From Samuel Stevens	Fax 18665319558	To Zachary Ryland	Fax (877) 485-2246	Page: 2 of 31	11/14/2019 12:45 PM
Form 990	Retu	rn of Organization	on Exempt From Income Tax		OMB No 1545-004
rorm OOO	11014	m or organization	a Exempt Hom an	Joine Tax	201€

OMB No 1545-0047

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

2018

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Der	partment o	of the Treasury nue Service		ial security numbers on thi				1812	Open to Public
				.gav/Form990 for instruction			rmation.	1010	Inspection
<u>A</u>	For the		idar year, or tax year beginnin		, 2018, ai	nd ending			, 20
В		1	C Name of organization ELLE F(OUNDATION					r identification number
닏	Address	change	Doing business as	 					63139
\sqcup	Name cl	hange	Number and street (or PO box if a	mail is not delivered to street ad	dress)	Room/suite		E Telephon	e number
_	Initial rel	turn	1717 MARSHALL ST					(318)	674-9550
	Final retu	rn/terminated	City or town, state or province, coi	untry, and ZiP or foreign postal i	code				
	Amende		SHREVEPORT, LA 711					G Gross rec	eipts \$ 908,442.
لــا	Applicat	ion pending F	Name and address of principal office	cer			H(a) Is this a gro	oup raturn for sa	nordinales? 🗌 Yes 🔀 No
			CASSANDRA MONTGOMERY,	1717 MARSHALL, SHREY	/EPORT,	LA 71129	H(b) Are all s	ubordinates	included? Ves No
	Tax-exe	mpt status:	▼ 501(c)(3)	() ◀ (insert no) ☐ 494	7(a)(1) or L		If 'No	," attach a l	ist (see instructions)
<u>J_</u>	Website						H(c) Group	exemption	umber ▶
Κ_		organization 🔀	Corporation Trust Assoc	ation ☐ Other►	L Year	of formation	2008	M State o	f legal domicile LA
P	art I	Summa			(
	1	Briefly des	scribe the organization's mis	sion or most significant a	ctivities:	SEE AT	rachmen	TA	
ç									
ä	ĺ								
Activities & Governance	2	Check this	box ▶☐ if the organization	discontinued its operation	ons or dis	posed of n	ore than	25% of it	s net assets
ő	3		f voting members of the gove					3	6
æ	4		findependent voting membe			line (ds eni		4	
es	5	Total numb	per of individuals employed:	landaniana 0010 (D.	فستنسأ المكاسب	Silva Br		5	
ž	6	Total numb	per of individuals employed oper of volunteers (estimate if ated business revenue from	necessary)	le S	tates		6	5
¥	7a	Total unrel	ated business revenue from	Part VIII. column (C) line	1850 W	Sitoly		7a	<u>~</u>
	b	Net unrelat	ted business taxable income	from Form 990-T. Jrag 3	801 C 16	×, · · · ·		7b	0.
	<u> </u>	1101 010	ted business taxable income ons and grants (Part VIII, line ervice revenue (Part VIII, line	100 C	Briggere	2013	Prior Yea		Current Year
	8	Contributio	one and grants (Part VIII line	16) In Collection	'A 1	>	900	698.	908,442.
ű	9	Program es	ervice revenue (Part VIII, line	(130) CASE Ball	· W.	` ' ├	<u> </u>	,030.	700,442.
Revenue	10	Invotes	ervice revenue (Part VIII, line tincome (Part VIII, column (Annue (Part VIII, column (Annue (Part VIII, column (Annue (Part VIII, column (Annue (Part II))) and to or for members (Part II) ther compensation, employee	(29) . 9 ?	40.	-60)~		
æ	10	Otherne	encome (Fait VIII, column (A	4), lines 3, 4, and 70) .		200 Age			
	11	Other revel	nue (Part VIII, column (A), lin	es 5, 60, 80 90 Tuc, and	illej. (n. r⊭Ω	VK2 -			
_	12	O	ue—add lines 8 through 11 (I	must equal Part VIII, colur	nn (A) Aine	12)	900	698.	908,442.
	13	Grants and	i similar amounts paid (Part	IX, column (A), lines 1-3)	•	·			
	14	Benefits pa	ald to or for members (Part I)	X, column (A), line 4)		·			
ė	15	Salaries, oti	her compensation, employee	benefits (Part IX, column (A), lines 5-	-10)	454	881.	523,069.
Expenses			al fundraising fees (Part IX, o			<u> </u>			
8			aising expenses (Part IX, col			0.	· · · · · ·		· · · · · · · · · · · · · · · · · · ·
-	1		enses (Part IX, column (A), lin			·		798.	347,820.
		•	nses Add lines 13-17 (must	-), line 25)	·		679.	870,889.
		Revenue le	ss expenses. Subtract line 1	18 from line 12	<u> </u>			019.	37,553.
2 8	l					Begir	ning of Curr		End of Year
Fund Balances	20	Total asset	s (Part X, line 16)					669.	42,865.
d B	21		ties (Part X, line 26)		-	·	10,	723.	116,273.
ē	22	Net assets	or fund balances Subtract I	line 21 from line 20	<u> </u>		69,	946.	-73,408.
Pa	irt II.	Signatu	re Block						
Uno	der penalt	ties of penjury,	I declare that I have examined this	return, including accompanying	schedules a	ind statement	s, and to the	best of my	knowledge and belief it is
true	e, correct,	andicomplete	Declaration of preparer (other than	n officer) is based on all informat	ion of which	preparer has	any knowled	ige [· · · · · · · · · · · · · · · · · · ·
		Nm /	1 // Illent	top			9	7116	2019
iig	n	Signatu	ire of office	7			Date		
lei	1	CASS	SANDRA MONTGOMERY, I	EXECUTIVE DIRECTO	R			•	
	ļ		print name and title						
			preparer's name	Preparer's signature		Date		Check I	If PTIN
ai		de minor	STEVENS	SAMUEL STEVENS			ł	Check self-emplo	1 1
	parer	-		ENS III CPA			Firm's		-4308385
JS	Se Only Firm's name SAMUEL W. STEVENS 111 CPA Firm's EIN 94-4308385								
lav	the IR	1 1000 5 8000	his return with the preparer	shown above? (see instri	ictions)		1 Finne	<u></u>	X Yes ☐ No
			on Act Notice, see the separa			DEV/ DEM	0/19 PRO	· · · · · · · · · · · · · · · · · · ·	Form 990 (2018)
Uľ	aperw	ork neducti	OIL ACT INDUCE, SEE THE SEPARA	ne monuciono, BAA			いにていい		101111 000 (2010)

