68,7	E
U	18

Click on the question-mark icons to display help windows	Retroactive	Reinstatement
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contain	<u> </u>	

Short Form

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

Form **990-EZ Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Department of the Treasury

Open to Public Inspection

Inter	mal Rever	nue Service	► Information about Form 990-EZ and its instructions is at www.	.irs.gov/ton	7199U.		
A	For the	2016 calend	ar year, or tax year beginning , 2016, and	d ending			, 20
В	Check If ap	oplicable	C Name of organization &		D Empl		entification number 🌃
$\overline{\mathbf{Q}}$	Address c	hange	Helena Group Foundation			8	15455550 9
닏	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address)	oom/suite	E Telep	hone n	umber
=	Initial retu		521 N Rockingham Ave			21	3-687-5355
Ħ	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	\sim	F Grou	ıp Exe	mption
=	Applicatio		Los Angeles, CA, 90049	()り	Num	ber 🕨	` ፼
G /	Account	ting Method	✓ Cash	H	Check	▶ □ ı	f the organization is not
1 V	Vebs ite	: ► http://	/helena co/				ach Schedule B 📆
J T	ax-exen	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	527	(Form 99	90, 990	D-EZ, or 990-PF)
		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other				
		-	7b to line 9 to determine gross receipts If gross receipts are \$200,000 or mor	re, or if total	assets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	156,575
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the	ınstruc	tions	
			the organization used Schedule O to respond to any question in t				П
7	1		ons, gifts, grants, and similar amounts received .	<u> </u>		1	156,575
	- 1		ervice revenue including government fees and contracts		•	2	0
<u></u>		-	ip dues and assessments		ŀ	3	
<u> </u>	4	Investment	•	•	1	4.	0
	5a		ount from sale of assets other than inventory 5a	•	. 0		_
	ь		or other basis and sales expenses				
	C		ss) from sale of assets other than inventory (Subtract line 5b from line	5a)	\dashv	5c	0
	6		d fundraising events	. ou,		-	
	а	•	ome from gaming (attach Schedule G if greater than		-	1	
ē	_	\$15,000)	· · · · · 6a			1	
Revenue	ь	Gross inco		ontribution		-	
ě	-		aising events reported on line 1) (attach Schedule G if the	Jimbunon	•	İ	
Œ			th gross income and contributions exceeds \$15,000) . 6b		٨		
	c		et expenses from gaming and fundraising events 6c		-		
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6	Sh and sub	tract		
	-	line 6c)	o or floody from garring and farialising overto (add lifted of and o	no and suc	, act	6d	0
	7a	•	s of inventory, less returns and allowances 7a		٠, ٧		
	Ь.		of goods sold				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8		nue (describe in Schedule O)		. }	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	156,575
	10		I similar amounts paid (list in Schedule O)		•	10	130,373
	11			7 .	ŀ	11	0
s	12	Salaries of	ther compensation, and employee benefits RECEIVEL	do	, }	12	0
ŝ	13	Profession	aid to or for members ther compensation, and employee benefits RECEIVED al fees and other payments to independent contractors	∞/	• •	13	39,057.49
Expenses	14			Xİ	}	14	35,037.49
Exp	15		y, rent, utilities, and maintenance biblications, postage, and shipping	图	}		0
_	16		ibilications, postage, and shipping		}	15 16	112,024.42
	17	•	enses (describe in Schedule O) @ OGDEN, UT				151,024.42
	18		(deficit) for the year (Subtract line 17 from line 9)			17 18	5,493.09
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (in	nuet aaroo	with	, 10	5,453.09
SS			ir figure reported on prior year's return)	nust agree	WILL	10	46 646
Ä	20			•	}	19	15,545
Ž	21		iges in net assets or fund balances (explain in Schedule 0) or fund balances at end of year. Combine lines 18 through 20			20	21 038 09

