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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to eatisfy state ren

OMB No 1545-0052 2010

Department R	ent of the Treasury levertue Service	Note. The foundation m	Trea ay be able to	ted as a Priv	ate Foundati this return to s	on satisfy state	e reporting requirements	2010
For ca	lendar year 2010), or tax year beginnin	g		, 2010	, and end	ling	, 20
G Che	eck all that apply	Initial return	L	Initial return	of a former p	oublic cha	ırıty	Final return
		Amended retu	'n	Addre	ss change		Name change	
Name (of foundation						A Employer identi	fication number
	HELIS FOUND						72	-6020536
Numbe	r and street (or P O	box number if mail is not deli	vered to street	address)		Room/s	uite B Telephone numbe	r (see page 10 of the instructions)
	ST. CHARLES					912		04) 523-1831
City or	town, state, and ZIF	ode code		•			C If exemption application pending, check here.	cation is
	00103110 13	70100					D 1. Foreign organiz	ations, check here . 🕨 🔝
	ORLEANS, LA						2. Foreign organiz	ations meeting the here and attach
H_Che	ck type of organi	zation X Section 5	- —					
		nonexempt charitable trus		her taxable pr			E If private foundati	on status was terminated
	market value of	1,	counting n		ash XAco	crual		(b)(1)(A), check here . >
•	ear (from Part II, o		Other (spe				F If the foundation	s in a 60-month termination
,				(d) must be or	cash basis)		under section 507(b)(1)(B), check here
Part	Analysis of Rev	venue and Expenses (The (a) R	evenue and	(b) Net inve	actment	(c) Adjusted net	(d) Disbursements
	may not necessar	n columns (b), (c), and (d) nly equal the amounts in	exp	enses per	incon		income	for charitable purposes
	column (a) (see p	age 11 of the instructions))	books				(cash basis only)
1	Contributions, gifts, gran	its, etc., received (attach schedule	٠.	196,000.		·	,	
2	Check ▶ ☐ if the attack	e foundation is not required to the school of the school o	lo · · · ·	- , 	ļ	، 		
3	Interest on savings a	nd temporary cash investmen	ts	621.		621.		ATCH 1
4	Dividends and inte	erest from securities		926,071.	92	26,071.		ATCH 2.
5 a	Gross rents							•
Ь	Net rental income or	(loss)		· ·	··	., ., ., .,	- ,	, , , , , , , , , , , , , , , , , , , ,
6 a		m sale of assets not on line 1	0	-292,254.	,		1	
b	Gross sales price for assets on line 6a	all 707,55	2.		•		RECEIVED	
6 a b	Capital gain net in	come (from Part IV, line 2) .	*				213
8	Net short-term cap	pital gain	.			32	NOV 2 1 2011	100
9		ons · · · · · · · · ·	•	÷,	<u>'</u>		10 7 2 1 2011	i Xi
10 a	Gross sales less return and allowances • •		- CE,	<u>, </u>		1 +	0.05	15
1	Less Cost of goods s		1, 39,	<u></u>		- 31	OGDEN UT	
c		s) (attach schedule)		200 050	2 2			
11	Other income (atta	ach schedule)		308,250		32,757.		ATCH: 3
12	Total. Add lines 1	through 11	· · · · · · · · · · · · · · · · · · ·	.,138,688.	<u> </u>	9,449.		,
13		icers, directors, trustees, etc		0				
14 15 16a b c 17 18 19 20 21 22 22	Other employee sa	alaries and wages			ļ			
15	Pension plans, em	ployee benefits		2.05.6	ļ	1 005		
16 a	Legal fees (attach			3,256.		1,995.		1
b	Accounting fees (attach schedule) ATCH 4		107,645	1	7,515	. 0	
C	Other professiona	l fees (attach schedule).*	·	63,075		52,400		675
17	Interest		·	22 260				
18	Taxes (attach schedu	le) (see page 14 of the instruction	ns)	33,360	2	22,378	·	
19	Depreciation (atta	ch schedule) and depletic	n					<u> </u>
20	Occupancy							
21	Travel, conference	es, and meetings						
22	Printing and public	cations	<u>.</u>	0 770		6 000		1 05
23	Other expenses (a	ittach schedule) ATCH		8,779		6,928		1,85
24		nd administrative expens		216 115		-1 016		42 24
5		ıgh 23	4	216,115		51,216	· · · · · · · · · · · · · · · · · · ·	•
25	Contributions, gift	s, grants paid	· · 	,840,875		.1 01.6	<u> </u>	1,840,875
26		bursements. Add lines 24 and	25 2	2,056,990	10	51,216	0	1,884,792
23 24 25 26 27 a	Subtract line 26 fr			. 610 330	1	•		,,
a		expenses and disbursements	• • ———	-918,302				
þ		icome (if negative, enter -		 	1,09	98,233		
<u> </u>	Adjusted net inco	me (if negative, enter -0-)	<u> </u>		<u> </u>			

