Form 990

# 2949323 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

201**7** 

60020 OMB No 1545-00

Department of the Treasury Internal Revenue Service

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

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2017 calendar year, or tax year beginning Α 2017, and ending . 20 C Name of organization ELLE\_FOUNDATION D Employer identification number R Check if applicable Address change Doing business as 26-3063139 Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1717 MARSHALL ST (318)674 - 9550City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated SHREVEPORT, LA 71101 G Gross receipts \$ Amended return 900,698. F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes No CASSANDRA MONTGOMERY, 1717 MARSHALL, SHREVEPORT, H(b) Are all subordinates included? Yes No ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527, 4 If "No," attach a list. (see instructions) **区** 501(c)(3) 501(c) ( Tax-exempt status Website: ▶ H(c) Group exemption number > Form of organization X Corporation Trust Association Other ▶ L Year of formation 2008 M State of legal domicile LA Part I Briefly describe the organization's mission or most significant activities: SEE ATACHMENT A Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 3 4 5 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2017 (Rancy, Tine &a)ue Service Total number of volunteers (estimate if necessary) . . . SP/SE Compliance Field . 6 5 Total unrelated business revenue from Part VIII, column (A) eigest ferritory. Alexandria 7a 7a Net unrelated business taxable income from Form 990-T, line 34 0. **Current Year** 900,698. 8 Contributions and grants (Part VIII, line 1h). 1,042,861 Program service revenue (Part VIII, line 2g) a 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column A) Three representations of the revenue and lines 8 through 11 (must equal Part VIII, column A) 12 ,042,861 900,698 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Received 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 551,496 15 454,881 16a Professional fundraising fees (Part IX, column (A), line 11e) 7875 T. P. T **这种"我们是一个** Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 470,624 428,798. 022,120 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 883,679 18 Revenue less expenses. Subtract line 18 from line 12 19 20,741 17,019 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 89,630 80,669. 21 Total liabilities (Part X, line 26) 36,703 10,723. ᇎ 52,927. 22 Net assets or fund balances Subtract line 21 from line 20 69,946. Signature Block Under penalties of perjury-declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign ignature of offic Here EXECUTIVE DIRECTOR CASSANDRA MONTGOMERY Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if Paid self-employed SAMUEL STEVENS SAMUEL STEVENS Preparer ► SAMUEL W. Firm's EIN > 94-4308385 STEVENS III CPA

For Paperwork Reduction Act Notice, see the separate instructions. BAA

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ P.O. BOX 52631,

REV 10/16/16 PRO

Form 990 (2017)

🔀 Yes 🗌 No

LA 71135

07/31/2019 (4:19PM (GMT-04:100)

Phone no (318) 458-0930

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SHREVEPORT,

SCANNED SEP 1 8 2019

Use Only

	00 (2017) Page <b>2</b>
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE ATACHMENT A
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, it any, for each program estimes reported.
4a	(Code ) (Expenses \$ 882,037. including grants of \$ 0.) (Revenue \$ 900,698.)
	Through its Supportive Services for Veteran Families, Elle assisted more than 150 veterans
	THE DAME TO SUPPORT OF SELECTION FUNCTIONS BY A SUPPORT MOTOR CHAIL 130 VEGETANO.
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	······································
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 882,037.

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		
_	complete Schedule A	1	×	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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			١
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	×
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		١.,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	┼	×
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		<u> </u>
•	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	l	×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<u> </u>	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
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	<u> </u>	×
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	tralsers.	×
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		]	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	×
a	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	444		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	<del> </del> -	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		×
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		<del>  ^</del>
	Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			H
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	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		×
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		×
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		×
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	 	×
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		×
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		_ <u>×</u>
		Forn	n <b>990</b>	(2017

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	_	
21	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	0.4		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
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 Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	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	l	1	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	26		×
27	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	}	1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	L a. 50.k	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<b>建</b>	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-	10 M	W 200
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u>×</u>
D	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-00		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	
	complete Schedule N, Part II	32		_×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	20		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		×
	or IV, and Part V, line 1	34		×
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\hat{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		$\neg \dagger$	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		J	
	Part VI	37		_×_
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	005	<u>×</u>
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Fax: (877) 485-2246 Fax: 18665319558 To: Zachary Ryland Page: 6 of 24