Form 990-EZ (2016)

	rt II	Balance She	•			,	ny question in this	Part II		🗆
Pai		Check if the o	rganizatio.	n used Sch	redule (O to respond to a	ny question in this	Part II		🖂
		<u> </u>								
								(A) Beginning of year		nd of year
22	Cash	h, savings, and	investment	s			[15,54	22	21,03
23	Land	and buildings					[23	
4	Othe	er assets (descri	be in Sche	dule O) .					24	
!5	Tota	ıl assets					[15,54	25	21,03
26	Tota	ıl liabilities (des	scribe in Sc	hedule O)					26	
27	Net a	assets or fund	balances	line 27 of co	olumn (B) must agree wit	h line 21)		27	21,03
ar	t III						ne instructions for	Part III)	 	_
			_		•	•	ny guestion in this	,	E	penses
/ha	t is the					haritable, see Sche			(Required	for section
		-	•						1	and 501(c)(4) ons; optional for
							f its three largest p e services provide		others.)	ons, optional for
						ch program title.	e services provide	o, the number of		
_							olution to climate ch	2000	 	
.0		r rito, designed	to noip pro	mote carbon		o tocimology as a s		ialige.		
									1 1	
20	/O	_		O) If this						20.05
	(Grants						ants, check here .		28a	32,25
9							nt fields and generat	ions	1 1	
	to disc	uss and implem	ent solution	is to the mos	st press	ing challenges of o	ur time.		1 1	
				-2						
	(Grants	s\$		0) If this an	mount II	ncludes foreign gra	ants, check here .	<u></u> ▶ □	29a	67,00
0	None					·				
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									1	
	(Grants								1 1	
	700000	s \$) If this an	mount ir	ncludes foreign gra	ants, check here .	▶ 🔲	30a	
1		s \$ program service	es (describ				ants, check here .		30a	
	Other (Grants	program services \$	•	e in Schedul) If this an	ale O) mount ir	ncludes foreign gra	ants, check here	· · · · · · · · · · · · · · · · · · ·	30a	
	Other (Grants	program services \$	•	e in Schedul) If this an	ale O) mount ir	ncludes foreign gra	ants, check here	· · · · · · · · · · · · · · · · · · ·		99,25
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Page \$

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements				-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	NO	-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,	-
35 a					-
t		35a 35b	<u> </u>	-	-
Ċ	144 11	35c			-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	-
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	1]
Ł	• • • • • • • • • • • • • • • • • • • •	37b		1	-
38 a	the state of the s				ِ [
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	 	~	١٦
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	-			
a					
E		1			1
40a	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
t	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b]
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958]
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	}
41	List the states with which a copy of this return is filed ▶ California				-
42 a	Tolophono no.	310-55		4	
ь	Located at ► 269 South Beverly Drive, Suite 338, Los Angeles, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	90212			-
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO	-
	If "Yes," enter the name of the foreign country: ▶	TED			Ī
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		V	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>	j
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	j
d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	j
45a		44d 45a		V	-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ (see instructions)	45b		~	

Yes Yes	2 98
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Yes	No
Yes	No
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

Employer Identification number

Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Hele	na Gro	up Foundation					8154	55559
Par	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The c	organiz	ation is not a private founda	ition because it i	is: (For lines 1 through	12, che	ck only or	ne box.)	~ A
1		church, convention of churc						1
2		school described in section						\bigcup 1
3		hospital or a cooperative ho	•	~			** ** *	
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_		spital's name, city, and state					,-,	
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in
_			•			470/13		
6 7		federal, state, or local gover	-					- 4bb/:-
•		organization that normally scribed in section 170(b)(1)		•	port from	i a gover	nmental unit or from	n the general public
8				•	Dowl III			
9		community trust described i						
3	or un	agricultural research organ university or a non-land-gra iversity:	nt college of agr	nculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	red Su	organization that normally in ceipts from activities related pport from gross investmen quired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertaın exe ble incon	ceptions, re (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	☐ An	organization organized and	l operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12		i organization organized and						
		one or more publicly support						
	Cr	neck the box in lines 12a thro						
а	Ш	Type I. A supporting organ						
		the supported organization supporting organization. Ye					ne airectors or trust	ees of the
	$\overline{}$							am/a\ bbaa
b	لـا	Type II. A supporting organication or management of						
		organization(s). You must				persons	that control of man	age the supported
С		Type III functionally integ	•	•		onnectio	n with, and functions	ally integrated with.
_		its supported organization(,
d		Type III non-functionally i		-				orted organization(s)
		that is not functionally integ						
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.	
8		Check this box if the organ						e II, Type III
		functionally integrated, or 1		tionally integrated sup	oporting (organizat	ion.	
f		r the number of supported o						
g		ide the following information	, 	,			·	,
	(i) Nam	ne of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	Instructions)
					V	No.		
					Yes	No		
(A)					1	}		
			 	 	 	 		