Fax (877) 485-2246

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	90 (2018) Page 2
Part	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 ATTACHMENT 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?
3	If "Yes, describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O. 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
4a	(Code.) (Expenses \$ 695,581. including grants of \$ 0.) (Revenue \$ 718,032.) Through its Supportive Services for Veteran Families, Elle assisted more than 150 veterans
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 695,581.

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From Samuel Stevens

Form 990 (2018) Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." × 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 × 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 × 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 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 × 6 Dld 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 6 × 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 X 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 9 × Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 × If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX or X as applicable . a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a × 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 × 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 11c X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a × Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a × Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 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 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 × Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 × 20 a 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 குறு somplete Schedule I, Parts I and II

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11/14/2019 12:45 PM Page: 5 of 31 Fax (877) 485-2246 To Zachary Ryland Fax 18665319558 Furm 990 (2018) Page 4 Part JV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 22 × Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 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 24a × 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 ! 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? 25b X 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 × Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member 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): A current or former officer, director, trustee, or key employee? If "Yes,' complete Schedule L, Part IV 28a × A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b × 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 × 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 31 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," 32 32 × Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 × 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 × 38 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

		_ (res	NO	
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			• •	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		$\{ \cdot : \cdot \}$		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		-{	,	
	reportable gaming (gambling) winnings to prize winners?	10			