1 Clash - non-neterest-bearing 2 Savings and temporary cash investments 5,447,696. 3,069,815. 3,069,815 2 Savings and temporary cash investments 5,447,696. 3,069,815. 3,069,815 3 Accounts receivable 0	P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
2 Savings and temporary cash investments	_		-	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Savings and temporary cash investments		1	Cash - non-interest-beam	ing			
4 Pelegies proclabelle № Less allowance for doubtful accounts ▶ 5 Granter receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) № 10 Exes allowance for doubtful accounts ▶ 11 Investments — Use and state personnent chapters (attach schedule) № 12 Investments — Use and state personnent chapters (attach schedule) 10 a Investments — Use and state personnent chapters (attach schedule) 11 Investments — Corporate books (attach schedule) 12 Investments — corporate books (attach schedule) 13 Investments — corporate books (attach schedule) 14 Land, buildings, and investments — short entains — believe (attach schedule) 15 Other assest (accorbe ▶ 16 Total sasests (to be completed by all fillers — see the instructions Alas, see page 17 in the instructions Alas, see page 1, item 1) — 43,534,383 — 42,681,637 — 40,197,27 — 4		2	Savings and temporary	cash investments	5,447,696.	3,069,815	3,069,815
4 Pelegies proclabelle № Less allowance for doubtful accounts ▶ 5 Granter receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) № 10 Exes allowance for doubtful accounts ▶ 11 Investments — Use and state personnent chapters (attach schedule) № 12 Investments — Use and state personnent chapters (attach schedule) 10 a Investments — Use and state personnent chapters (attach schedule) 11 Investments — Corporate books (attach schedule) 12 Investments — corporate books (attach schedule) 13 Investments — corporate books (attach schedule) 14 Land, buildings, and investments — short entains — believe (attach schedule) 15 Other assest (accorbe ▶ 16 Total sasests (to be completed by all fillers — see the instructions Alas, see page 17 in the instructions Alas, see page 1, item 1) — 43,534,383 — 42,681,637 — 40,197,27 — 4		Ì	Accounts receivable ▶	0.		<u> </u>	
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5 Grants receivable 6 Receivables due from officars, directors, trustees, and other disqualified persons gatach schedule) Personal designation of the state of			Less: allowance for dou	btful accounts ▶			
8 Receivables due from officers, directors, trustees, and other disqualified persons (states heshdule) (see page 15 of the instructions) 7 Other notes and loans receivable (attach schedule) ▶ 10 a Investments of reductful accounts ▶ 10 a Investments - Stand states of the develope of the instructions of the states of th		5					
disqualified persons (attach schedule) (see page 15 of the instructions)		6					
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10 Investments - Us and state government obligations (attach schedule) ATCH 9 491,192 492,004 287,95		۵					
10 Investments - Us and state government obligations (attach schedule) ATCH 9 491,192 492,004 287,95	ets	٥	Proposed expenses and d	oferred charges ATCH 8	42,622	71.640	71 640
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Foundations that follow SFAS 117, check here		23	Total liabilities (add line	s 17 through 22)	39,146.	104,702	2
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31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 43,534,383. 42,681,637. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 43,534,383. 42,681,637. 43,495,23 2 −918,30 3 Other increases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5	155		Retained earnings, accumi	ulated income, endowment, or other funds			
31 Total liabilities and net assets/fund balances (see page 17 of the instructions). 43,534,383. 42,681,637. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 43,534,383. 42,681,637. 43,495,23 2 −918,30 3 Other increases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5	1	30	Total net assets or i	fund balances (see page 17 of the			•
of the instructions). 43,534,383. 42,681,637. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ž				43,495,237.	42,576,935	<u>.</u>
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5		31	Total liabilities and ne	t assets/fund balances (see page 17			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	┙					42,681,637	7.
end-of-year figure reported on prior year's return) 2							
end-of-year figure reported on prior year's return) 2	1						
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5							43,495,237
3 Other increases not included in line 2 (itemize) ▶	2	Ente	r amount from Part I,				010 200
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5				ad a la a (44 a a a a a a			
5 Decreases not included in line 2 (itemize) >							10 556 005
·				line 2 (itemize) ▶		1	**
					line 5) - Part II. column (h		

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Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List an 2-story b	(b) How acquired P-Purchase	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)		
1a	SEE PART IV SCHE	D-Donation	(, 22),).			
b						
С						
_d	-···					
<u>e</u>						
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) mini			
<u>a</u>						
<u>_b</u>				· · · · · · · · · · · · · · · · · · ·		
_ <u>c</u>						
<u>d</u>						
<u>e</u>	Complete only for accets	showing gain in column (b) and owned	d by the foundation on 13/21/60			
	Complete only for assets	showing gain in column (h) and owner (j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	,
_ <u>a</u> _						
p						
_ <u>c</u> _d					 	
e				ı		
	Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		292,254.
3 1	Net short-term capital gair	יי) or (loss) as defined in sections 12		-		
ļ	f gain, also enter in Part I,	, line 8, column (c) (see pages 13 a	and 17 of the instructions)			
<u> </u>	f (loss), enter -0- in Part I,	line 8	<u> </u>	3		
		Under Section 4940(e) for Rec c private foundations subject to the				
Wa		leave this part blank the section 4942 tax on the distrib not qualify under section 4940(e).		ase perio	d?	Yes X No
<u>1</u>	Enter the appropriate am	ount in each column for each year	, see page 18 of the instructions be	fore mak	ing any entries	
Ca	(a) Base penod years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	atio (col (c))
	2009	1,253,447.	33,871,136.			0.037006
	2008	1,144,341.	36,524,817.			0.031331
	2007	1,158,026.	40,237,198.			0.028780
	2006	1,222,901.	32,503,607.			0.037624
	2005	1,117,512.	14,280,246.		, ,,_ -	0.078256
2	Total of line 1, column (d))		2		0.212997
	-	for the 5-year base period - divide dation has been in existence if less		3	· · · · · · · · · · · · · · · · · ·	0.042599
4	Enter the net value of nor	ncharitable-use assets for 2010 fro	m Part X, line 5	4	38,	055,510.
5	Multiply line 4 by line 3			5	1,	621,127.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		10,982.
7	Add lines 5 and 6			7	1,	632,109.
8	Enter qualifying distribution	ons from Part XII, line 4 eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part	1,	884,792.
	Part VI instructions on page	ge 18		puit		230 (110

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			_
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		10,9	82.
	here $\blacktriangleright X$ and enter 1% of Part I, line 27b		No.	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			·
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		10,9	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		10,9	82.
6	Credits/Payments .			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 82,622.			
ь	Exempt foreign organizations-tax withheld at source 6b 0.	•		
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.		,	
	Backup withholding erroneously withheld	: :		_
7	Total credits and payments Add lines 6a through 6d		82,6	22
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		71,6	40
11	Enter the amount of line 10 to be. Credited to 2011 estimated tax > 71,640 - Refunded > 11			
Par	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	•	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		:	
	published or distributed by the foundation in connection with the activities		Se Se	
С	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		•	
	(1) On the foundation >\$ (2) On foundation managers >\$	"		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	`	- 1 ^{\$}	
	on foundation managers. > \$	-	_	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	-43	ر چي عواد د اي	. ئد
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	- 53		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X
	If "Yes," attach the statement required by General Instruction T		1	*
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	-	1	
	By language in the governing instrument, or			*
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			· .
	conflict with the state law remain in the governing instrument?	6	X	L
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \blacktriangleright LA .		,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1.		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	X	ĺ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	-		'
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	140	1	x

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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3 b

4a

X No

Х

Part VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)	
During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or otherwise agrant to an organization other than a chart section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitat purposes, or for the prevention of cruelty to children of the purposes of the prevention of cruelty to children of the guildright of the great of the prevention of the transic Regulations section 53.4945 or in a current notice regarding disastic. If the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the great of the foundation, during the year, receive any funds, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly "Yes" to 6b, file Form 8870	nt to nce legislation (section in (see section 4955), or ner similar purposes? Itable, etc., organization (see page 22 of the installed see page 22 of the installed sections fail to qualifying disaster assistance check in the interest of	4945(e))? r to carry on, in described in structions) or educational under the exceptions e (see page 22 of the in ere. from the tax HMENT 13A, 13B	Yes X No Yes X No Yes X No Yes X No X Yes No described in instructions)? X Yes No X Yes No	5b X
7a At any time during the tax year, was the foundation a pa	rty to a prohibited tax	chelter transaction?	Yes X No	
b If "Yes," did the foundation receive any proceeds or have	•	• •		7b
Part VIII Information About Officers, Directors				
and Contractors		•		•
- 1 let all otticare diractore truetage tourdation m	anagare and thoir	AAMMANAATIAN IRAA	nage 77 of the inetri	uctions).
1 List all officers, directors, trustees, foundation m				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address	(b) Title, and average hours per week		(d) Contributions to employee benefit plans	(e) Expense account,
	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -	(e) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-	(e) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation -0- e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances (c) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation -0- e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances (c) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation -0- e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances (c) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation -0- e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances (c) Expense account, other allowances
(a) Name and address ATTACHMENT 14 2 Compensation of five highest-paid employees (ot if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position her than those inc (b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation -0- e page 23 of the inst (d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances (c) Expense account, other allowances

