches, or affiliates? . 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X 15 b b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Louisiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records (318) 674-9550 CASSANDRA MONTGOMERY 556 EGAN ST SHREVEPORT BAA Form 990 (2016) TEEA0106 11/16/16

To:

1											
Form 990 (2016) ELLE FOUNDATION									26-306313		
Part VIII Compensation of Officers, Directo Independent Contractors	rs, Tru	stee	es, l	Key	/ Er	nplo	оує	es, Highest C	ompensated En	nployees, and	
Check if Schedule O contains a response or r										<u> </u>	
Section A. Officers, Directors, Trustees, Ke I a Complete this table for all persons required to be listed	-		_								
organization's tax year											
 List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no columns. 						luals	or c	organizations), rega	irdless of amount of		
• List all of the organization's current key employees,											
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations 	ated empl 2 and/or E	loyee Box 7	s (o of F	ther orm	thai 109	n an (99-Mi	offic ISC	er, director, trustee of more than \$100	e, or key employee) 0,000 from the		
 List all of the organization's former officers, key emportable compensation from the organization and any 					mp	ensat	ted (employees who red	ceived more than \$10	00,000	
 List all of the organization's former directors or tru organization, more than \$10,000 of reportable compensation. 	stees that	rece	eivec	i, in	the on a	capa nd an	city 1y re	as a former directo lated organization:	or or trustee of the		
List persons in the following order individual trustees or di employees, and former such persons	rectors, in	stitui	tiona	ıl tru	stee	s, of	ficer	s, key employees,	highest compensate	d	
Check this box if neither the organization nor any relat	ed organi	zatio	n co			ed a	ny c	urrent officer, direc	ctor, or trustee		
		Pos	ution /	(C)		- k mor					
(A) Name and Title	Average						'n	Reportable	(E) Reportable	(F) Estimated amount of other	
	hours per week	역 글	-			B 호	一	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	
	(list any hours for related	individual trustee or director	nstitutional	Officer	Key employee	Highest co	ımcı	,		organization and related	
	organiza- tions	<u>a</u> ≥	CO3		ploye	ee				organizations	
	below dotted line)	rstee	hustee		க்	Den Sa	Former				
(1) CACCANDDA MONTCOMEDY	40.00					8					
(1) CASSANDRA MONTGOMERY EXECUTIVE DIRECTOR	40.00				Х	Х		105,000.	0.	0.	
(2) CARLA MTCHELL	1.00										
BOARD CHAIRPERSON	1 00	Х	<u>.</u>					0.	0.	0.	
	_1.00	x						0.	0.	0.	
(4) BRITTNEY DALE	1.00										
BOARD MEMBER		Х						0.	0.	· 0.	
BOARD MEMBER	_1.00	X						0.	0.	0.	
(6) EBONY FULLER	1.00	<u> </u>	-					0.	0.	0.	
BOARD MEMBER		Х						0.	0.	0.	
_(1)											
(8)											
(9)											
(10)						•					
(11)											
(12)											

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From: Samuel Stevens

Fax: (855) 309-9361

26-3063139 Form 990 (2016) ELLE FOUNDATION Part Mil Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (F) (E) (A) Average hours Reportable compensation from the organization (W-2/1099 MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated Estimated amount of other compensation from the organization and related Name and title per week Officer (list any Individual trustee Institutional Highest compei hours for related employee organizations organiza - tions Itrustee below (15) (16)(17)(18)(19)(20) (21)(22)(23) (24)(25)1 b Sub-total 105,000. 0. 0. c Total from continuation sheets to Part VII, Section A 0 0. 105,000 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization No Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee 3 Χ on line 1a? If 'Yes,' complete Schedule J for such individual . . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for 4 X such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Χ for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (B) (C) Compensation Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization BAA TEEA0108 11/16/16 Form 990 (2016)