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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
1a			To a	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	122	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1000		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Jan-1-45-1-1664	3-6-2 that -24/9
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		140	多學家
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<u>×</u>
	gifts were not tax deductible?	6b	n Kracil	and there
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	200.00	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		_×_
d	If "Yes," indicate the number of Forms 8282 filed during the year		Sellante.	2.47
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		_ <u>×</u> _
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Vocabata i	750 SE 671
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	聖經 .	1.00 mg	
_	sponsoring organization have excess business holdings at any time during the year?	8	82-86 A	1 State MI
9	Sponsoring organizations maintaining donor advised funds.		11.1	273
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Tours.	* 0.00 M.S.
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			<b>建筑</b>
a b	Gross income from other sources (Do not net amounts due or paid to other sources			21. 相野
	against amounts due or received from them.)			100
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	THE SECTION OF	9, 4, 41, 123
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.	120	1 ACLES	H. CERL
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 10 m	517015
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			14 T
J	the organization is licensed to issue qualified health plans		想到	
С	Enter the amount of reserves on hand		<b>测</b> 通	400
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	7, 79	13:33A
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-+	<u>×</u>
	, and the second			

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Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 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. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . × 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? . . . . 8a 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.) No 10a × b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 1997 1 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written whistleblower policy? . . . . . . Did the organization have a written document retention and destruction policy? . . . . . 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? The organization's CEO, Executive Director, or top management official . . . 15a 15b × If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 List the states with which a copy of this Form 990 is required to be filed ► LA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website ☐ Upon request Other (explain in Schedule O) Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records. ▶ CASSANDRA MONTGOMERY, 556 EGAN ST , SHREVEPORT, LA 71101 (318)674-9550 REV 10/16/18 PRO Form 990 (2017)

07/31/2019 4:19PM (GMT-04:00)

Form	990	(201	7)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office of direct	unles	Pos neck is pe	rson	than the state of	tee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CASSANDRA MONTGOMERY  EXECUTIVE DIRECTOR  (2)CARLA MTCHELL	40.00				×	<u>a</u>		76,500.	0.	0.
BOARD CHAIRPERSON  (3) TROY CUMMINGS	1.00	×						0.	0.	0.
BOARD MEMBER		×						0.	0.	0.
(4) BRITTNEY DALE BOARD MEMBER	1.00	×						0.	0.	0.
(5) LACOYA PLATER BOARD MEMBER	1.00	×						0.	0.	0.
(6) EBONY FULLER BOARD MEMBER	1.00	×						0.	0.	0.
(7)										
(8)						-				
(9)								<u> </u>		
(10)										
(11)								-		
(12)		_						-		
(13)										
(14)						-,				

