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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 **2015**

2015 வசும் செயியே அண்டு

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For cal	enda	r year 2015, or tax year beginning	, 2015	, and ending		,	
		AMILY FOUNDATION			Α	Employer identification num 20-3794532	
		ORTH 90TH PLACE ALE, AZ 85255			В	Telephone number (see insti	ructions)
					С	If exemption application is	pending, check here ►
G Che	eck al	If that apply. Initial return Final return	Initial return of a forn Amended return	ner public charity	D	1 Foreign organizations, chec	<u>L</u>
H Che	eck ty	Address change pe of organization: X Section 50	Name change	oundation		2 Foreign organizations meet here and attach computation	
I Fair		ction 4947(a)(1) nonexempt charitable		orivate foundation	E	If private foundation status under section 507(b)(1)(A),	
	m Part	II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60-	-month termination
Padd		773,474. (Part I	l, column (d) must be or	i casri dasis)		under section 507(b)(1)(B)	, check here
Section 1	E) co sa	rialysis of Revertue and xpenses (The total of amounts in ollumns (b), (c), and (d) may not neces- orily equal the amounts in column (a) ee instructions).)	(a) Revenue and expenses per books	(b) Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2	Contributions, gifts, grants, etc, received (attach schedule) Ck If the foundation is not required to attach Sch B	200,000.				
	3	Interest on savings and temporary cash investments		Managa at a mana at a			
	4 5 a	Dividends and interest from securities	6,996.	6,99	6.	6,996.	
ь		Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10			2277		
R E V		Gross sales price for all assets not on line 10 100,000.					
Ė N	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain					
Ŭ	9 10 a	Income modifications					
		returns and allowances Less: Cost of					kuwa nu wasi wusani wasani asani atahi natanza ayinata
	c	goods sold Gross profit or (loss) (attach schedule)			uesur.		
	11	Other income (attach schedule)					
	12 13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	206,996.	6,99	6.	6,996.	anguan dikusamua, kannad kupin-akila di-akilangkus anto-appi Maanuali aliangkus kannad kannad appangkang appin dikusamunia
	14	Other employee salaries and wages.	0.				
	15	Pension plans, employee benefits Legal fees (attach schedule)		DE	6	EIVED	
A D M		Accounting fees (attach sch) SEE ST 1.	600.		<u>.U</u>		
I N	_	Other prof fees (attach sch)		80 AP	R :	2 0 2016	
P S E T	17 18	Interest Taxes (attach schedule)(see instrs) SEE STM 2	219.				
4 29 048-128400 42€	19	Depreciation (attach schedule) and depletion	213.	00	D	EN, UT	
3	20 21	Occupancy					
04 E	22	Printing and publications					
E S	23	Other expenses (attach schedule) SEE STATEMENT 3	160.	15	n		
APR 6	24	Total operating and administrative expenses, Add lines 13 through 23	979.	15			
	25	Contributions, gifts, grants paid PART . XV	276,134.	12	υ.	1	276,134.
	26	Total expenses and disbursements. Add lines 24 and 25	277,113.	15	0.	0.	276,134.
SCANNED	27 a	Subtract line 26 from line 12: Excess of revenue over expenses					
ပ္ထ	h	And disbursements Net investment income (if negative, enter -0-)	-70,117.	6,84	6	ALE NO DON SON OR OLD AFE	n in it has it is the second
	ŀ	Adjusted net income (if negative, enter -0-)		0,84	υ.	6,996.	iau de la companya d

773,474.

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30...