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		(2016) ELLE FOUN		· · · · · · · · · · · · · · · · · · ·			26-3063139	Page 9
Par	W.I	Statement of Rev	enue					
	,	Check if Schedule O co	ontains a respo	nse or note to any lii	ne in this Part VIII			
			The second of th		(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	112					function	revenue	under sections 512-514
grap:	-34-8			Call min religion for all the fact.	leithline stemteleinithaiseannill.	revenue	· 中央 · · · · · · · · · · · · · · · · · ·	
at sta		Federated campaigns	. 1a					
gra 10		Membership dues	ļ					
S.		Fundraising events						
Fig		Related organizations .						116.4
S. III	е	Government grants (contribution	ns) 1 e	1,042,861.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grasimilar amounts not included at	ants, and bove 1 f					
重り	g	Noncash contributions included	dın lines ta-1f Ş					
Sol	h	Total. Add lines 1a-1f .		,	1.042.861.			
ë				Business Code				
Program Service Revenue	2 a							
Re	b			· ·		-		
<u>8</u>	С							
eΓ	d							
S	-						-	
Jrai.	f	All other program service	revenue					
ဦ			·		-,			
	_							
	3	Investment income (include other similar amounts).	aing aiviaenas,	interest and	ļ			
	4	Income from investment of	of tay-evemnt h	ond proceeds ►				
	5	Royalties	•		,			
	3	Noyames	(ı) Real	(ii) Personal				Profesional Section
	6.3	Gross rents	(1) 11001	(11) 7 01301141				
		Less rental expenses						
		· .	···	 				
		Rental income or (loss)						
		Net rental income or (loss	•	►	in the constant whether the constant is the	Laboratric Hadistate & Strong Long		Billibri at 1964 - All Million Million
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1				
	b	Less cost or other basis						
		and sales expenses .						
		Gain or (loss)		<u> </u>				
	d	Net gain or (loss)					- do 135 anava 13. No heres-	TITLE THE SAME OF THE PROPERTY
g.	8 a	Gross income from fundra	aising events					
nue		(not including \$						
Š		of contributions reported						
œ		See Part IV, line 18		a				
Other Reve		Less direct expenses	-	b				
ᅗ	С	Net income or (loss) from	fundraising eve	ents▶				` '
,	9 a	Gross income from gamir See Part IV, line 19	ng activities	a				
	b	Less direct expenses .		ь				
	С	Net income or (loss) from	gaming activiti	es . ►				
	1N a	Gross sales of inventory,	less returns					
	10 a	and allowances		a				
	b	Less cost of goods sold		Ь				
		Net income or (loss) from	sales of invent	ory	The state of the s	, nestronomento e e e e e e e e e e e e e e e e e e e	The state of the s	ACTIVITIES THE PROPERTY OF STREET
		Miscellaneous Revenue		Business Code				
	11 a					- secritor class second susceptive the high spilits	CONTRACTOR	EL LANDE, LOST AL-PONTE IN PROPERTY PROPERTY AND PARTY HAVE
	b					 		
	С				,			
	d	All other revenue			 			
		Total. Add lines 11a-11d		_				
	12	Total revenue. See instru		.	1 040 061			
RAA		. Star 10 Ferride, See HISTI	40110113		1,042,861.	<u> </u>	l	Form 990 (2016)

Part X Statement of Functional Expenses

11/27/2018 5:07 PM

Form 990 (2016) ELLE FOUNDATION

From: Samuel Stevens

26-3063139

Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				expenses
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees	105,000.	70,500.	34,500.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	386,119.	357,319.	28,800.	0.
7	Other salaries and wages				
. 8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,004.	13,070.	1,934.	0.
10	Payroll taxes	45,373.	39,525.	5,848.	0.
11	Fees for services (non-employees)				
	Management			•	<u> </u>
	Legal				
_	Lobbying				
	Professional functiaising services See Part IV, line 17				
	Investment management fees		The pullbant to be addition, then to a bear	riannin ferman-neutrikeliniaserie	,
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O $)$				
12	Advertising and promotion				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses Itemize expenses not	Badi shidubudadhedi delinduhudan bir cel	tudiedieleien alektikatörstadstiskistist	ratha librium en karasar ya Merakinda dia 1917 da 2016.	Liblikhigi Jogsikald umbalbik (a?
	covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	TEMP. FINANCIAL ASSIST. TO VERERANS	104,867.	104,867.	O.	0.
	Advertising	6.516.	6,516.	0.	0.
	Bank_Charges	~ 1.462.	0.	1,462.	0.
	Dues & Subscriptions	643.	643.	0.	0.
	All other expenses	357,136.	257,559.	99,577.	0.
	Total functional expenses. Add lines 1 through 24e	1,022,120.	849,999.	172,121.	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				
	SOP 98-2 (ASC 958-720)				
BAA		TEEA0110 11	/16/16		Form 990 (2016)