and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NOT APPLICABLE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NOT APPLICABLE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Pa	art X Minimum Investment Return (All domestic foundations must complete this part F see page 24 of the instructions.)	oreign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc).,	
	purposes:		
а	Average monthly fair market value of securities	1a	32,934,564.
b	Average of monthly cash balances	1b	5,073,973.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	626,499.
d	Total (add lines 1a, b, and c)	1d	38,635,036.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	38,635,036.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of line 3).	of	
	the metrustions)	4	579,526.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	38,055,510.
6	Minimum investment return. Enter 5% of line 5	6	1,902,776.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) foundations and certain foreign organizations check here ▶ ☐ and do not complete the section of the instructions of the instruction of the i	private operating	3
1	Minimum investment return from Part X, line 6	1	1,902,776.
2 a	Tax on investment income for 2010 from Part VI, line 5	82.	
b	Income tax for 2010. (This does not include the tax from Part VI)		
C		2c	10,982.
3	Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1	3	1,891,794.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,891,794.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,891,794.
	art XII Qualifying Distributions (see page 25 of the instructions)	· · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		1 004 700
a			1,884,792.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		•
	purposes Amounts set aside for specific charitable projects that satisfy the	2	0.
3			•
a		3a	0.
b			0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		1,884,792.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		10.000
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)		10,982.
6	Adjusted qualifying distributions, Subtract line 5 from line 4	6	1.873.810.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b) Years prior to 2009	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Tears prior to 2009	2009	2010
	line 7				1,891,794.
2	Undistributed income, if any, as of the end of 2010			1.110 (15	1
а	Enter amount for 2009 only			1,113,615.	<u></u>
þ	Total for pnor years 20 08 ,20 07 ,20 06		·		
3	Excess distributions carryover, if any, to 2010				
а	From 2005		,	-	1
þ	From 2006	•	, ,		•
C	From 2007		_	,	;
d	From 2008	,	, ,		
е	F10III 2009	0.			
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$1,884,792.			1 112 615	1
а	Applied to 2009, but not more than line 2a		·	1,113,615.	
þ	Applied to undistributed income of prior years (Election				!
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election		,		
	required - see page 26 of the instructions)		- 		771,177.
	Applied to 2010 distributable amount	0.			//1,1//.
	Remaining amount distributed out of corpus	0.			0.
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	· ·	*,	•	•
	amount must be shown in column (a))				•
6	Enter the net total of each column as indicated below:	•		,	,
		0.	* , -	•	
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				, •
b	Prior years' undistributed income Subtract line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been	,		٠,٠	, '
	issued, or on which the section 4942(a) tax has been previously assessed			·	, ,
ч	Subtract line 6c from line 6b Taxable	Carl Cy		19.	15.8°
ŭ	amount - see page 27 of the instructions	40 18 2			The state of the state of
е	Undistributed income for 2009 Subtract line	** * * * **			
	4a from line 2a. Taxable amount - see page 27 of the instructions	A P S S			
	Undistributed income for 2010 Subtract lines		~		
'	4d and 5 from line 1 This amount must be		· · .		
	distributed in 2011				1,120,617.
7	Amounts treated as distributions out of corpus		,		•
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the			,'	
_	instructions)		44.0	, , ,	
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)		-4		5,1
9	Excess distributions carryover to 2011.		• ,	:	
	Subtract lines 7 and 8 from line 6a	0.			•
10	Analysis of line 9.			•	,
	Excess from 2006]			•
b	Excess from 2007			1.	
C	Excess from 2008		,	· .	· "
d			4 12		
e	Excess from 2010 0 .	1 .	* ,	1	}

Form 9	990-PF (2010)				020536	Page 1
Part	XIV Private Oper	ating Foundations (see page 27 of th	e instructions and Pa	rt VII-A, question 9)	NOT APPLICAB
		-		iat it is a private oper	ating	
f	oundåtion, and the ruling	ıs effective for 2010, e	nter the date of the rulin	g	. ▶	
ь	Check box to indicate who	ether the foundation is a	private operating four	ndation described in section	1 4942(j)(3) or 4942(j)(5
2 a E	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Tetal
	usted net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	or the minimum investment eturn from Part X for each					
	ear listed					
b 8	35% of line 2a					
	Qualifying distributions from Part					
	(II, line 4 for each year listed			.]		
	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e c	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line]		
	2d from line 2c					<u> </u> •
	Complete 3a, b, or c for the alternative test relied upon					
	Assets" alternative test - enter					
(1) Value of all assets					
(Value of assets qualifying under section					
	4942(j)(3)(B)(i)					
	Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
lı	ine 6 for each year listed			<u> </u>		
	Support" alternative test - enter					
(1) Total support other than gross investment income					
	(interest, dividends rents,					
	payments on securities loans (section 512(a)(5)),					
,	or royalties) (2) Support from general					
,	public and 5 or more					
	exempt organizations as provided in section 4942					
,	(j)(3)(B)(iii)					
,	port from an exempt					
,	organization 4) Gross investment income					
Pari		ary Information (C	omplete this par	t only if the found	ation had \$5.000	or more in asse
		luring the year - se			, , , , , , ,	
1	Information Regarding	Foundation Manage	rs:			
a L	List any managers of t	the foundation who h	nave contributed mo	re than 2% of the total	al contributions receiv	ed by the foundatio
t	-	tax year (but only if the	ney have contributed	more than \$5,000) (S	see section 507(d)(2))	
	NONE					
				of the stock of a corp		large portion of th
C	ownership of a partner	ship or other entity) o	f which the foundation	on has a 10% or greate	r interest	
	NONE					
	Information Regarding	-		• • •		
(Check here ▶ if ti	he foundation only i	makes contributions	to preselected char	itable organizations a	and does not accep
	unsolicited requests for organizations under other other other in the contract of the contrac			grants, etc (see page	e 28 of the instruction	ons) to individuals o
						·
а		·	of the person to who	om applications should t	oe addressed.	
	ATTACHME				 	
b 1	ine form in which appl	ications should be su	omitted and informa	tion and materials they	snould include	
	SEE ATTACHN	MENT 16				
c /	Any submission deadlii					
•	•					
	SEE ATTACHN			and and are a start	abla Galda III-d C	
	factors		, such as by geog	raphical areas, charit	able lielos, KINOS Of	msuludons, or oth
	SEE ATTACHN	MENT 16				