护包	(a) List and describe	osses for Tax on Investmen the kınd(s) of property sold (e.g., re e, or common stock, 200 shares ML	eal estate.	(b) How acquire	d (C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1:		D — Donation P	1/09/14	1/30/15		
	1a 100000 DN BMO HARRIS BANK P 1/09/14 1/30/1					
	-	-				
	I	-				
•						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis le	(h) Gaın or (e) plus (f) n	
	100,000.		10	0,000.		0.
i)					
	4					
	(i) F M V as of 12/31/69	ing gain in column (h) and owned b (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any		(I) Gains (Col gain minus col. (k), l than -0-) o r Losses (f	out not less
a			` -			0.
)					
	:					
	<u> </u>					
			,			
	Capital gain net income or (ne	t capital loss)If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7			0.
3	Net short-term capital gain or ((loss) as defined in sections 1222(5)	and (6):			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions). If	(loss), enter -0-	- 1	:	0.
Pa	₹V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investn	nent Incom	е	
If se	ction 4940(d)(2) applies, leave t	oundations subject to the section 4940 his part blank. stion 4942 tax on the distributable an lify under section 4940(e). Do not co	mount of any year in the b		N/A	No
1	Enter the appropriate amount in	each column for each year, see the ins	structions before making any	/ entries		_
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (c	(d) Distribution Distribution Distribution Distribution	
	2014					
	2013					
	2012					
	2011					
	2010					
_	Table firms 1 columns (d)				,	
3	Total of line 1, column (d). Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the t n has been in existence if less than	otal on line 2 by 5, or by t 5 years	· · · · · · · · · · · · · · · · · · ·		
4	Enter the net value of nonchar	itable-use assets for 2015 from Part	X, line 5	4	<u> </u>	
5	Multiply line 4 by line 3	•••			1	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)		-	5	
7	Add lines 5 and 6			7	,	
8	Enter qualifying distributions fr	om Part XII, line 4] 8	:	
		n line 7, check the box in Part VI, line	1b, and complete that part	using a 1% ta	rate. See the	

Page 3

Fel	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e instru	uctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)			<u></u>	
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			137.
	check here ► and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			4.	1.00
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3			137.
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-	5			137.
6	Credits/Payments:				137.
٠	a 2015 estimated tax pmts and 2014 overpayment credited to 2015 6a		7		
	Exempt foreign organizations — tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)	-			
	Backup withholding erroneously withheld . 6d	_			
		7			
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached .	8			107
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			137.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the difficult of time to to be difficulted to 2010 conflicted tax. 1.	<u>* 11</u>			
100	Statements Regarding Activities				T
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			Yes 1a	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the 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				
c	Did the foundation file Form 1120-POL for this year?			1 c	Х
c	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation >\$ 0. (2) On foundation managers >\$		0.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		1	2	Х
	If 'Yes,' attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		, 	3	X
11 =	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	· ·	4a	X
	of Yes,' has it filed a tax return on Form 990-T for this year?		⊢		- /-
Ε.	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	—	5	N/A X
,	If 'Yes,' attach the statement required by General Instruction T.				^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ü	By language in the governing instrument, or				
			, 1		
	 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	Х
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 X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		2 10	le Han bern dien ent ente	1
	AZ				
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			8b X	
	(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation.			OD A	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete the complete is the foundation within the meaning of section 4942(j)(3) of the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete is the foundation within the meaning of section 4942(j)(3) of the taxable year beginning in 2015 (see instructions for Part XIV)?	ır 4942(ete Part	J)(5) X/V	9	Х
			····		+^
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		1	0	Х
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1261	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	. 11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	, ,	13	Х	
	Website address N/A			
14	The books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of a second of the books are in care of the books are of the books are in care of the books			
	Located at ► ZIP + 4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/2	<i>†</i> •	
	and enter the amount of tax-exempt interest received or accrued during the year		TV	N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
નિવ	Statements Regarding Activities for Which Form 4720 May Be Required	Frequency		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 8	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	È		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)		The second	
!	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here.			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
;	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	21	N	/7
	all years listed, answer 'No' and attach statement — see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2 b	IV.	/A
•	► 20 , 20 , 20 , 20		i.	
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No.			
I	o If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	determine if the foundation had excess business holdings in 2015.)	3 b	N	/A
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	,	Х
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			
	leopardize its charitable purpose that had not been removed from leopardy before the first day of	4 b		Х
BAA	the tax year beginning in 2015?	Form 9 9		
				/

0

Total number of other employees paid over \$50,000

Form 990-PF (2015) HELMS FAMILY FOUNDATION 20-3794532 Fair Value Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	!	
.,,		
	1	
T-1-1	<u> </u>	
Total number of others receiving over \$50,000 for professional services		0
Patrix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cical information such as the number of	Expenses
1 N/A		
2		
3		 -
4		
Paratives Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1		
N/A		
2		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 2		•
Total. Add lines 1 through 3		0.