(B)						}		
(0)						 		
(C)						1		
(D)								
\ - /								
(E)						{		
						ļ		

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the						
	Part III. If the organization fails to						_
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not]	
	include any "unusual grants.")	0	0	į o	29,500	156,575	186,075
2	Tax revenues levied for the						
	organization's benefit and either paid				İ		
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the			(į		
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	29,500	156,575	186,075
5	The portion of total contributions by						
•	each person (other than a			1		İ	
	governmental unit or publicly			[
	supported organization) included on	1				ļ	
	line 1 that exceeds 2% of the amount]		1		
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						186,075
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	29,500	156,575	186,075
8	Gross income from interest, dividends,						
	payments received on securities loans,			ì			
	rents, royalties and income from similar			[;		
	sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	Ĺ					186,075
12	Gross receipts from related activities, etc	•	•			12	0
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · 🕨 🗹
	on C. Computation of Public Suppor						··· ··
14	Public support percentage for 2016 (line to					14	<u>%</u>
15	Public support percentage from 2015 Sch					15	%
16a	331/3% support test—2016. If the organi			•		-	
	box and stop here. The organization qua			-			
b	331/3% support test—2015. If the organi						
	this box and stop here. The organization	•		•			لــا
17a	10%-facts-and-circumstances test—26						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	as a publicly	supported
	organization		· · · · ·				🟲 🖂
b	10%-facts-and-circumstances test 26						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r				The organizati	on qualifies as	a publicly
	supported organization						> 🗀
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, check	k this box and s	see

Schedu	le A (Form 990 or 990-EZ) 2016						Page 3
Part	(Complete only if you checked th	ne box on line	e 10 of Part I	or if the orga			under Part II.
Sooti	If the organization fails to qualify on A. Public Support	under the te	sts listed belo	ow, please co	omplete Part I	1.)	
		(-) 0010	(h) 0040	4-1-0044	/ // 0045/	(-) 00d0	40 T-4-1
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(c) 2014	(d) 2015 [/]	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			/			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						
Secti	on B. Total Support	/		<u> </u>	<u></u>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 20,12	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			- -			 - `
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 /						
C	Add lines 10a and 10b						1
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						,
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ar as a sect	ion 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2016 (line 8			3, column (fl)		15	%
16	Public support percentage from 2015 Sch	nedule A, Part	III, line 15			16	<u>%</u>
	on D. Computation of Investment Inc	come Perce	ntage		<u></u>		
17	Investment income percentage for 2016 (I			y line 13. colur	nn (fi)	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is me	ore than 331	3%, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organiza	ation . 🕨 🗌

b 33½% support tests – 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

□

Part IV Supporting Organizations

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

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		105	
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1	 	-
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	<u> </u>	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c	-	-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	.:	, , ,
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		:
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	,	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	ئ	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	· ·		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	.**.
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	- ,	, , , , , , , , , , , , , , , , , , ,
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in or derive any personal benefit	30	 	

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

9c

10a

10b

_		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Ι.	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		}	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	İ	_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	ļ	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	-	'	٠,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_	İ	'.
	supervised, or controlled the supporting organization.	-	<u> </u>	
Casti		2	L	L.,
Secu	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		, .
	the supported organization(s).	1		<u> </u>
Socti	on D. All Type III Supporting Organizations	1	L	<u> </u>
Secti	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization arounds to each of its supported arganizations, but the last day of the fifth month of the		Tes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,	- `	-
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		. 1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>	4 4	1
	significant voice in the organization's investment policies and in directing the use of the organization's	-		` [
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		[-
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	notn.	otion	
	- · · · · · · · · · · · · · · · · · · ·	nsuu	Cuon	3).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (i-		
С	The organization supported a government entity. Describe in Part VI now you supported a government entity (see m	Struct	ionsj.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 5	, ,	;
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	٠,	5 . 5
	those supported organizations and explain how these activities directly furthered their exempt purposes,	-	. ,	
	how the organization was responsive to those supported organizations, and how the organization determined	`		1
	that these activities constituted substantially all of its activities.	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	•	'	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	,	,	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			, ,
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	· .		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	·	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	•	ľ
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			1. 1. 1. 1.
factors (explain in detail in Part VI):	ي ٰ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · · · · ·	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	، م ۱ د .	
2 Enter 85% of line 1.	2	, - 5 ' - ,	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	1.6	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).		<u> </u>	
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	g organization (see