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Durin	ng the Year or Appi			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
*Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year ATTACHMENT 17				561,875.
ATTACHMENT 18				1,085,000.
ATTACHMENT 19				194,000.
Total				1.040.075
b Approved for future payment			▶ 3a	1,840,875.
B Approved for fatale payment				
,				
Total	<u> </u>		> 3b	

art XVI-	-A Analysis of Income-Produ	icing Activ	vities			
	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions.)
f						
g Fees	and contracts from government agencies					
Member	ship dues and assessments					
	on savings and temporary cash investments			14	926,071.	
	ds and interest from securities	3 mile - ac 1874	AND THE REPORT OF BEET TO		920,071.	m. Tar. Develor. That
	al income or (loss) from real estate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FRASA B	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	TEXAMEN THE GOOD ROOM
	-financed property					<u> </u>
	debt-financed property					· ·
	vestment income	211110	821.	18	307,429.	
	loss) from sales of assets other than inventory			18	-292,254.	
-	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
•	venue a					
· —				1		
d						
d e ! Subtotal ! Total. Ad	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29	to verify calc	ulations)		13	2 1 2 2 2
e Subtotal B Total. Ac ee workst art XVI-	I Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 B Relationship of Activities Explain below how each activity accomplishment of the foundation	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Ac ee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
ee Subtotal Total. Ac ee worksh art XVI- ine No.	I Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 B Relationship of Activities Explain below how each activity accomplishment of the foundation	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
ee Subtotal Total. Ac ee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
e Subtotal B Total. Ac ee workst art XVI-	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
ee Subtotal Total. Ac ee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Ac ee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- .ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
e Subtotal Total. Adee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942,688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688
ee Subtotal Total. Acee worksh art XVI- ine No.	Add columns (b), (d), and (e)	to verify calc to the Ac ty for whic	ulations) complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	942, 688

Part	XVII	Information Exempt Orga		ansfers To and	Transaction	s and Relations	hips With	Nonc	harit	able
ır	section	501(c) of the C	•		•	any other organization section 527, relat		14	Yes	No
	rganizatio			abaatabla a						
				charitable exempt org				4-(4)		X
										X
	ther tran		• • • • • • • • •		• • • • • • • • •			25.00		3 55
			naritable exempt ord	ianization					, T	X
										Х
										Х
										Х
										Х
										Х
										<u> </u>
d If	the ar	nswer to any of	the above is "Ye	es," complete the	following schedule	Column (b) shou	ld always show	v the	fair i	narke
٧	alue of	the goods, other	assets, or service	es given by the r	eporting foundatio	n If the foundation	n received less	than	fair i	marke
V	alue in	any transaction or				ue of the goods, o	ther assets, or	service	es rec	<u>ceived</u>
(a) Line		b) Amount involved	(c) Name of no	ncharitable exempt orga		escription of transfers, tr	ansactions, and sha	inng arra	ngeme	nts
		N/A			N/A	4				
	_+									
	+_	·					 			
	_+-									
	-+	······································								
-				·	 _					
	-+									
-								-		
										
d	escribed		the Code (other tha	liated with, or relation section 501(c)(3))		more tax-exempt o	rganizations	Y	es [X No
		(a) Name of organization		(b) Type of or	ganization	(c) De	escription of relation	ship		
					· · · · · · · · · · · · · · · · · · ·					
		·								
Sign Here		penalties of perjury, I d	eclare that have expended to the control of	mined this return, incli preparer (other than tax	uding accompanying s payer or fiduciary) is b	schedules and statement ased on all information o	s, and to the best f which preparer ha	of my k sany kn	nowled owledg	lge an⊲ e
	Sign	nature of officer or truste			Date	Title	-0100111			
חב: יו		Print/Type preparer's		Preparer's signatu	re	Date	Check	PTIN		
Paid Prep	arer	MARK LAC	PMG, LLP	Marke o	Kalon/	[1][5]])	self-employed	P009	1666 107	<u>33</u>

Phone no 504-523-5000

70112

Use Only Firm's address ▶ 909 POYDRAS STREET, SUITE 2900

NEW ORLEANS,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization THE HELIS FOUNDATION		Employer identification number
THE RESIS TOOKDATION		72-6020536
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7) instructions	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or '
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 331/3% support tesnd 170(b)(1)(A)(vi), and received from any one contributor, during the year or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990	r, a contribution of the
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, and	le, scientific, literary, or
the year, contribution aggregate to more the year for an exclusively applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from as for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contains \$1,000. If this box is checked, enter here the total contributions that we yieligious, charitable, etc., purpose. Do not complete any of the parts unless traction because it received nonexclusively religious, charitable, etc., contributions.	ntributions did not ere received during the ss the General Rule butions of \$5,000 or more
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file S t answer "No" on Part IV, line 2 of its Form 990, or check the box on line H ertify that it does not meet the filing requirements of Schedule B (Form 990	of its Form 990-EZ, or on
For Pananyork Paduation Act Notice	see the Instructions for Form 990, 990.57 or 990.DE	P (Form 900, 900 F7, or 900 PE) (2010)

Name of organization	THE	HELIS	FOUNDA	ATION

Name of o	rganization THE HELIS FOUNDATION		Employer identification number 72-6020536
Partl	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	ESTATE OF ADRIENNE HELIS MALVIN 228 ST. CHARLES AVENUE, SUITE 912 NEW ORLEANS, LA 70130	\$196,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-			Person

(Complete Part II if there is a noncash contribution)

Payroll

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GA	<u> INS AND LO</u>	SSES FOR	R TAX ON	<u>INVEST</u>	M	<u>ENT INCOM</u>	<u> E</u>
Kind of Property	Kind of Property Description			0.0	Date acquired	Date sold	
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
	400,000 S & PROPERTY TY				P	02/25/2008	03/04/2010
243,218.	400,006.	PE: SECURI.	1165			-156,788.	
	300,000 EUR PROPERTY TY				Р	10/11/2007	10/19/2010
187,196.	300,006.					-112,810.	
	375,000 NIK PROPERTY TY				P	11/21/2007	11/30/2010
277,138.	375,006.					-97,868.	
	FIDELITY AD PROPERTY TY				P	27.566	
	HRJ PARTNER	CUIDC _ V_1	I STCC		D	37,566.	
	PROPERTY TY					4,101.	
	HRJ PARTNER	SHIPS - K-1	L LTCG		P	7,101.	
	PROPERTY TY					27,189.	
	POWERSHARES				P		
	PROPERTY TY	PE: SECURI	FIES			-55.	
	POWERSHARES				Р		
	PROPERTY TY	PE: SECURI				6,411.	
TOTAL GAIN(LOSS)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • •		-292,254.	
						,	
JSA							

SCHEDULE D (Form 1041)

Capital Gains and Losses

Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

THE HELIS FOUNDATION

Employer identification number

72-6020536

Vote	e: Form 5227 filers need to complete only Pa						
Pai	t I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, уг)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
		1					
							