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Form **990-PF** (2015)

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	see instructions.)	reign ic	ouridations,
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	
c	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	0.
е	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	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this part.)	ting fou	indations
1	Minimum investment return from Part X, line 6 .	1	
2 a	Tax on investment income for 2015 from Part VI, line 5 2a 137.		
b	Income tax for 2015. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2 c	137.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	-137.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	<u>-137.</u>
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
Par	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	276,134.
	Program-related investments — total from Part IX-B	1 b	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	276,134.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	276,134.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.	ndation	

Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7			Company of the second s	0
2 Undistributed income, if any, as of the end of 2015.	encolographic refounder leader alles soll finance e	egnin vegetnik kontrasieleng degelin, da vegetnika		
a Enter amount for 2014 only			0.	Andrew to a six or consequence a super-six was
b Total for prior years: 20, 20, 20		0.		ha was wan war sansaga and
3 Excess distributions carryover, if any, to 2015				
a From 2010 .				
b From 2011 c From 2012 185, 672.				
d From 2013				
e From 2014 230, 300.				
f Total of lines 3a through e	596,972.			
4 Qualifying distributions for 2015 from Part			factorius esta esta esta esta esta esta esta est	
XII, line 4. ► \$ 276,134.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions) .		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2015 distributable amount		alingstrages, can as allowed as as as		0.
e Remaining amount distributed out of corpus	276,134.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.	anum alumaken adalahasi, ning selebuh ning delimbih sepisah se	e same, so e de o troeto pare materiales	0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	873,106.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount — see instructions	e Bigg artesta entre successione de acce mbre la la calcidad	unu situ din unio gia il uluvuniti vidali v	0.)
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.	î L		
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	873,106.			
10 Analysis of line 9.				
a Excess from 2011				
b Excess from 2012 185, 672.				
c Excess from 2013 . 181,000.				:
d Excess from 2014 230,300. e Excess from 2015 276,134.				
BAA 276, 134.	- Constitution of the second s			Form 990-PF (2015)

Form 990-PF (2015) HELMS FAMILY FOU				20-3794532	2 Page 10
Page XV Private Operating Founda					N/A
1 a If the foundation has received a ruling or de is effective for 2015, enter the date of the	termination letter that e ruling	it is a private operat	ing foundation, and th	e ruling ►	
b Check box to indicate whether the foundation	_	erating foundation d	lescribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	,,,,,	<u> </u>
income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c '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)					
(3) Largest amount of support from an exempt organization .					
(4) Gross investment income			:		
Pare XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during t		structions.)			
1 Information Regarding Foundation Mana a List any managers of the foundation who has close of any tax year (but only if they have NONE	ve contributed more t	han 2% of the total c than \$5,000). (See	ontributions received to section 507(d)(2).)	by the foundation bef	ore the
b List any managers of the foundation who ow a partnership or other entity) of which the NONE	rn 10% or more of the e foundation has a 1	stock of a corporation owww.greater interests.	on (or an equally large est	portion of the owner	ship of
2 Information Regarding Contribution, Grant Check here	akes contributions to	preselected charitab	le organizations and d		
a The name, address, and telephone number	or e-mail address of t	he person to whom a	applications should be	addressed	
b The form in which applications should be	submitted and infor	mation and materia	als they should includ	le	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as hy deodran	hical areas charita	ible fields kinds of in	nstitutions or other	factors:
	sam as ay goograp	a. oao, onarito	2		