REV 10/16/18 PRO

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Pari	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(contin	ued)
						C) :*: ^ ^				1	1	
	(A)	(B)	(do n	ot ch		ition more	e than	one	(D)	(E)		(F)
	Name and title	Average hours per					is both		Reportable compensation	Reporta compensate		Estimated amount of
		week (list any	<b></b>			_	_	·	from	relate	<b>3</b>	other
		hours for related	Individual trustee or director	institutional trust	Officer	Key employee	Highest compensatemployee	Former	the organization	organizat (W-2/1099-		compensation from the
		organizations	dual	tion	*	큠	st co	=	(W-2/1099-MISC)	`	<i>'</i>	organization
		below dotted line)	٦ <u>.</u>	12 tr		oye	ap					and related organizations
			stee	) dsu		"	ens:					<b>3</b>
			ł	ee		ľ	藍			Ì		
(15)	·			-				m				
3	······································	<u> </u>	j			,	)			]	}	
(16)												
(17)												
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(18)												
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(19)												
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(21)			!				ĺ		l			
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(22)									1			
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(23)												
(0.4)									<del></del>			
(24)		<del></del>										
(05)		ļ		-	_							
(25)	·	<del> </del>										
	Sub-total			<u> </u>	_		L		76,500.	<u> </u>	0.	0.
1b c	Total from continuation sheets to Part						•		70,300.			
d	Total (add lines 1b and 1c)	-						<b>&gt;</b>	76,500.		0.	0.
2	Total number of individuals (including but									L	النت	
~	reportable compensation from the organi		to in	ose	nst	eu a	adove	e) w	no received mo	ole man p	100,000	וט כ
	reportable compensation from the organi	Zation			_							Yes No
3	Did the organization list any former of	ficer direct	tor o	r tri	uste	e.	kev e	mo	lovee, or high	est como	ensated	
•	employee on line 1a? If "Yes," complete s								,			
4	For any individual listed on line 1a, is the							n a	nd other como	ensation f	rom the	
•	organization and related organizations	oreater tha	n \$1	50.0	200	? <i>If</i>	"Yes	s."	complete Sch	edule J fo	or such	
	individual	, , ,		,		•			complete con			4 ×
5	Did any person listed on line 1a receive of	r accrue co	mper	nsati	ion	fror	n anv	นกเ	related organiz	ation or in	dividua	
•	for services rendered to the organization?											5 X
Section	n B. Independent Contractors	<del></del>										
1	Complete this table for your five highest of	compensate	ed ind	lene	nde	ent d	contra	acto	ors that receive	d more tha	an \$100	0.000 of
•	compensation from the organization. Rep	•		-								
	year.	•						•	· ·		Ì	•
	(A)						Ì		(B)			(C)
	Name and business add	ress							Description of se	ervices		Compensation
									<u></u> _			
		· · · ·					$\neg$					
							1		<del></del>			<del></del>
		· · · · · · · · · · · · · · · · · · ·							·—-	· ·		
2	Total number of independent contracto	rs (includin	g but	no	t li	mite	ed to	the	ose listed abo	ve) who	The state of	A STATE OF S
	received more than \$100,000 of compensa											
	<del></del>				_						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Form 990 (2017)

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Page	u

Par	t VIII	Check if Schedule C		sponse or note t	to any line in this	s Part VIII		
						(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Giffs, Grants	1a	Federated campaigns	<del></del>	3			A TOP OF THE PARTY	
	b	Membership dues .	<del></del>					
	C	Fundraising events .	<del></del>					
퍨	d	Related organizations						
Sim	e	Government grants (cor All other contributions, g		900,698.				
Contributions, Giff and Other Similar	f	and similar amounts not inc						
불통	_	Noncash contributions inclui	L					
Spin	g	Total. Add lines 1a-1		·	900,698.			
	· · · -	77012117 (dd 111100 112 1		Business Code			100000000000000000000000000000000000000	Constitution of the same of the same of the
(en	2a				(Superior 20) and military three business	Listingh redictions of the La	Pental harbinble di daglara 1. 30	Marian of the strong and a strong of
æ	b							
VICE	С							
Ser	d							
Program Service Revenue	е							
<u> 6</u>	f	All other program ser		L		His John M. St. and and the Hell Williams	Au . B. 'BEPASCBE' VIE ACCOPAGE! ()	2 30 900 00 00 12 12 30 00 00 00 10 10 00 00
	3	Total. Add lines 2a-2 Investment income			<u> </u>		<u> </u>	
	3	and other similar amo		dends, interest,				
	4	Income from investmen	•	bond proceeds▶				
	5	Royalties		•				
		•	(i) Real	(ii) Personal				
	6a	Gross rents			igher at yngelst Penns Mellin, ei	Service Control		
	b	Less. rental expenses						
	С	Rental income or (loss)	L		Branch and Albander and and	Salation of the last section of the section	Lawrell rad make all right and right and	
	_d	Net rental income or	<u></u>		programmental in the second in the	an (Parkella) (Sapras), Ann Sari (Rillia	History of Justin House, and worth-	. Vania helia -e. Sin Seederlebi i delemini
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less, cost or other basis		<del> </del>				
		and sales expenses .						
	c	Gain or (loss)	-		THE PROPERTY OF			THE REAL PROPERTY OF THE PARTY
	d	Net gain or (loss) .		▶	Company of the Control of the Contro		the standard standard for the	A printed distribution part construction in
	ļ	• ,						
evenue	8a	Gross income from fu	undraising					
Š		events (not including \$	***********					
		of contributions reporte						
Other R	_	See Part IV, line 18 .	- '	a				
ರ	b	Less, direct expenses		p				
		Net income or (loss) for Gross income from ga			Paragraph St. S.A.	THE RESERVE	Programme Carpet School	
	34	See Part IV, line 19	ŭ	a	The state of the s			
	ь	Less. direct expenses		b				
	C	Net income or (loss) fi					inches (see the the trained with a	Secretary of the second of the second
		Gross sales of in	_					Harry Market State of the
		returns and allowance	-	a				
	b	Less, cost of goods s		0		Land Brand Brand	Sala Landan Kara	ga waka in sajik in shishira
	С	Net income or (loss) fr		ventory 🕨			A SECTION AND A SECTION	
		Miscellaneous Ri	evenue	Business Code			The second selection of the selection of	Tan din dan dan dia dan éta Sirinda dan dibak
	11a							
	b							
	C							
	d	All other revenue .				Contained Market State of the State	(KADE of the periodical of his	Astanbana ar en en en aran abearen.
	12	Total. Add lines 11a- Total revenue. See in			900,698.	THE PROPERTY OF THE PARTY OF	The second secon	THE PROPERTY OF THE PROPERTY O
	12	Total revenue. 588 III	เอเเนตแบบปร.		, 500,655.l	I	i	