		-					
		}					
				<u> </u>			
b	Enter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b			1 b	4,046.
2	Short-term capital gain or (loss) from Form	is 4684, 6252,	6781, and 882	4		2	
						_	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover. Enter the Carryover Worksheet	•		•		4	
5	Net short-term gain or (loss). Combine line	s 1a through 4	ın column (f)	Enter here and on line		_	
	column (3) on the back	_	. ,			5	4,046.
Pa	rt II Long-Term Capital Gains and Losse						
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
,							
		!					
	· · · · · · · · · · · · · · · · · · ·						
		<u>l</u>	L		1,		
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1. line 6b			6 b	-296,300.
_	Zino, the long term games (leady) is any, is		.,	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •		, , , , , , , , , , , , , , , , , , ,
7	Long-term capital gain or (loss) from Form	s 2439, 4684,	6252, 6781, a	nd 8824		7	
8	Net long-term gain or (loss) from partners	nips, S corporat	ions, and other	estates or trusts		8	
_	One delimite distributions						
9	Capital gain distributions				• • • • • • • •	9	
0	Gain from Form 4797, Part I					10	
1	Long-term capital loss carryover Enter the	amount, if any	from line 14	of the 2009 Capital Los	···········		
	Carryover Worksheet					11	(
2	Net long-term gain or (loss). Combine line	s 6a through 11	⊢ın column (f).	Enter here and on lin	e 14a,		222
	column (3) on the back		<u> </u>		<u></u>	12	-296,300.

Sche	, dule D (Form 1041) 2010				Page 2
Pai	Summary of Parts I and II Caution: Read the instructions before completing this	part	(1) Beneficiaries' (see instr.)	(2) Estate's, or trust's	(3) Total
13	Net short-term gain or (loss)	-, -			4,046.
14	Net long-term gain or (loss):				, , , , , , , , , , , , , , , , , , , ,
	Total for year	14a		1	-296,300.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)				
	28% rate gain				
15		15			-292,254.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo art V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	orm 990			
_	rt IV Capital Loss Limitation			······································	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, li	ne 4c, if a trust), the !	smaller of	
а	The loss on line 15, column (3) or b \$3,000			16 (3,000)
Note Carry	The loss on line 15, column (3) or b \$3,000	er	e 22 (or Form 990-T,	line 34), is a loss, comp	plete the Capital Loss
Pai	Tax Computation Using Maximum Capital Gains Rate	es			
• E • B Form of F	n 1041 filers. Complete this part only if both lines 14a and 15 in coling is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is motion: Skip this part and complete the worksheet on page 8 of the instruither line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. In 990-T trusts. Complete this part only if both lines 14a and 15 air orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part line 14b, col. (2) or line 14c, col. (2) is more than zero.	ore than nctions re gair	n zero <i>if</i> ns, or qualified divid	dends are included i	n income in Part I
		24)	47		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero		"、	,	
40			* ·		
19	Enter the estate's or trust's qualified dividends		, ,		
	from Form 1041, line 2b(2) (or enter the qualified		1 1		
	dividends included in income in Part I of Form 990-T) . 19		 ^⁻.	**	
20	Add lines 18 and 19			-/3	
21	If the estate or trust is filing Form 4952, enter the			(a).	
	amount from line 4g, otherwise, enter -0 ▶ 21			標分	
22	Subtract line 21 from line 20. If zero or less, enter -0		22	2,1	
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
				[第二]	
24	Enter the smaller of the amount on line 17 or \$2,300		24		
25	Is the amount on line 23 equal to or more than the amount on line 2			P V	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" bo				
	No. Enter the amount from line 23				
26	Subtract line 25 from line 24		26	-,-,	
27	Are the amounts on lines 22 and 26 the same?			,	
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or	line 22	27		
			 		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
				1	
29	Subtract line 28 from line 27		29	-6	
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Ra	te Sch	edule for Estates	and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Ra	ite Sch	nedule for Estates	and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)				

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Schedule D (Form 1041) 2010

G, line 1a (or Form 990-T, line 36) .

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2010

Department of the Treasury Internal Revenue Service Name of estate or trust

THE HELIS FOUNDATION

Employer identification number 72-6020536

Part Short-Term Capital Gains ar	nd Lossos Asso	te Hold One Ver	r or Loco	72-6020536	
			(d) Sales price	(a) Cost or other basis	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a HRJ PARTNERSHIPS - K-1 STCG					4,101.
POWERSHARES - K-1 STCG					-55.
•					
	<u> </u>				
					I

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2010

JSA 0F1221 1 000 77571B 2JJG

4,046.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains an				(-1.0	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
3/4/10 S & P 500 INDEX	02/25/2008	03/04/2010	243,218.	400,006.	-156,788
300,000 EURO STOXX 50				· · · · · · · · · · · · · · · · · · ·	
INDEX	10/11/2007	10/19/2010	187,196.	300,006.	-112,810
375,000 NIKKEI 225 INDEX	11/21/2007	11/30/2010	277,138.	375,006.	-97,868
FIDELITY ADVISOR STATEGIC INC					37,566
HRJ PARTNERSHIPS - K-1 LTCG					27,189
POWERSHARES - K-1 LTCG					6,411
	:				-
··					
			<u></u>		
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					<u>.</u>
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NET INVESTMENT INCOME	60. 561.	621.
REVENUE AND EXPENSES PER BOOKS	60. 561.	621.
		TOTAL
DESCRIPTION	WHITNEY NATIONAL BANK FIDELITY INVESTMENTS	

ATTACHMENT 1

ATTACHMENT 2

77571B 2JJG

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PART 1 - DIVIDENDS
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PART T
990PF, PART 1
PART T

NET INVESTMENT INCOME	1,175. 924,896.	926,071.
REVENUE AND EXPENSES PER BOOKS	1,175. 924,896.	926,071.
		TOTAL
DESCRIPTION	INTEREST FROM SECURITIES DIVIDENDS FROM SECURITIES	

72-6020536

ATTACHMENT 3

PAGE 19

77571B 2JJG

INCOME	
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PART	
990PF,	
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NET	INVESTMENT	2,047	60,846	18,715	251,149
REVENUE AND	ы	-22, 460.	60,846.	18,715.	251,149.

308,250.

TOTALS

ATTACHMENT 4

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CHARITABLE	40,130.	40,130.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	67,515.	67,515.
REVENUE AND EXPENSES PER BOOKS	107,645.	107,645.
		TOTALS
DESCRIPTION	TAX & AUDIT FEES	

ATTACHMENT 5

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CHARITABLE	675.	675.
NET INVESTMENT INCOME	62,400.	62,400.
REVENUE AND EXPENSES PER BOOKS	63,075.	63,075.
		TOTALS
DESCRIPTION	CONSULTING FEES	

	REVENUE AND	Z F:
	EXPENSES	INVESTMENT
DESCRIPTION	PER BOOKS	INCOME
FEDERAL EXCISE TAX	10,982.	
FOREIGN TAXES	22,378.	22,378

22,378.