Form 990 (201B) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 | 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b × If "Yes' to line 5a or 5b, did the organization file Form 8886-T? 5с 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?. 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d If "Yes," indicate the number of Forms 8282 filed during the year . . . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e × 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h R Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . Q Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 116 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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 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 13b 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Form 990 (2018) 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 Yes Na 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 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 × 7a 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 b 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 The governing body? . . 8a × b Each committee with authority to act on behalf of the governing body? 8b X 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. . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 filling the form? 11a X b Describe in Schedule O the process if any, used by the organization to review this Form 990 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? . 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 15a 15b Other officers or key employees of the organization x 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 16a 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 16b 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Upon request ☐ Other (explain in Schedule O) Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 ▶ 20 CASSANDRA MONTGOMERY, 556 EGAN ST , SHREVEPORT, LA 71101 (318)674-9550

DELL'ORIDANIA DEC

Fax: (877) 485-2246

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

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Form	990	(20)	О

From, Samuel Stevens

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Independent Contractors			-	
Check if Schedule O contains a response or note to any line in this Part VII				

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 Chook this hav if norther the

Check this box if neither the organization no	or any relate	d org	anız			ompe	ensa	ated any currer	t officer, directo	r, or trustee
(A) Name and Tille	(B) Average hours per week (list any	trom						Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CASSANDRA MONTGOMERY EXECUTIVE DIRECTOR	40.00				×			78,000.	0.	0.
(2) CARLA MITCHELL BOARD CHAIRPERSON	1.00	×						0.	0.	0.
(3) TROY CUMMINGS BOARD MEMBER	1.00	×	!					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	×	, <u>,</u>					0.	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)					_					
(13)					- i					
(14)			- 							
										

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Form 990 (2018)