Fax: (855) 309-9361

Form 990 (2016) ELLE FOUNDATION 26-3063139 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year 81,823. 1 14,740. Cash – non-interest-bearing Savings and temporary cash investments . . 2 2 3 3 Pledges and grants receivable, net. 4 74,890 Accounts receivable, net . . 68 Loans and other receivables from current and former officers, directors, 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 Notes and loans receivable, net Inventories for sale or use . 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation . 10b 10c 11 Investments - publicly traded securities . . 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11. 13 13 14 14 Other assets See Part IV, line 11 . 15 15 16 16 Total assets Add lines 1 through 15 (must equal line 34) 81,891 89,630 17 Accounts payable and accrued expenses. 17 28,964 36,703 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities . 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees. 22 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 . . 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 52,927 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. ō Capital stock or trust principal, or current funds 30 Net Assets 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 52,927. 52,927 Total liabilities and net assets/fund balances 81,891 89,630. Form 990 (2016) BAA

From: Samuel Stevens Fax: 18665319558 To: Fax: (855) 309-9361 Page: 18 of 26 11/27/2018 5:07 PM

Form	n 990 (2016) ELLE FOUNDATION	3063139	P	age 12
Pa	rtXi Reconciliation of Net Assets		•	
	Check if Schedule O contains a response or note to any line in this Part XI			. []
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,042,	861.
`2	Total expenses (must equal Part IX, column (A), line 25)	2	1,022,	12Ó.
3	Revenue less expenses Subtract line 2 from line 1	3	20,	741.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,	927.
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,			
(Hamail 16.)	column (B))	10	<u>73,</u>	<u>668.</u>
Pa	MIXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			· []
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	1		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O			
2	a 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 reviewed on a			
	s <u>ep</u> arate basis, consolidate <u>d b</u> asis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		 	
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
٠	basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	t.	2 c	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			
	Audit Act and OMB Circular A-133?		3 a X	┼
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au			.,
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	!	l 3bl	X

BAA

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treesury Internal Revenue Service

Total

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

OMB No 1545-0047

2016



Name o	fthe	organization					Employer identifica	ition number		
		FOUNDATION					26-306313			
Part	12	Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art) See instruction	is		
The o	rgai	nization is not a private foundati	on because it is (For I	ines 1 through 12, check	conly on	e box)		~~		
1	Г	A church, convention of church	nes, or association of c	hurches described in se	ction 17	O(b)(1)(A)(I).	171		
2	F	A school described in section	170(b)(1)(A)(ii), (Attac	h Schedule E (Form 99	0 or 990-	EZ))		1 17		
3	H	A hospital or a cooperative hos		•			•	\cup /		
4	-	A medical research organization						ne hospital's		
4	L		on operated in conjunc	tion with a nospital desc	inocu iii s	36011011	Troubiting Cities a	ic nospitars		
5		name, city, and state An organization operated for the	ne benefit of a college	or university owned or o	erated t	 oy a gov	ernmental unit described			
6	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	 	, ,	•		•		•			
·	X	An organization that normally r in section 170(b)(1)(A)(vi). (0		part of its support from a	governn	nentai ui	nit or from the general pu	JDIIC described		
8	L	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)						
9		An agricultural research organi	ization described in se	ction 170(b)(1)(A)(ix) o	perated i	n conjur	iction with a land-grant o	ollege		
	or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university									
10		, , , , , , , , , , , , , , , , , , , ,								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11										
12	\vdash	An organization organized and	onerated exclusively t	for the henefit of to nerf	orm the f	inctions	of orto carry out the n	irnoses of one		
	_	or more publicly supported org lines 12a through 12d that des Type I. A supporting organizat	anizations described in cribes the type of supp	n section 509(a)(1) or soorting organization and	ection 5 complete	09(a)(2). e lines 1:	. See section 509(a)(3). 2e, 12f, and 12g	Check the box in		
а		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec	t a majority of the direct	ors or tru	stees of	the supporting organiza	tion You must		
b	L	Type II. A supporting organiza management of the supporting must complete Part IV, Secti	organization vested in							
С		Type III functionally integrate organization(s) (see instruction					functionally integrated w	ith, its supported		
d	L	Type III non-functionally inte functionally integrated. The org instructions). You must comp	anization generally mi	ust satisfy a distribution	connecti requirem	on with lent and	its supported organization an attentiveness require	on(s) that is not ment (see		
е		Check this box if the organizat	ion received a written o	determination from the II	RS that if	is a Typ	e I, Type II, Type III fund	ctionally		
	_	integrated, or Type III non-fund				-				
f		ter the number of supported org	•							
g	Pr	ovide the following information a		ganization(s)				•		
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is organizati In your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
					1	1				
<u>(B)</u>										
403										
(C)						 				
(D)										
<u>(E)</u>		· · · · · · · · · · · · · · · · · · ·			司。 1000年100日	EN 200				