33,360.

TOTALS

ATTACHMENT 7

	NET INVESTMENT INCOME	976 '9
	REVENUE AND EXPENSES PER BOOKS 1,846.	6,928.
FORM 990PF, PART I - OTHER EXPENSES		
F, PART	NO E	ASSET INSURANCE
1 990P	DESCRIPTION BANK FEES FILING FEE	T INS
FORM	DESC BANK FILI	ASSE

1,851.

8,779.

TOTALS

CHARITABLE
PURPOSES
1,846.

ATTACHMENT 8

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PREPAID EXPENSES AND DEFERRED CHARGE	
AND	
EXPENSES	
PREPAID	
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PF, PART II - 1	
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FORM	

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71,640. 71,640.

TOTALS

71,640.

ATTACHMENT 9

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WHITNEY SECURITIES

ENDING	FMV
ENDING	BOOK VALUE

492,004.

287,959.

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287,959.

492,004.

TOTALS

PAGE 25

PAGE 26

ATTACHMENT 10

77571B 2JJG

INVESTMENTS	
OTHER	
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II	
PART	
990PF,	
FORM	

JEWELRY
PARTNERSHIP INVESTMENTS
MUTUAL FUNDS DESCRIPTION

BOOK VALUE ENDING

ENDING

512,096. 4,306,458. 34,192,157.

533,655. 4,748,238. 31,448,503.

39,010,711.

36,730,396.

TOTALS

ATTACHMENT 11

77571B 2JJG

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

ACCRUED INTEREST RECEIVABLE SYNDICATION COSTS

BOOK VALUE ENDING

ENDING FMV

33,444. 4,023.

TOTALS

37,467.

33,444.

37,467.

PAGE 27

THE HELIS FOUNDATION

72-6020536

ATTACHMENT 12

FORM 990PF, PART VII-A, LINE 16 - LIST OF FOREIGN COUNTRIES

CAYMAN ISLANDS BERMUDA Helis Foundation E.I.N. #72-6020536 Attachment to Form 990-PF Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement For the year 2010

Pursuant to IRC Regulation § 53.4945-5(d)(2), the Helis Foundation provides the following information:

(i) Grantee:

Kemper and Leila Williams Foundation

533 Royal Street

New Orleans, LA 70130

(ii) Amount of Grant:

December 31, 2007 \$100,000

(iii) Purpose of Grant:

The Kemper and Leila Williams Foundation is also known as The Historic New Orleans Collection. The Historic New Orleans Collection is a museum, research center, and publisher dedicated to the study and preservation of the history and culture of New Orleans and the Gulf South region. This grant is support to purchase a one-half interest in a collection of thirteen paintings from Rolland Golden from his Katrina series. The charitable purpose of this grant is to preserve the history and culture of New Orleans as the collection of paintings is so evocative of New Orleans immediately after Hurricane Katrina.

(iv) and (vi) Reports:

The Kemper and Leila Williams Foundation submitted a full and complete report of its expenditure of the December 31, 2007 grant on August 24, 2009. Previous reports were issued on March 1, 2008, August 26, 2008, and February 27, 2008 and August 24, 2009. \$50,000 of the grant was issued on February 7, 2008. A second payment of \$50,000 was issued on January 7, 2009. The Collection's final payment of the purchase was completed on January 6, 2010 with the final report issued on February 25, 2010.

(v) Diversions:

To the knowledge of the grantor, no funds have been diverted to any activity other than the activity for which the grant was originally made.

(vii) Verification:

The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

Helis Foundation E.I.N. #72-6020536 Attachment to Form 990-PF Part VII-B, Question 5c on page 6

Expenditure Responsibility Statement For the year 2010

Pursuant to IRC Regulation § 53.4945-5(d)(2), the Helis Foundation provides the following information:

(i) Grantee:

Kemper and Leila Williams Foundation

533 Royal Street

New Orleans, LA 70130

(ii) Amount of Grant:

December 10, 2008 \$100,000

(iii) Purpose of Grant:

The Kemper and Leila Williams Foundation is also known as The Historic New Orleans Collection. The Historic New Orleans Collection is a museum, research center, and publisher dedicated to the study and preservation of the history and culture of New Orleans and the Gulf South region. This grant is support to the purchase toward the Hatch Silver Service. The charitable purpose of this grant is to preserve the history and culture of New Orleans as the set is evocative of the dynamism of the antebellum era in the New Orleans region through its illustrative

iconography.

(iv) and (vi) Reports:

The Kemper and Leila Williams Foundation submitted a full and complete report of its expenditure of the December 10, 2008 grant on April 13, 2009 indicating the purchase was complete. A final report was submitted on April 14, 2010.

2010

(v) Diversions:

To the knowledge of the grantor, no funds have been diverted to any activity other than the activity for which the grant was originally made.

(vii) Verification:

The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

ATTACHMENT 14

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ATTACHMENT 14	EXPENSE ACCT AND OTHER COMPENSATION ALLOWANCES	.0	.0	.0	0
CERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	VICE PRES/TREASURER	SECRETARY	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DI	NAME AND ADDRESS	DAVID A. KERSTEIN 228 ST. CHARLES AVENUE, SUITE 902 NEW ORLEANS, LA 70130	MICHAEL F. SCHOTT 228 ST. CHARLES AVENUE, SUITE 912 NEW ORLEANS, LA 70130	LINDA A. REEG 228 ST. CHARLES AVENUE, SUITE 912 NEW ORLEANS, LA 70130	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SEE ATTACHMENT 16

THE HELIS FOUNDATION E.I.N. #72-6020536 FORM 990-PF DECEMBER 31, 2010

PART XV

- 2a) DAVID A. KERSTEIN, VICE PRESIDENT THE HELIS FOUNDATION 228 ST. CHARLES AVENUE, SUITE 912 NEW ORLEANS, LOUISIANA 70130 (504) 523-1831
- 2b) APPLICATION SHOULD BE IN APPROPRIATE TYPED LETTER FORM. INCLUDE BROCHURES OR OTHER PERTINENT INFORMATION AND ESTABLISH THE QUALIFICATIONS OF THE APPLICANT TO RECEIVE FUNDS FROM A PRIVATE FOUNDATION AS PROVIDED FOR UNDER THE INTERNAL REVENUE CODE AND APPLICABLE REGULATIONS.
- 2c) THERE ARE NO SUBMISSION DEADLINES.
- 2d) THERE ARE NO RESTRICTIONS OR LIMITATIONS ON AWARDS EXCEPT THAT THE ORGANIZATION MUST BE QUALIFIED AS PROVIDED FOR UNDER THE INTERNAL REVENUE CODE AND APPLICABLE REGULATIONS.