To Zachary Ryland

Page 8 Pair VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) /F\ (do not check more than one Name and title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from officer and a director/trustee) amount of veek (list any from related other Individual trustee or director Institutional trustoe Key employee Highest compensated employee hours for the organizations compensation related (W-2/1099-MISC) organization from the organizations W-2/1099-MISC organization below dotted and related (ine) organizations (15) (16) (18) (19) (20)(21) (22) (23)(24) (25)78,000. 0. 1b Sub-total ٥. c Total from continuation sheets to Part VII. Section A 78,000. d Total (add lines 1b and 1c) ٥. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 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 such . . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 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 (A) (C) Description of services Compensation Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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	990 (20 † VIII	·			·			Page 9
L.C.	LVIII	Statement of Rev Check if Schedule		acnonce or note	to any line in th	in Doct VIII		
		Officer if Schedule	O Contains a r	esponse of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants	1a	Federated campaigr	ns 1	а		1875 8		
Gra	b	Membership dues	1	b				133.333
tributions, Gifts, Grants Other Similar Amounts	C	Fundraising events	<u> </u>	c				
Gifts, ilar Ar	d	Related organization		d				
Siri	e	Government grants (co		e 908,442				
ie E	f	All other contributions and similar amounts not in						
Contributions, and Other Sim	i _		!	<u>f </u>				
Cont	g	Noncash contributions inclu Total . Add lines 1a-		\$	000 443			
	1 **	Total. Add lines 1a-	<u> </u>	Business Code	908,442.			
Program Service Revenue	2a			Business Code	100000000000000000000000000000000000000			1
Rev	b		*	-		 	 	
<u>.</u> 2	С			.	<u> </u>	<u> </u>	 	
Ser	d						 	
Ē	е			-				
ogu	f	All other program ser	vice revenue					
<u>~</u>	9	Total. Add lines 2a-2		. ▶		Section 1		
	3	Investment income		idends, interest,				
		and other similar ame	•		<u> </u>	ļ	ļ	
	4	Income from investmen	nt of tax-exempt	bond proceeds			<u> </u>	
	5	Royalties .	(i) Real	(ii) Personal	<u> </u>	NO. 35 7 5 7		
	6.0	Gross rents	(i) near	(ii) Fersonal				
	6a b	Less rental expenses						
	C	Rental income or (loss)						
į	d	Net rental income or	[-	1	3.		
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	<u> </u>	22 25 7 2 2 2 2 2		
	7 4	assets other than inventory				130 26 1 1		
ľ	b	Less: cost or other basis	-					
- (and sales expenses	į	ľ				
	C	Gain or (loss)						3 1 2 1 2 2 2 2
	, q	Net gain or (loss)		<u>.</u> >				
أده								
2	8a	Gross income from fu	ındraisıng	i			38 4 5 g	
e e		events (not including \$;;;;-					
æ		of contributions reporte	•					
Other Rever		See Part IV, line 18 .		a				
δ		Less, direct expenses Net Income or (loss) for		b	1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
1		Gross income from ga		g events P	र्व्हार वर्ग महार हिस्सू	Same of the same of		
- 1	Ju	See Part IV, line 19 .	=	a				
	b	Less: direct expenses		ь			· 李基語為	
- 1		Net income or (loss) fi		tivities .				
}		Gross sales of in		1,				
1		returns and allowance		a			(名為)	
	Ь	Less: cost of goods s	old	b				
1		Net income or (loss) fr	rom sales of in	ventory 🕨				
		Miscellaneous R	evenue	Business Code				
Γ	11a				ļ			
- 1	b				ļ —			
1	C	All all a						
- [d	All other revenue			 			
- 1		Total. Add lines 11a-1 Total revenue. See in			908,442.	25 30 77 2 1 1 1 1 1 2 2		Section 113
	14	Oras Leveline, Oce III	21140110115		908,442.			Enr. QQA (2018)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (A) Total expenses (D) Fundraising (C) Management and 8b, 9b, and 10b of Part VIII. general expenses expenses 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 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 148,000. 85,200. 62.800. 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 265,427. 248,627. 16,800. 0. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . 72,592. 65,333. 7,259 0. Payroll taxes 10 37,050. 31,686. 5,364. 0. Fees for services (non-employees) 11 Management . . . Ь Legal Accounting . . d Lobbying Professional fundraising services See Part IV, line 17 е Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule () Advertising and promotion 12 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy Travel . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 23 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.) TEMP. FINANCIAL ASSIST. TO VERERANS ٥. 125,474 125,474. ٥. Advertising 1,513. 1,513. 0. 0. 1,008. 0. 1,008. 0. c Bank Charges 250. 0. 250. 0. d Dues & Subscriptions 44,319. 0._ e All other expenses 219,575. 175,256. Total functional expenses. Add lines 1 through 24e 870,889. 733,089. 137,800. 0. 25 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 following SOP 98-2 (ASC 958-720)