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Schedule A (Form 990 or 990-EZ) 2016

From: Samuel Stevens

ELLE FOUNDATION

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

26-3063139

Page 2

	(Complete only if you checked organization fails to qualify un	d the box on line 5, ider the tests listed	7, or 8 of Part I o below, please co	r if the organization mplete Part III)	failed to qualify ur	nder Part III If the	
Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grits, grants, contributions, and membership fees received (Do not include any unusual grants ')			1,259,745.	1,270,623.	1,042,861.	3,573,229.
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	• see	dmmbb ugli begintent jederrit ist still still st	1,259,745.	1,270,623.		3,573,229.
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						3,573,229.
Sec	tion B. Total Support					y	
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			1,259,745.	1,270,623.	1,042,861.	3,573,229.
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 carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	Lolad I A. 100 October 1	inches du plan ale de distabilità	55.1-111.241111 (5-12.141112	of a 1th continue florida in the state of a	Distriction of the state of the	
	Total support. Add lines 7 through 10	(A-2-, -1, -1, -1, -1, -1, -1, -1, -1, -1, -				12	3,573,229.
	•	,	· -				
13	First five years. If the Form 990 i organization, check this box and s	stop here	· · · · · · ·				•
	tion C. Computation of Pu Public support percentage for 201			11 column (f)		144	100 00 %
14 15	Public support percentage for 20 Public support percentage from 20					15	100.00%
	33-1/3% support test—2016. If the and stop here The organization of	he organization did	not check the bo	x on line 13, and lin		<u> </u>	ox . ► X
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization did qualifies as a publi	not check a box o	on line 13 or 16a, ar anization	nd line 15 is 33-1/3	% or more, check t	_
17a	10%-facts-and-circumstances to or more, and if the organization meets the facts-a	eets the 'facts-and	-circumstances' te	est, check this box a	and stop here. Exi	olain in Part VI how	. ►
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t The organization	est, check this box a on qualifies as a pub	and stop here. Exp blicly supported org	olain in Part VI how ganization	'the ····· ►
18	Private foundation. If the organiz	zation did not checi	a box on line 13	, 16a, 16b, 17a, or	17b, check this bo	x and see instruction	ns. ►
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2016

TEEA0402 09/28/16

Fax: (855) 309-9361

	dule A (Form 990 or 990-EZ) 2016	ELLE FOU				26-3063	139 Page 3
Раг	Support Schedule for (Complete only if you check	ed the box on line :	10 of Part I or if the	e organization faile	(a)(2) ed to qualify under I	Part II If the or	ganization
	fails to qualify under the test	s listed below, plea	ase complete Part	II)	·	··	/
	tion A. Public Support			r	1		
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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				/	<i>j</i>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
<i>7</i> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support	T TO SECTION OF THE S	THERETT TREET PROPERTY	Petrote unit dans certaines.	RIT delay fight Tichter in 16117	1 \$225 BELLEVILLE FOR 1 RE	4° +10 1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4) 23 12	(5/20.9	(0) 2011	(4) 20 10	(0) 20 10	(1) 10121
10a	Gross income frominterest, 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.						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines, 9, 10c, 11, and 12)	for the organization	on's first second	third fourth or fifth	tay year as a seed	100 501(c)(3)	
	organization, check this box and s	top here		umu, iouitii, Of Mil		301 30 1(0)(3)	
	tion C. Computation of Pu			2 (6)			T 0
	Public support percentage for 2010		•			— —	15 %
	Public support percentage from 20			· · · · · · · · · · · · · · · · · · ·			16 %
	tion D. Computation of Inv					т.	.~ .
17	Investment income percentage for		•			_	17 %
18	Investment income percentage fro		•			L	18 8
	33-1/3% support tests—2016. If the support tests—2016. If the support tests—2015. If the support tests—2015.	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization .	
/"	line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganization qualific	es as a publicly sup	ported organiz	ation ►
20	Private foundation. If the organiz						
BAA			TEEA0403	09/28/16	Sc	hedule A (For	m 990 or 990-EZ) 2016