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Supplementary Information (co	ntınued)				
3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t		
Recipient ·	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of g contribut	grant or	Amount
Name and address (home or business)	substantial contributor	recipient	Contribut	.1011	
Name and address (home or business) a Paid during the year SEE STATEMENT 4	roundation manager or substantial contributor	recipient	contribut	ion	
Total				► 3a	276,134
b Approved for future payment				3a	210,134.
Total				► 3b	·· ··· , ,

nter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
·	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions.
Program service revenue:			code	<u> </u>	
a		<u> </u>			
b	1				·
C					
d	ļ				
e	 				
<u> </u>					
g Fees and contracts from government agencies Membership dues and assessments					
Membership dues and assessments	<u> </u>				
Interest on savings and temporary cash investments					
Dividends and interest from securities		enti vin maajinena voimaajana arjaint inj		and the first of the second se	6,99
Net rental income or (loss) from real estate:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
a Debt-financed property			_		
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.		<u> </u>			
a					
b					
С					
	1				
d	<u> </u>				
е					
Subtotal Add columns (b), (d), and (e)					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	ons.)			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate		hment of Exem	pt Purpos		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemp	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,990 6,990 ly to the nstructions)
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemp	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemp	e Accomplis			es	6,99
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemp	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation. Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the Begin below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Relationship of Activities to the Begin below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis			es	6,99
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculate Relationship of Activities to the	e Accomplis			es	6,99

Form 990-PF (2015) HELMS FAMILY FOUNDATION 20-3794532 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the describe relating	organization directly or ed in section 501(c) of to political organizatio	r indirectly engag the Code (other ns?	e in any of the fol than section 501(c	llowing with any c)(3) organizatio	other organizations) or in section	on 527,		Yes	No
a Transfer	rs from the reporting fo	oundation to a no	ncharitable exemi	ot organization o	of				
(1) Cas		, , , ,	,,,,,	-			(+·	1 a (1)	Χ
	er assets				•	•	· -	1 a (2)	X
	ansactions.	•		•	•	• • •		14(2)	
	es of assets to a nonch	aritable evemnt	organization					1 h (1)	V
	chases of assets from			'n	• • •		·	1 b (1)	X
	ital of facilities, equipm							1 b (2)	X
		•	E12	•	• •			1 b (3)	X
• •	mbursement arrangeme	ents	•	• •	•	•	<u> </u>	1 b (4)	X
	ns or loan guarantees				•		_	1 b (5)	X
	formance of services o							1 b (6)	X
c Sharing	of facilities, equipmen	t, mailing lists, o	ther assets, or pa	ıd employees				1 c	<u>X</u>
any tran	nswer to any of the about s, other assets, or service assets, or service assets or service as the s	angement, show	n column (d) the	value of the goo	ds, other assets,	or services	received		
(a) Line no	(b) Amount involved	(c) Name of non	charitable exempt orgai	nization (d) Description of tra	nsfers, transacti	ons, and sh	aring arrangemen	ts
N/A									
_									
		·							
		-			~				
	·								
		<u>-</u>							
									
									
			 						
	undation directly or indirectly or indirectly or indirectly of the control of the		i, or related to, one han section 501(c	or more tax-exer (3)) or in section	npt organizations in 527?			Yes X	No
	complete the following								
) Name of organization	1	(b) Type of org	ganization	(0	c) Description	n of relation	onship	
N/A									
	 -					****			
Sign Here	penalties of perjury, declare to and complete Declaration of	nat I have examined th preparer (other than ta	14	ompanying schedules information of which	CEO	o the best of my vledge.	knowledge a	May the IRS disc this return with the preparer shown to (see instructions)	uss ne pelow
Jigila	Print/Type penaret's name		Date		Title	<u> </u>		X Yes	No
	Print/Type preparer's name		Preparer's signature	20	Date / /	Check	∟J"	TIN	
Paid	CARTER J. POU	LSEN	W460	<u> </u>	4/14/16	self-emplo	yed P	01224996	
Preparer	Firm's name POI	ULSEN & COM	IPANY, P.C.			Firm's EIN ►	86-042	6474	
Jse Only			DRIVE						
•,	·		Z 85251			Phone no	480 94	16-0505	
BAA		,				• .		orm 990-PF (2015)
							•	,	/

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Employer identification number