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F	art X					t age
		Check if Schedule O contains a response or note to any line	in this F		<u> </u>	<u>,</u>
	- 			(A) Beginning of year		(8) End of year
	1	Cash—non-interest-bearing		17,019.	1_1_	26,310
	2	Savings and temporary cash investments			2	<u> </u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		63,650.	4	16,520
	5	Loans and other receivables from current and former officers, of				
		trustees, key employees, and highest compensated em Complete Part II of Schedule t.	ployees.		5	
	6	Loans and other receivables from other disqualified persons (as defined und 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees by sponsoring organizations of section 501(c)(9) voluntary employees by	loyers and			
š]	organizations (see instructions). Complete Part II of Schedule L	•		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	35
ı	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a				
1	b	Less. accumulated depreciation 10b		4	10c	
	11				111	·
	12	Investments—publicly traded securities Investments—other securities See Part IV, line 11	•		12	
	13	·	•	<u> </u>	13	
	14	Investments—program-related. See Part IV, line 11		<u></u>	14	
		Intangible assets	•			
Į	15	Other assets See Part IV, line 11		00.660	15	42.065
	16	Total assets, Add lines 1 through 15 (must equal line 34)		80,669.	16	42,865
ļ	17	Accounts payable and accrued expenses		10,723.	17	29,973
ļ	18	Grants payable	•	<u> </u>	18	
j	19	Deferred revenue	•		19	
١	20	Tax-exempt bond liabilities		ļ	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedul			21	
	22	Loans and other payables to current and former officers, d				
		trustees, key employees, highest compensated employee	s, and	[Section 1973 4]		
		disqualified persons Complete Part II of Schedule L		<u> </u>	22	
•	23	Secured mortgages and notes payable to unrelated third parties	•	ļ	23	
- [24	Unsecured notes and loans payable to unrelated third parties			24	<u></u>
- 1	25	Other liabilities (including federal income tax, payables to relate			{	
ļ		parties, and other liabilities not included on lines 17-24) Complet	e Part X			
		of Schedule D			25	86,300
4	26	Total liabilities. Add lines 17 through 25		10,723.	26	116,273.
3		Organizations that follow SFAS 117 (ASC 958), check here ► complete lines 27 through 29, and lines 33 and 34.	⊠ and			
ξį	27	Unrestricted net assets		69,946.	27	-73,408
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34.	and			
1	30				30	• • •
	30	Capital stock or trust principal, or current funds	•		31	
	31	Paid-in or capital surplus, or land, building, or equipment fund.	ıde.		32	
	32	Retained earnings, endowment, accumulated income, or other fun	ius .	69,946.		-73,408.
۱ :	343	Total net assets or fund balances	• 1	80,669.	33 34	42,865
_1	374	Total liabilities and net assets/fund balances		00,009.	34	Form 990 (2018

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Form 9	990 (2018)			Pí	age 12
Par	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	08,4	142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	70,E	389.
3	Revenue less expenses Subtract line 2 from line 1	3		37,5	553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		<u>69,9</u>	946.
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))	j 10	1	07,4	199.
Par	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				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1.77		
	Schedule O.		1: .	. ` •	\ ·
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or	1	3.	: '
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis		18.5		ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	if 'Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			Ì
	separate basis, consolidated basis, or both				-
	Separate basis Consolidated basis Both consolidated and separate basis		1:2		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			j	
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.		1:3	, ; <u> </u>	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1 1	1	
	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 under	rgo the		Í	i
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	ليب	<u>×</u>
			Form	990	(2018)

Total

SCHEDULE A

(Form 990 or 990-EZ)

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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number ELLE FOUNDATION 26-3063139 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 2 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Ω A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 3313% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (Iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Pai		ations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked to Part III. If the organization fails to	ne box on ling on the contract of the contract	le 5, 7, or 8 o ler the tests li	sted below, p	ne organizatio please compl	on failed to quete Part III.)	ualify under
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		1,270,623.	1,042,861.	900,698.	908.442.	5,382,369
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	1,259,745.	1,270,623.	1,042,861.	900,698.	908,442.	5,382,369.
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) .	建设在设置等			2000年6月		
6	Public support. Subtract line 5 from line 4	BANGE TO	是一个人的	<u> </u>		20 12 15 15 15 15 15 15 15 15 15 15 15 15 15	5,382,369.
	ion B. Total Support	1			1		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	1,259,745.	1,270,623.	1,042,861.	900,698.	908,442.	5,382,369.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction				12	5,382,369.
13	First five years. If the Form 990 is for the			d, third, fourth	or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he	_			•		. 🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2018 (line 6	5, column (f) di	vided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2017 Sch					15	100 %
16a	331/3% support test—2018. If the organi box and stop here. The organization qua				nd line 14 is 33		check this
b	331/3% support test—2017. If the organiths box and stop here. The organization						iore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	eck this box a	ind stop here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c ts-and-circums	ircumstances"	test, check t	his box and s	stop here.
18	Private foundation. If the organization die			 .16a.16b.17a	or 17b, check	this box and	
	instructions						▶ □

Schedule A (Form 990 on 990-EZ) 2018 /Page **3** Part III 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 (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (e) 2018/ (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 revenues levied for tha 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.) Section B. Total Support (b) 2015 (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (d) 2017 (e) 2018 (f) Total 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 11 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) . . . Total support. (Add lines 9, 10c, 1) 13 and 12) . . 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 2018 (line 8, column (f), divided by line 13, column (f)) % 15 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) . . 17 % Investment income percentage from 2017 Schedule A, Part III. line 17. 18 18 19a 331/3% support tests-2018. 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 - 2017. 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 33°2%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲 Private formulation of the experimence districted and a top or find the control to the instructions