To:

26-3063139

Page 4

Ven Ne

Schedule A (Form 990 or 990-EZ) 2016 ELLE FOUNDATION

Part IV. Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Fax: (855) 309-9361

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation of historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c) (2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2 3a		
3b 3c		
4a		
4b		
4c		
5a		
5b		
6 144 144 7		
#1#74 8		
9a		E PA
9b	are	
9c		
10a		HPRIHLIM
10b 990 or 9	00 EZ	
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Schedule A (Form 990 or 990-EZ) 2016 ELLE FOUNDATION	26-3063139		⊃age 5
PartiVi Supporting Organizations (continued)		Yes	No.
11 Has the organization accepted a gift or contribution from any of the following persons?		P HALL	前的產業
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) governing body of a supported organization?	below, the	a a	122
b A family member of a person described in (a) above?	11	ь	<u> </u>
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Pa	rt VI. 11	c	<u></u>
Section B. Type I Supporting Organizations		Τ.,	т
1 Did the directors, trustees, or membership of one or more supported organizations have the power to reg or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization if the organization had more than one supported organization, describe how the powers to appoint and/or directors or trustees were allocated among the supported organizations and what conditions or restriction applied to such powers during the tax year	,' describe in series is activities remove	Yes	No No
2 Did the organization operate for the benefit of any supported organization other than the supported organization? If 'Yes,' explain in Part VI how provibenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization	ding such		
Section C. Type II Supporting Organizations			
Were a majority of the organization's directors or trustees during the tax year also a majority of the director of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manage supporting organization was vested in the same persons that controlled or managed the supported organization.	ement of the	Yes	No
Section D. All Type III Supporting Organizations			
	f	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provided.	prior tax of the		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part the organization maintained a close and continuous working relationship with the supported organization.	// how		
3 By reason of the relationship described in (2), did the organization's supported organizations have a signification in the organization's investment policies and in directing the use of the organization's income or assall times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization in this regard	ets at		
Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ear (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below			
b The organization is the parent of each of its supported organizations. Complete line 3 below		,	
c The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	nent entity (see instructions,)	
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purpose supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify the organizations and explain how these activities directly furthered their exempt purposes, how the organizes to those supported organizations, and how the organization determined that these activities c substantially all of its activities	se supported zation was onstituted 2	1	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or in the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the the organization's position that its supported organization(s) would have engaged in these activities but for organization's involvement	reasons for 關語		
3 Parent of Supported Organizations Answer (a) and (b) below.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or true each of the supported organizations? <i>Provide details in Part VI.</i>	3		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	of each of its		
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Schedule A (Form 990 or 990-EZ) 2016

Šche	edule A (Form 990 or 990-EZ) 2016 ELLE FOUNDATION		26-306	3139	Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	tions		
1	Check here if the organization satisfied the integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 20 must co	0, 1970 (explain in Part VI) implete Sections A through	See E	
Section A - Adjusted Net Income			(A) Pnor Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B — Minimum Asset Amount			(A) Pnor Year	(B) Currer (option	al)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
a	Average monthly value of securities	1 a	·		
t	Average monthly cash balances	1 b			
	Fair market value of other non-exempt-use assets	1 c			
	J Total (add lines 1a, 1b, and 1c)	1 d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C — Distributable Amount				Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	a the hand marked on the second of the secon		
2	Enter 85% of line 1	2	The transmission of the law to the transmission of the law to the		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4	Inches the same of the same and the same of the same o		<u> </u>
_ 5	Income tax imposed in prior year	5	and inches and the standard of		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	The second secon		
7	Check here if the current year is the organization's first as a non-functionally integra	ated Typ	e III supporting organization	on	

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Schedule A (Form 990 or 990-EZ) 2016 ELLE FOUNDATION 26-3063139 Page 7 Partival Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D — Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (ii) Underdistributions (i) Distributable Excess Section E — Distribution Allocations (see instructions) Amount for 2016 Distributions Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount I Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 b Excess from 2013 C Excess from 2014 d Excess from 2015 . . e Excess from 2016 . .

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

ELLE FOUNDATION

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

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Fax: (855) 309-9361

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SCHEDULE 0 (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number 26-3063139 ELLE FOUNDATION Pt VI, Line 15a The board decides on compensation Pt VI, Line 15b The board decides on compensation Other The audit is in process