REV 10/16/18 PRO

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con		All other organizatio	ns must complete c	olumn (A)
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				Bright in the second of the common of the co
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	76,500.	42,000.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	346,099.	317,299.	28,800.	0.
7 8	Other salaries and wages				
9 10 11 a	Other employee benefits	32,282.	24,238.	8,044.	0.
b c d e f g	Legal		FEET SEASON		
12 13	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion			,	
14 15 16 17 18	Information technology				
19 20 21 22 23	for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				Charles Constitution of the Constitution of th
a b	TEMP. FINANCIAL ASSIST. TO VERERANS Advertising	87,771. 5,691.	87,771. 5,691.	0.	0.
c d	Bank Charges Dues & Subscriptions	1,222. 581.	1,222.	581.	0. 0.
25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	333,533. 883,679.	161,021. 639,242.	172,512. 244,437.	0.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				_

Form 990 (2017)

Fax. 18665319558

Page 11

	n 990 (2			Page 11
ن	art X			
		Check if Schedule O contains a response or note to any line in this P		
			(A) Beginning of year	(B) End of year
	1	Cash—non-interest-bearing	14,740. 1	17,019.
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	74,890. <b>4</b>	63,650.
	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	du 1911 <del>meerikalid kali ( ) i rekessa sel oor</del>
	6	Loans and other receivables from other disqualified persons (as defined under section		
	i	4958(f)(1)), porsons described in section 4958(c)(3)(B), and contributing employers and		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	and the state of t	nitrakan dibidi pendimbah bili bakan bahan
ş		organizations (see instructions). Complete Part II of Schedule L	6	
Assets	7	Notes and loans receivable, net	7	
4	8	Inventories for sale or use	8.	
	9	Prepaid expenses and deferred charges	9	en Va. 20.01 Mars at more in the Parland.
	10a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D		
	b	Less: accumulated depreciation	10c	
	11	Investments—publicly traded securities	11	
	12	Investments—other securities See Part IV, line 11	12	<u> </u>
	13	Investments – program-related. See Part IV, line 11	13	
	14	Intangible assets	15	
	15 16	Other assets. See Part IV, line 11	89,630. 16	00 660
	17	Total assets. Add lines 1 through 15 (must equal line 34)	36,703. <b>17</b>	80,669. 10,723.
	18	Grants payable	36,703. 17	10,723.
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D.	21	
S	22	Loans and other payables to current and former officers, directors,		
ţį		trustees, key employees, highest compensated employees, and		
Liabilities		disqualified persons. Complete Part II of Schedule L	22	
2:	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	<u> </u>
	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	36,703. <b>26</b>	10,723.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 区 and		THE STATE OF THE S
ces		complete lines 27 through 29, and lines 33 and 34.	the state of the s	
an	27	Unrestricted net assets	52 <b>,</b> 927 . <b>27</b>	69,946.
Ba	28	Temporarily restricted net assets	28	
ם	29	Permanently restricted net assets	29	
בֿ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		A THE TAX A PART AND THE PART A
5		complete lines 30 through 34.		Bran a recension and the factor and the
its	30	Capital stock or trust principal, or current funds	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	31	
¥	32	Retained earnings, endowment, accumulated income, or other funds.	32	<del></del>
R	33	Total net assets or fund balances	52,927. <b>33</b>	69,946.
	34	Total liabilities and net assets/fund balances	89,630. <b>34</b>	80,669.