Part		B) Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	Underdistributions, if any, for years prior to 2016		-	
2	(reasonable cause required—explain in Part VI). See			
	instructions	, , ,		
3	Excess distributions carryover, if any, to 2016:		,,,, , , , , , à	
а			أراء أنها والمراد	,
b			,	, , , , , , , , , , , , , , , , , , , ,
C	From 2013			,
d	From 2014		,	
е	From 2015	.4	, , `	,
f	Total of lines 3a through e		* *	
g	Applied to underdistributions of prior years	·	<u>,, ,,</u>	
h	Applied to 2016 distributable amount	, , ,		
	Carryover from 2011 not applied (see instructions)	, ,	, ,	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	7 ,		
	Section D, line 7:			-,
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			: . ,
5	Remaining underdistributions for years prior to 2016, if	· · · · · · · · · · · · · · · · · · ·		
	any. Subtract lines 3g and 4a from line 2. For result			2
	greater than zero, explain in Part VI. See instructions.			- + 44
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		1	
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3	`		
•	and 4c.			
8	Breakdown of line 7:	,		7.5.
		-		
<u>u</u>	Excess from 2013	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
<u>-</u>	Excess from 2014			
d	Excess from 2015			
<u>u</u>	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	
	EAU-000 110111 ZUTU	<u></u>	<u> </u>	<u> </u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Helena Group Foundation 815455559 Form 990-EZ, Part I Other Expenses Marketing and PR \$88,663 54 Travel and Conference Fees \$3,370 17 Bank Charges \$950 Website Development, Registration and Hosting/Email & Other Software Fees \$18,790 71 Parking \$250 Form 990-EZ, Part III Charitable Purpose Helena Group Foundation's charitable purpose is to educate the public on subjects useful to individuals and beneficial to the community by congregating the greatest thinkers, minds, influencers and others to solve the world's biggest problems Form 990-EZ, Part III Program Expenses 1 The Helena Prize The Helena Prize was an initiative designed to support young entrepreneurs working on projects with the potential to change the world for the better In 2017, the Helena Prize sought an entrepreneur under the age of 30 (or who was under the age of 30 when the entrepreneur's venture was founded, provided the venture was less than ten years old) whose for-profit venture would have a plausible and definable net negative impact on radiative forcing (a proxy metric for global warming) This topic was chosen by members and outside experts as an area where the winner could create meaningful solutions to a scientific problem with innovative technology Judges for the Helena Prize included Professor Gordon L. Clark (Director of the Smith School of Enterprise and the Environment at Oxford University), Professor Cameron Hepburn (Professor of Environmental Economics at the University of Oxford and the London School of Economics and Political Science), Chip Comins (Founder of the American Renewable Energy Institute), John R Seydel (Director of Sustainability, City of Atlanta) and nine other experts in the field. For more information about the Helena Prize, please see http://helena.co/projects/factory-in-the-sky/

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization Helena Group Foundation	Employer identification number 815455559
2 The Helena Membership Program	
Convening a small group of world leaders to discuss and implement projects that address major global issues and	challenges
In practice, this means	
) Researching and networking to find potential Helena Core members and Brain Trust members (people who repre	esent the pinnacle of achievement in
their fields and share a willingness to use that influence to achieve positive good),	
ii) recruiting them to join Helena's group (and agree to meet with each other to exchange ideas to solve world prob	lame), and
iii) scheduling meetings between the members for them to discuss the ideas shaping the world, the problems afflic	ting it, and the ways they can work
with each other and with Helena to address those problems	
Schedule B, Details on Contributors	
Helena Group Foundation ("Helena") is the sponsee under a fiscal sponsorship agreement with Edward Charles F	oundation (EIN 26-4245043)
an organization described in section 170(b)(1)(A)(vi) of the Code When a donor seeks to make a contribution tow	
purposes, the donor is provided with a form that identifies Edward Charles Foundation as the recipient of the dona	tion
Edward Charles Foundation reports the receipt of all such donations on its applicable Forms 990 Pursuant to the	fiscal sponsorship
agreement, Edward Charles Foundation possesses full control and discretion over the donated funds, and makes	disbursements to Helena to
support Helena's charitable purposes All of Helena's contributions are received from the Edward Charles Founda	tion, as indicated on Schedule B