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Schedule A (Form 990 or 990-EZ) 2018

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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)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governil documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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) ar 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)(1) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "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 use 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 Eli 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 actio 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 alread 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of 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 contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit 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," 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) 2018

Page **5**

Pari	Supporting Organizations (continued)			Page C
	Capper initig Cigamizations (CONTINUED)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	15.50	3 5	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 22 . 3		
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	116		\Box
	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.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	13.5		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1.5.	`.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		34.	14.
	controlled the organization's activities. If the organization had more than one supported organization,	1.3		1
	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	133	80	3.
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	11.5	[: · ·].	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1.5	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.75	N.S	
	supervised, or controlled the supporting organization.	2		l
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	3.7	1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	13.53		. :
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	100		ł
		1		<u></u>
Sect	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	T 155	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	13. 3		
	year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	15.5		1. 3
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	F. 7.	-:
_	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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-2.33	355	77
•	significant voice in the organization's investment policies and in directing the use of the organization's		133	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	100		1.5
	supported organizations played in this regard.	3		
Secti	on 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 (see	nstruc	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
ь	☐ 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 government entity (see ins	structi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	11,200	3.53	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.50	0.50	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	12.5	1 3	1.5
	how the organization was responsive to those supported organizations, and how the organization determined		33.	`
	that these activities constituted substantially all of its activities.	2a		
ь	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	1865		· · · · ·
	reasons for the organization's position that its supported organization(s) would have engaged in these		$\Sigma^{(i)}$	•• `
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1		\(\frac{1}{2}\)
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		::::: <u> </u>	: .
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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		

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Page 6

Schedule A (Form 990 or 990-EZ) 2018			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gaı	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	nıza	ations must complete Section	ons 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		i
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	3		
instructions for short tax year or assets held for part of year).	-3		
a Average monthly value of securities	12		
b Average monthly cash balances	1b)	
c Fair market value of other non-exempt-use assets	10	<u> </u>	
d Total (add lines 1a, 1b, and 1c)	10	1	
e Discount claimed for blockage or other factors (explain in detail in Part VI).	15 may		
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	图 表现的复数形式 医多种的	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	医乳腺素及皮肤及皮肤	
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		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Fax (877) 485-2246

Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** 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 (prior 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 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) **Underdistributions** Section E - Distribution Allocations (see instructions) Distributable **Excess Distributions** Amount for 2018 Pre-2018 1 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 From 2013 b From 2014 From 2015 C **d** From 2016 e* From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7

Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.

Applied to underdistributions of prior years

Remainder Subtract lines 4a and 4b from 4.

b Applied to 2018 distributable amount

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2019. Add lines 3] and 4c

Breakdown of line 7: 8 a Excess from 2014 b Excess from 2015 .

Excess from 2016 d Excess from 2017

Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Schedulo A (Form 990 or 990-EZ) 2018

To Zachary Ryland

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)

SCHEDULE D

(Form 990)