Fax 18665319558

Form 9	190 (2017)			Pa	ige iz
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	00,6	598.
2	Total expenses (must equal Part IX, column (A), line 25)	2			579.
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			27.
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, column (B))	10		69,9	946.
Part	XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other		- Language		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n (***)	Bert State	
	Schedule O.			90%	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	முத்த சிரும்	X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r 開発開		
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		DE CO	影為為	E WAR
b	Were the organization's financial statements audited by an independent accountant?		2b	196.41(791)	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a   [1702]		
	separate basis, consolidated basis, or both.		19 19 1 74 1 18 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>3</b>	<b>沙</b> 語
	Separate basis Consolidated basis Both consolidated and separate basis		100	September 1	10.00
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			San Hills & John 11-	an Thabilife
	If the organization changed either its oversight process or selection process during the tax year, ex	piain ir			
_	Schedule O.	r. al-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorth ir			
	the Single Audit Act and OMB Circular A-133?		3a	×	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uons	3b	000	×
			Forn	n 990	(2017)

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07/31/2019 2 51 PM

**SCHEDULE A** (Form 990 or 990-EZ)

Fax: 18665319558

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charatable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017 Open to Public

Inspection

Name of the organization Employer identification number Е

ELL	E FOUNDATION					26-3063139	
Pai	<del></del>						ons.
	organization is not a private founda		•		-		1
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2 3	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization						(iii). Enter the
•	hospital's name, city, and stat		orijanomon min a nec	p.,,e., 0.00			<b>(,.</b>
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described ii
6 7	<ul> <li>☐ A federal, state, or local gover</li> <li>※ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	stantial part of its sup				n the general public
8	A community trust described in	n section 170(b	)(1)(A)(vi). (Complete	Part II)			
9	An agricultural research organ or university or a non-land-gra university.	int college of aga	riculture (see instructi	ons). Ente	er the nar	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	inctions—subject to c irelated business taxa	ertain ex ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33⅓₃% of its
11	_	•		-			
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ons described in sect	ion 509(a	a)(1) or so	ection 509(a)(2). Se	e <b>section 509(a)(3)</b>
_	_	-			_	•	<del>-</del>
а	Type I. A supporting organization supporting organization. You support the supporting organization. You support the supporting organization.	(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b	Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of organization(s). You must		_		e persons	that control or man	age the supported
c	Type III functionally integ		• •				ally integrated with,
đ	Type III non-functionally integrated that is not functionally integree requirement (see instructional functional function	grated. The orga	inization generally mu	st satisfy	a distribi	ution requirement an	
e	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported of	organizations .		•			
9	Provide the following information	about the supp	orted organization(s)				
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur göverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)					-		
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2017 REV 10/16/18 PRO