RECIPIENT	IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR	ORGANIZATIONAL STATUS OF <u>RECIPIENT</u>	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SECOND HARVESTER OF GREATER N O & ACADIANA 1201 SAMS AVENUE NEW ORLEANS, LA 70123	N/A	PUBLIC	•	50,000 00
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105-1942	N/A	PUBLIC	•	10,000 00
THE GOOD SHEPHERD SCHOOL A JESUIT NATIVITY MISSION SCHOOL 353 BARONNE STREET NEW ORLEANS, LA 70112	N/A	PUBLIC	•	14,500 00
THE NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE STREET NEW ORLEANS, LA 70130	N/A	PUBLIC	•	50,000 00
THE TRUST FOR PUBLIC LAND 1137 BARONNE STREET NEW ORLEANS, LA 70113	N/A	PUBLIC	•	35,000 00
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115-3593	N/A	PUBLIC	•	7,500 00
UNITED WAY FOR THE GREATER NEW ORLEANS AREA 2515 CANAL STREET NEW ORLEANS, LA 70119	N/A	PUBLIC	•	125,000 00
UNITED WAY - PLAQUEMINES LEGACY CAMPAIGN 2515 CANAL STREET NEW ORLEANS, LA 70119	N/A	PUBLIC	•	30,000 00
			-	

^{*} QUALIFYING DISTRIBUTION (CONTRIBUTION) MADE TO EACH ENTITY TO ACCOMPLISH THE RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES OF SUCH ENTITY

561,875 00

· RECIPIENT	IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY RELATIONSHIP TO ANY FOUNDATION MANAGER	ORGANIZATIONAL STATUS OF	PURPOSE OF GRANT OR	
RECHIENT	OR SUBSTANTIAL CONTRIBUTOR	RECIPIENT	CONTRIBUTION	AMOUNT
BUREAU OF GOVERNMENTAL RESEARCH 938 LAFAYETTE STREET, SUITE 200 NEW ORLEANS, LA 70113	N/A	PUBLIC	•	10,000 00
CHILDREN'S BUREAU OF NEW ORLEANS 400 LAFAYETTE STREET, SUITE 140 NEW ORLEANS, LA 70130	N/A	PUBLIC	•	10,000 00
CRIMESTOPPERS P O BOX 55249 METAIRIE, LA 70055-5249	N/A	PUBLIC	•	10,000 00
EARLY CHILDHOOD & FAMILY LEARNING FNDN 2400 ST CHARLES AVENUE NEW ORLEANS, LA 70130	N/A	PUBLIC	•	5,000 00
KIPP NEW ORLEANS SCHOOLS 1607 S CARROLLTON AVENUE NEW ORLEANS, LA 70118	N/A	PUBLIC	•	10,000 00
JUNIOR ACHIEVEMENT OF GREATER NEW ORLEANS 5100 ORLEANS AVNUE NEW ORLEANS, LA 70124	N/A	PUBLIC	•	10,000 00
LEUKEMIA SOCIETY OF AMERICA, INC - LA CHAPTER 3636 SOUTH I-10 SERVICE RD , SUITE 304 METAIRIE, LA 70001	N/A	PUBLIC	•	20,000 00
METROPOLITAN CRIME COMMISSION, INC 1615 POYDRAS STREET, SUITE 1060 NEW ORLEANS, LA 70112	N/A	PUBLIC	•	8,500 00
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 JACKSON STREET DENVER, COLORADO 80206	N/A	PUBLIC	•	15,000 00
NATIONAL MULTIPLE SCLEROSIS SOCIETY, LA CHAPTER 4613 FAIRFIELD STREET METAIRIE, LA 70006	N/A	PUBLIC	•	5,000 00
NATIONAL GREEK ORTHODOX CAMPUS MINISTRY POST OFFICE BOX 8243 METAIRIE, LA 70011	N/A	PUBLIC	•	35,000 00
NEIGHBORHOOD HOUSING SERVICES OF NEW ORLEANS 4700 FRERET STREET NEW ORLEANS, LA 70115	N/A	PUBLIC	•	15,000 00
NEW ORLEANS POLICE AND JUSTICE FOUNDATION 400 POYDRAS STREET, SUITE 2105 NEW ORLEANS, LA 70130	N/A	PUBLIC	•	25,000 00
OZANAM INN 843 CAMP STREET NEW ORLEANS, LA 70130	N/A	PUBLIC	•	10,000 00
PUBLIC AFFAIRS RESEARCH COUNCIL 4664 JAMESTOWN AVE SUITE 300 BATON ROUGE, LA 70808	N/A	PUBLIC	•	1,375 00
PRESERVATION RESOURCE CENTER OF NEW ORLEANS 932 TCHOUPITOULAS STREET NEW ORLEANS, LA 70130	N/A	PUBLIC	•	50,000 00

RECIPIENT	IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR	ORGANIZATIONAL STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ARTHUR ROGER GALLERY JULIA STREET NEW ORLEANS, LA 70130	N/A	PUBLIC	•	325,000 00
CITY PARK OF NEW ORLEANS #1 PALM DRIVE NEW ORLEANS, LA 70124	N/A	PUBLIC	•	35,000 00
CONTEMPORARY ARTS CENTER 900 CAMP STREET NEW ORLEANS, LA 70130	N/A	PUBLIC	•	125,000 00
KEMPER AND LELIA WILLIAMS FOUNDATION 533 ROYAL STREET NEW ORLEANS, LA 70130	N/A	PRIVATE	•	100,000 00
LONGUE VUE HOUSE AND GARDENS CORP NO 7 BAMBOO ROAD NEW ORLEANS, LA 70124-1065	N/A	PUBLIC	٠	15,000 00
LOUISIANA ENDOWMENT FOR THE HUMANITIES 938 LAFAYETTE STREET, SUITE 300 NEW ORLEANS, LA 70113	N/A	PUBLIC	•	100,000 00
KID smART 1920 CLIO STREET NEW ORLEANS, LA 70113	N/A	PUBLIC	•	7,500 00
MARIPOSA ARTS FOUNDATION, INC SCULPTURE FOR NEW ORLEANS P O BOX 212	N/A	PUBLIC	•	27,500 00
BAYSIDE, TX 78340				
NEW ORLEANS BOTANICAL GARDENS FOUNDATION #1 PALM DRIVE, CITY PARK NEW ORLEANS, LA 70124	N/A	PUBLIC	•	15,000 00
NEW ORLEANS MUSEUM OF ART CITY PARK I COLLINS DIBOLL CIRCLE	N/A	PUBLIC	•	200,000 00
NEW ORLEANS, LA 70179-0123				
THE NEW ORLEANS CENTER FOR CREATIVE ARTS INSTITUTE 2800 CHARTRES STREET NEW ORLEANS, LA 70117	N/A	PUBLIC	•	25,000 00
THE OGDEN MUSEUM OF SOUTHERN ART UNIVERSITY OF NEW ORLEANS 925 CAMP STREET	N/A	PUBLIC	•	100,000 00
NEW ORLEANS, LA 70130 YA/YA, INC YOUNG ASPIRATIONS/YOUNG ARTIST P O BOX 52617 NEW ORLEANS, LA 70152-2617	N∕A	PUBLIC	•	10,000 00
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1,085,000 00