HELMS FAMILY FOUNDATION	20-3794532
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 foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the General	Rule or a Special Rule.
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule X For an organization filing Form 990, 990-EZ property) from any one contributor Comple	c, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or the Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that he year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) 0-EZ, line 1 Complete Parts I and II.
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational children or animals. Complete Parts I, II, and III
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, r religious, charitable, etc., purposes, but no such contributions totaled more than e total contributions that were received during the year for an exclusively religious, any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it does not meet the	the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1	of	1	of Part I
Name of organization		identifi	cation numb	er	
HELMS FAMILY FOUNDATION	20-3794532				

adli	Contributors	(see instructions)	Use duplicate copies of Part	I if additional space is needed
------	--------------	--------------------	------------------------------	---------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELMSBRISCOE PERFORMANCE GROUP, INC 20875 N. 90TH PLACE SCOTTSDALE, AZ 85255	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Page

to

of **Part II**

taine of organization

HELMS FAMILY FOUNDATION

Employer identification number 20-3794532

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given N/A (a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Description of noncash property given Date received (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Part I (a) No. (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

1 to

1 of Part III

Employer identification number 20-3794532

or (the f contr	10) that total more than \$1,000 for t	he year from any one contribution platting Part III, enter the total (Enter this information once. See	of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) lo. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	Purpose of gift	Use of gift	Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
- ~ - - ~ -		·	

(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

BAA

(a) No. from Part I

(b) Purpose of gift

(d) Description of how gift is held

2015	FEDERAL STATEMENTS	PAGE 1				
	HELMS FAMILY FOUNDATION	20-3794532				
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES						
ACCOUNTING FEES .	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME S 600. TOTAL \$ 600. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.				
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES	,					
FEDERAL TAXES .	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 219. TOTAL \$ 219. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.				
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES						
BROKERAGE FEES LICENSES & FEES .	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 150. \$ 150. TOTAL \$ 160. \$ 150. \$ 150. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.				
STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR						
NAME AND ADDRESS	FOUND- DONEE ATION PURPOSE OF RELATIONSHIP STATUS GRANT	AMOUNT				
HIGHLANDS CHURCH 9050 E PINNACLE RD SCOTTSDALE AZ 85255	NONE TO SUPPORT MINISTRIES OF THE CHURCH	\$ 22,000.				
HOPEKIDS PO BOX 672 CAVE CREEK AZ 85327	NONE TO HELP SUPPORT CHILDREN WITH CANCER OR OTHER LIFE THREATENING MEDICAL CONDITIONS	10,000.				

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FEDERAL STATEMENTS

PAGE 2

HELMS FAMILY FOUNDATION

20-3794532

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	_	AMOUNT
ELEVATE PHOENIX 3750 W INDIAN SCHOOL RD PHOENIX AZ 85019	NONE			\$	5,000.
HABITAT FOR HUMANITY 115 E WATKINS ST PHOENIX AZ 85004	NONE				85,000.
GAMMA DELTA CHAPTER OF SIGMA CHI 400 S MONROE STILLWATER OK 74074	NONE				1,000.
TALES FROM THE TOUR	NONE				5,000.
CHAPTS 6935 E GOLD DUST AVE SCOTTDALE AZ 85253	NONE				2,000.
ILLUMINATE COMMUNITY CHURCH 17800 N PERIMETER DR SCOTTSDALE AZ 85255	NONE				10,000.
CARINAS MEDICAL 45 ROCKEFELLER PLAZA SUITE 200 NY NY 10111	NONE				25,000.
THE PETE & RUTH LESLIE FOUNDATION PO BOX 871 ALVA OK 73717	NONE				100,000.
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX AZ 85034	NONE				384.
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA AZ 85210	NONE				5,000.
BROTHER LOVE FEEDS 45 ROCKEFELLER PLAZA SUITE 200 NY NY 10111	NONE				500.
K2 ADVENTURE FOUNDATION 20707 N PIMA RD SUITE L130 SCOTTSDALE AZ 85255	NONE				2,500.

2015

FEDERAL STATEMENTS

PAGE 3

HELMS FAMILY FOUNDATION

20-3794532

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

FOUND-DONEE ATION

RELATIONSHIP

PURPOSE OF

STATUS GRANT AMOUNT

NONE \$ 250.

GOD DELIVERS BROTHERS
45 ROCKEFELLER PLAZA SUITE
200

NAME AND ADDRESS

NY NY 10111

LITTLE HOOVES 1660 E DURANT RD ORACLE AZ 85623

NONE

2,500.

TOTAL \$ 276,134.