Fax 18665319558

For Donaniark Badustian Ast Nation and the Instructions for Form 000

To Zachary Ryland

Fax (877) 485-2246

Page 22 of 31

11/14/2019 12 45 PM

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

Internal	Revenue Service	<u> </u>	n990 for instructions and the latest inf		Inspection
Name	of the organization			Employer ident	fication number
	E FOUNDATIO			26-30631	
Pa		izations Maintaining Donor Ad			unts.
	Comple	ete if the organization answered			
			(a) Donor advised funds	(b) Fui	nds and other accounts
1	Total number a	•			
2		ue of contributions to (during year)			
3	·	ue of grants from (during year)			
4		ue at end of year			
5		ization inform all donors and donor organization's property, subject to the			advised · ☐ Yes ☐ No
6		zation inform all grantees, donors, a			
		able purposes and not for the bene ermissible private benefit?	ent of the donor or donor advisor, o	r for any other p	· <u> </u>
Par		rvation Easements.			· · U Yes U No
Lar	_	ete if the organization answered	"Ves" on Form 900 Part IV line	7	
<u> </u>		conservation easements held by the		·	
•		on of land for public use (e.g., recrea		of a historically	important land area
		of natural habitat	·	of a mistorically of a certified his	•
		on of open space	Freservation	·	Storic Structure
2		s 2a through 2d if the organization hi	eld a qualified conservation contribu	ition in the form	of a conservation
_		he last day of the tax year.			eld at the End of the Tax Year
а		of conservation easements		2a	
b		restricted by conservation easement	rs .	2b	
c	•	servation easements on a certified I		2c	
ď		nservation easements included in			·
		re listed in the National Register .		2d	
3	Number of contax year ►	servation easements modified, trans	sferred, released, extinguished, or to		organization during the
4	Number of stat	es where property subject to conse	rvation easement is located ▶		
5	Does the orga	anization have a written policy recently enforcement of the conservation ea	garding the periodic monitoring, i	nspection, hand	lling of · □ Yes □ No
6	Staff and volunte	eer hours devoted to monitoring, inspe	cting, handling of violations, and enforce	oing conservation	
	>				
7	Amount of expe	enses incurred in monitoring, inspectin	g, handling of violations, and enforcing	ng conservation e	asements during the year
8	Does each cons and section 170	servation easement reported on line $O(h)(4)(B)(u)$?	2(d) above satisfy the requirements	of section 170(h))(4)(B)(ı) · □ Yes □ No
9	In Part XIII, des	cribe how the organization reports of	conservation easements in its reven	ue and expense	statement, and
		and include, if applicable, the text of		financial stateme	ents that describes the
		accounting for conservation easeme			
Part	_	zations Maintaining Collections			ar Assets.
		te if the organization answered			
		ion elected, as permitted under SF			
		istorical treasures, or other similar			
	•	provide in Part XIII, the text of the f			
	works of art, h public service,	tion elected, as permitted under S historical treasures, or other similar provide the following amounts relati	assets held for public exhibition, ng to these items;	education, or re	search in furtherance o
	(i) Revenue inc	cluded on Form 990, Part VIII, line 1		. ▶	\$
	(ii) Assets inclu	ded in Form 990, Part X			\$
2	If the organizate following amou	cluded on Form 990, Part VIII, line 1 ded in Form 990, Part X tion received or held works of art, ints required to be reported under S	historical treasures, or other simil FAS 116 (ASC 958) relating to these	lar assets for fir e items	nancial gain, provide the
а	Revenue includ	led on Form 990, Part VIII, line 1 .			\$
b	Assets included	l in Form 990, Part X		>	\$

From: Samuel Stevens

Fax (877) 485-2246

Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition d Loan or exchange programs Scholarly research **c** Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No **b** If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance . . . 1c d Additions during the year 1d e Distributions during the year 1e 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Tyes 7 No. b If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance **b** Contributions Net investment earnings, gains, and losses d Grants or scholarships . Other expenditures for facilities and programs . f Administrative expenses g End of year balance . Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations . . . 3a(i) (ii) related organizations . . . 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (c) Accumulated Description of property (b) Cost or other basis (d) Book value (investment) (other) depreciation St. 13 (1977) 1a Land b Buildings c Leasehold improvements **d** Equipment Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