^{*} QUALIFYING DISTRIBUTION (CONTRIBUTION) MADE TO EACH ENTITY TO ACCOMPLISH THE RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES OF SUCH ENTITY

RECIPIENT	IF RECIPIENT IS AN INDIVIDUAL, SHOW ANY RELATIONSHIP TO ANY FOUNDATION MANAGER OR SUBSTANTIAL CONTRIBUTOR	ORGANIZATIONAL STATUS OF <u>RECIPIENT</u>	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NEW ORLEANS MUSEUM OF ART CITY PARK I COLLINS DIBOLL CIRCLE NEW ORLEANS, LA 70179-0123	N/A	PUBLIC	•	94,000 00
THE OGDEN MUSEUM OF SOUTHERN ART UNIVERSITY OF NEW ORLEANS 925 CAMP STREET NEW ORLEANS, LA 70130	N/A	PUBLIC		100,000 00
			_	194,000 00

[•] QUALIFYING DISTRIBUTION (CONTRIBUTION) MADE TO EACH ENTITY TO ACCOMPLISH THE RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES OF SUCH ENTITY

Form **8868**

(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

IIITEITA (CEVETTO	- COLVICE	oopa.a.o u	phound for cuent totallin			
	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Months				> X	
-	elete Part II unless you have already been gran			•	J.	
a corporation 8868 to req Return for instructions).	ling (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. On	ial (not au forms liste I Benefit (iis form, vis	tomatic) 3-month extension of time. Id in Part I or Part II with the except Contracts, which must be sent to sit www.irs.gov/efile and click on e-fil	You can electronically stion of Form 8870, In the IRS in paper fo	y file Form nformation ormat (see	
						
•	n required to file Form 990-T and requesting			•	. \Box	
Part ronly .			Co. and trusts must use Form 7004 to		of time	
to file incom	porations (including 1120-C filers), partnersh	ips, Reiviic	s, and trusts must use Form 7004 to i	equest an extension of	i uiii o	
Type or	Name of exempt organization			Employer identification	number	
print	THE HELIS FOUNDATION			72-6020536		
•	Number, street, and room or suite no. If a P.O. box	x, see instru	ctions	1 .2 002000		
File by the due date for	228 ST. CHARLES AVENUE, SUITE					
filing your	City, town or post office, state, and ZIP code. For		dress, see instructions			
retum, See instructions	NEW ORLEANS, LA 70130	ŭ	·			
	,		· <u>· · · · · · · · · · · · · · · · · · </u>			
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)	(.	0 4	
Application		Return	Application		Return	
ls For		Code	Is For		Code	
Form 990		01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 990-E		03	Form 4720		09	
Form 990-PI		04	Form 5227		10	
	(sec 401(a) or 408(a) trust)	05	Form 6069		11	
	(trust other than above)	06	Form 8870		12	
Telephon If the org. If this is for the whole	e No 504 523-1831 anization does not have an office or place of or a Group Return, enter the organization's foe group, check this box	business in ur digit Gro f it is for pa	oup Exemption Number (GEN)	If th		
	e names and EINs of all members the extens					
until_ for the	est an automatic 3-month (6 months for a coronal of $08/15$, 2011 , to file the organization's return for: calendar year 2010 or tax year beginning	exempt or	ganization return for the organization	n named above The e	xtension is	
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, che	ck reason. Initial return	Final return		
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 472	0, or 6069, enter the tentative tax	less any		
nonrefundable credits. See instructions. 3a \$ 82,622.						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS						
	(Electronic Federal Tax Payment System). See instructions.					
	you are going to make an electronic fund		I with this Form 8868, see Form 8			
payment ins						
	rk Reduction Act Notice, see Instructions.		· · · · · · · · · · · · · · · · · · ·	Form 8868	(Rev. 1-2011)	

Form 8969 (Boy 1 2011)			- •				
Form 8868 (re filing for an Additional (Not Automatic) 3-Me	anth Eutan	sion accordate sub-Post II and about	Page 2 k this box				
	y complete Part II if you have already been gra re_filing_for an Automatic 3-Month Extension, o			ously filed Form 8868.				
Part II	Additional (Not Automatic) 3-Month Extension, (onice needed)				
Type or	Name of exempt organization	VIGII2IOII C		Employer identification number				
print	THE HELIS FOUNDATION			•				
File by the		THE HELIS FOUNDATION 72-6020536 Number, street, and room or suite no. If a P.O. box, see instructions.						
extended	228 ST. CHARLES AVENUE, SUIT		,uona.					
due date for filing your			drace see instructions					
return See	NEW ORLEANS, LA 70130	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions	THEN ONDEANS, DA 70130							
Enter the	Return code for the return that this application	is for (file a	separate application for each return)	0 4				
Application	on	Return	Application	Return				
ls For		Code	Is For	Code				
Form 990		01						
Form 990-	-BL	02	Form 1041-A	08				
Form 990-	-EZ	03	Form 4720	09				
Form 990-	PF	04	Form 5227	10				
Form 990-	-T (sec 401(a) or 408(a) trust)	05	Form 6069	11				
	-T (trust other than above)	06	Form 8870	12				
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month extension on a	previously filed Form 8868.				
The box	oks are in the care of ▶ MICHAEL F. SCH	HOTT						
Telepho	one No. ▶ 504 52 3-1831	1	AX No. ▶ 504 681-3376					
	rganization does not have an office or place of	 busıness ir	the United States, check this box					
	s for a Group Return, enter the organization's fo							
	nole group, check this box ▶ 🔲 . I							
	e names and EINs of all members the extensio							
4 I req	uest an additional 3-month extension of time u	ntil	11/15 , 2	0 11				
5 For	calendar year 2010, or other tax year beginn	ing	, 20 , and ending					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
7 State	e in detail why you need the extension WE HA	AVE BEEN	UNABLE TO COMPILE ALL T	THE DATA				
NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THEREFORE, WE ARE								
REQUESTING AN ADDITIONAL EXTENSION OF TIME UNTIL NOVEMBER 15, 2011.								
8a If the	is application is for Form 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the tentative tax	less any				
nonrefundable credits. See instructions.								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made Include any prior year overpayment allowed as a credit and any								
	unt paid previously with Form 8868.	,	,,	8b \$ 82,622.				
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS								
(Electronic Federal Tax Payment System). See instructions.								
Signature and Verification								
Under penal it is true, corr	tites of perjury, I declare that I have examined this form, rect, and complete and that I am authorized to prepare this for	including acc	companying schedules and statements, and to	the best of my knowledge and belief,				
Signature >	flix plus		Title Vice Presider					
				Form 8868 (Rev 1-2011)				