Par	Support Schedule for Organization (Complete only if you checked to						•
	Part III If the organization fails to						any dilaci
Sect	ion A. Public Support			<u></u>		,	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1,259,745.	1,270,623.	1,042,861.	900,698.	4,473,927.
2	Tax revenues levied for the						
	organization's benefit and either paid	,		ļ			
_	to or expended on its behalf	ļ		<del></del>			
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					1	
4	Total. Add lines 1 through 3		1 259 7/15	1 270 623	1,042,861.	900 698	4,473,927.
	<del>-</del>	132 de 22 april -	在日本教教会	1,270,023.	1,042,001.	100,000.	1,473,321.
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)	THE PARTY OF THE P	<b>非规范。接到</b> 的				
6 '	Public support. Subtract line 5 from line 4	Mark Mark of Kink	Wall Die Bak Da	a said same	N (1431/1936) (1417)	tara ammining	4,473,927.
	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		1,259,745.	1,270,623.	1,042,861.	900,698.	4,473,927.
8	Gross income from interest, dividends,	}					
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
_					<u> </u>	<u></u>	
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	Other income Do not include gain or	<del></del>					
	loss from the sale of capital assets						
	(Explain in Part VI.)	ľ		l			
11	Total support. Add lines 7 through 10	Tana (Marit Te-Auto	AMMENTAL STREET		E COMPANY TO THE THE CO. THE	TATE ASSESSED	4,473,927
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he				<u> </u>	· · · · ·	<b>▶</b> □
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage for 2017 (line 6		-			14	100 %
15	Public support percentage from 2016 Sch					15	100 %
16a	331/3% support test—2017. If the organi					1/3% or more,	
<b>L</b>	box and <b>stop here.</b> The organization qua	•	• • •	-			<b>&gt;</b> 🔀
b	331/3% support test—2016. If the organithis box and stop here. The organization						ore, check . ▶ □
17a	10%-facts-and-circumstances test-20	_					
	10% or more, and if the organization me						
	Part VI how the organization meets the "			_		-	
	•				•		<b>&gt;</b> 🗀
b	10%-facts-and-circumstances test — 20	•					
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
40	supported organization						_
18	<b>Private foundation.</b> If the organization di						
	instructions	• • • •	<del></del>	· · · · ·			
					Sch	eaule A (Form 99(	or 990-EZ) 2017

Fax: 18665319558 To Zachary Ryland Fax: (877) 485-2246 Page 16 of 24 07/31/2019 2.52 PM Schedule A (Form 990 or 990-EZ) 2017 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(e)/**2017 **(b)** 2014 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 levied revenues for 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. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) . . . . . . . . . . . . ... 18 1. Section B. Total Support **(b)** 2014 (e) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (d) 2016 (f) Total Q. Amounts from line 6 . . . . . . 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . 13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 201,7 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . % Investment income percentage from 2016 Schedule A, Part III, line 17 . . . % 18 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331,3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . b 331/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization **▶** □

Schedule A (Form 990 or 990-EZ) 2017

Page 4

#### Part IV Suppo

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-F7) 2017 Page 5 Part IV Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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 prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). ☐ The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test Answer (a) and (b) below. 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a 域統制 b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

instructions).