BAA

Fax (877) 485-2246

Schedule D (F					Pago
Part VII	Investments—Other Securities		000 David IV Iv		- 000 D-+ V los - 40
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	у	(b) Book value		thod of valuation J-of-year market value
(1) Financia	d derivatives				
(2) Closely-	held equity interests	•			
(3) Other					
(A)					
(B)					<u> </u>
(C)					
(D)					
(E)					
(F)					
(G)			I		
(H)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments-Program Related	.k			
	Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Doscription of investment		(b) Book value	(c) Me	thod of valuation
			Ì	Cost or end	l-of-year market value
(1)					
(2)					
(3)					<u>,</u>
(4)					
(5)					
(6)					
(7)					·
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Part IX	Other Assets.				
	Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, Iır	e 11d. See Form	990, Part X, line 15.
	(a	i) Description			(b) Book value
(1)					L
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15)		>	
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f Sec	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(1) Federal in					
	Year Taxes and Penalties	86,3	00		
(3)	TOTAL TURBO GIVE I CHOLLEGO				
(4)		·-··-			
(5)					
(6)					
(7)					
(8)					
					
(9)	1 1				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	86,3	00.	- 1. February - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	uncertain tax positions. In Part XIII, provid				
rganization's	s liability for uncertain tax positions under	FIIV 48 (ASC 740) Chec	ok nere if the text of t	ne iootnote nas dee	n provided in Part XIII 🗀

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on Investments 2 b Donated services and use of facilities 2 c Recoveries of prior year grants 2 d Other (Describe in Part XIII) 2 e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4 DOTHER (Describe in Part XIII) 4 Amounts included on Form 990, Part VIII, line 7b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 3 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Amounts included on Form 990, Part IX, line 25 2 Donated services and use of facilities 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. 5 Dother (Describe in Part XIII) 4 Amounts included on Form 990, Part IX, line 25, but not on line 1. 6 Dother (Describe in Part XIII) 6 Dother (Describe in Part XIII) 7 Dother (Describe in Part XIII) 8 Supplemental Information.	
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b f Prior year adjustments 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b C Other (Describe in Part XIII) Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b C Other (Describe in Part XIII) C Add lines 4a and 4b C Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	
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Til XIII Supplemental Information.	
Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	
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rom	Samuel Stevens	Fax 18665319558	To Zachary Ryland	Fax (877) 485-2246	Page 26 of 31	11/14/2019 12 45 PM
	Schedule D (Form	m 990) 2018				Page 5
		Supplemental Inform	mation (continued)			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2018
Open to Public Inspection

Name of the organization	Employer identification number
ELLE FOUNDATION	26-3063139
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: \$13,536	
Program services: \$13,536	
Management and general: \$0	
Fundraising: \$0	
Description: Office Expenses	
Total: \$23,452	
Program services: \$11,726	
Management and general: \$11,726	
Fundraising: \$0	······································
Description: Travel Meals	······
Total: \$192	
Program services: \$192	
Management and general: \$0	
Fundraising: \$0	•••••
Description: Miscellaneous	
Total: \$5,080	
Program services: \$2,540	
Management and general: \$2,540	
Fundraising: \$0	
Description: Other Purchased Services	••••

Fax: (877) 485-2246

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number ELLE FOUNDATION 26-3063139 Total: \$0 Program services: \$0 Management and general: \$0 Fundraising: \$0 Description: Legal & Professional Fees Total: \$33,176 Program services: \$16,588 Management and general: \$16,588 Fundraising: \$0 Description: Travel Total: \$4,729 Program services: \$4,729 Management and general: \$0 Fundraising: \$0 Description: Rent or Lease Total: \$21,485 Program services: \$16,114 Management and general: \$5,371 Fundraising: \$0 Description: Repair & Maintenance Total: \$1,773 Program services: \$1,330 Management and general: \$443 Fundraising: \$0 Description: Utilities Total: \$25,463 Program services: \$19,097

Samuel Stevens Fax 18665319558 To Zachary Ryland Fe	ax (877) 485-2246 Page 30 of 31 11/14/2019 12 45 PM
Schedule O (Form 990 or 990-EZ) (2018)	Pag
Name of the organization ELLE FOUNDATION	Employer identification number 26–3063139
	20-3003137
Description: Contractual	
Total: \$87,715	
Program services: \$87,715	
Management and general: \$0	
Fundraising: \$0	
Description: Cell Phone Reimbursement	
Total: \$50	
Program services: \$50	
Management and general: \$0	,
Fundraising: \$0	