From Samuel Stevens

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ust on Nov. 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nıza	tions must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	,	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	電影 東北		
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).		n Agricon de (léglier) Edyserle : les génétic, le le léglier de la coma de la	Banasasas
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	THE TOTAL PROPERTY.	
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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	ile A (Form 990 or 990-EZ) 2017			Page /
Par		3) Supporting Organ	izations (continued)	
	tion D - Distributions	<del></del>		Current Year
1	Amounts paid to supported organizations to accomplish			<u> </u>
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	<del></del>	·	
5	Qualified set-aside amounts (prior IRS approval required)			
<del>- 6</del> 7	Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.	•		
		ah tha aragaization is ro	20000000	
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	on the organization is rea	sponsive	
9	Distributable amount for 2017 from Section C, line 6	<u>.</u>		<del></del>
10	Line 8 amount divided by line 9 amount	<del></del>	<del></del>	<del> </del>
	Line o amount divided by line 3 amount		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.	The state of the s	1547 S. S. L. Live Hardenberg, Learn L.S.	
_3_	Excess distributions carryover, if any, to 2017	The street of the second of the limit		<b>工作</b>
a				die in Helitablie erreit de la
b	From 2013			
<u>c</u>	From 2014		The second of th	
<u> </u>	From 2015	The state of the s	Control of the Contro	The property of the state of th
<u>e</u> _	From 2016	What is been made at a contraction		THE RESIDENCE OF THE PARTY OF T
f	Total of lines 3a through e		STATES AND SELECTION OF THE SELECTION OF	Street Committee of the
<u> </u>	Applied to underdistributions of prior years	THE DESTRUCTION OF THE PROPERTY OF THE PROPERT		
<u></u> .	Applied to 2017 distributable amount	White when we's the first the same of the	THE STATE OF THE S	TENERS CONTRACT LINE TO THE TOTAL OF
<u> </u>	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from	Heim & Hill Marking Harris and IN	The state of the s	
4	Section D, line 7: \$		Listen and the second of the s	
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b	Remainder, Subtract lines 4a and 4b from 4.	The second second second second second		
<u>c</u> _			The state of the s	The state of the s
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
				Part of the second of the seco
	greater than zero, explain in <b>Part VI</b> . See instructions.		<b>国际建设工作规则的电视</b>	LEW CALL CALL CALL SALES CONTRACT CONTR
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			•
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
а	Excess from 2013	THE RESERVE		THE STREET
b	Excess from 2014	RESERVED TO THE REAL PROPERTY.		元·宋元// / / / / / / / / / / / / / / / / / /
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d	Excess from 2016	The 2 Bear of the	<b>是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的</b>	PARTICLE AND THE PARTIES
е	Excess from 2017			in the second
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017				
Part VI	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)			
	•			
	<del></del>			

To: Zachary Ryland

Fax: (877) 485-2246

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07/31/2019 2·51 PM

SCHEDULE O (Form 990 or 990-EZ)

Fax: 18665319558

### 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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection

ELLE FOUNDATION	26-3063139
BBB FOORDITION	20 3003139
Pt VI, Line 15a: The board decides on compensation	
Pt VI, Line 15b: The board decides on compensation	
Other: The audit is in process	
Pt IX, Line 24e:	
Description: Food Supplies	
Total: \$203	
Program services: \$203	
Management and general: \$0	
Fundralsing: \$0	
Description: Supplies	
Total: \$20 163	
Program services: \$15,122	
Management and general: \$5,041	
Fundralsing: \$0	
Description: Office Expenses	
Total: \$71,413	
Program services: \$0	
Management and general: \$71,413	
Fundralsing: \$0	
Description: Travel Meals	
Total: \$1,923	
Program services: \$1,442	
riogiam Services. Vi,442	
Management and general: \$481	
Fundralsing: \$0	
Description: Miscellaneous	

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2
ELLE FOUNDATION	26-3063139
Total: \$29,921	
Program services: \$0	
Management and general: \$29,921	
Fundraisıng: \$0	
Description: Other Purchased Services	
Total: \$30,783	
Program services: \$30,783	
Management and general: \$0	
Fundraising: \$0	
Description: Legal & Professional Fees	
Total: \$142,196	
Program services: \$106,647	
Management and general: \$35,549	
Fundralsing: \$0	
Description: Travel	
Total: \$9,099	
Program services: \$6,824	
Management and general: \$2,275	
Fundralsing: \$0	
Description: Rent or Lease	
Total: \$14,152	
Program services: \$0	
Management and general: \$14,152	
Fundraising: \$0	
Description: Repair & Maintenance	
Total: \$3,067	
Program services: \$0	
Total: \$3,067	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
ELLE FOUNDATION	26-3063139
Management and general: \$3,067	
Fundraising: \$0	
Description: Utilities	
Total: \$9,884	
Program services: \$0	
Management and general: \$9,884	
Fundralsing: \$0	
Description: Training	
Total: \$729	·
Program services: \$0	
Management and general: \$729	
Fundraising: \$0	
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