Point Partner of Organization Provide State Derivative of the Treat Lond as action 50(1): 627, or 947(0(1) of the Internal Revenue Code (except private foundations) bon of enter social security numbers on this form as it may be made public. Derivate of Code A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 B organization Name of organization Derivative of Code Derivative of Code D organization Name of cognization Derivative of Code Derivative of Code D organization Name of cognization Derivative of Code Derivative of Code D organization Name of cognization Code Code D organization Name of cognization Name of cognization Name of cognization D organization Total Association Dote L Yearo of commonization D organi			PU	BLIC DISCLOSURE COPY - STATE REGISTRA	TION NO. 0130	
Form Control Contro Control Control		Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
International Service Inspection Insp	Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ((except private foundation	^{ns)} 2015
A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016 B crow #						
B checklink Charme of organization D Employer identification number Physical Point Dubbor STATE UNIVERSITY ADVANCEMENT 94-6077724 Provide Software 94-6077724 Window Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Control ARCATA, CA 95521 Gene receives 8 8, 819, 524. Marker FMame and address of principal officer.CRAIG WRUCK Gene receives 1 8, 819, 524. SAME AS C ABOVE FMame and address of principal officer.CRAIG WRUCK H(a) Is this a group roturn Tax-exempt status: Soft(a) (insert no.) 947(a)(1) or Vers 1 No. Version or organization: Corporation Trust Association Other > Version organization: Corporation Trust Association of the operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part V, line 1a) 3 18 4 Number of indeviduals employed in calendar year 2015 (Part V, line 2a) 5 15 5 Total number of individuals employed (Part V, line 1a) 4 115 5 Total number of individuals employed in calendar year						Inspection
HUMBOLDT STATE UNIVERSITY ADVANCEMENT Output 94-6077724 Doing business as 94-6077724 Deriver Report Report Report Report Report Deriver						
POUNDATION 94-6077724 Drag business as 94-6077724 Drag business as 707-826-5146 Chypoten 1 HARPST STREET Drag business as Room/sult Environ 6 Generancements Bergeter 8,819,524. Height at or province, country, and ZIP or foreign postal code 6 Generancements ARCATA, CA 95521. I maxe and atdress of principal officer.CRAIG WRUCK H(a) is this agroup return SAME AS C ABOVE No I maxecompt status: XI b01(c)(i) i01(c)(i)<	B C a	pplicab			D Employer identific	ation number
Bit Provides and Street (or P.0. box if mail is not delivered to street address) Pointsuite P4-6077724 Provides and street (or P.0. box if mail is not delivered to street address) Roombaute E Telephone number Provides and street (or P.0. box if mail is not delivered to street address) Roombaute E Telephone number Provides and street (or P.0. box if mail is not delivered to street address) Roombaute E Telephone number Provides and street (or P.0. box if mail is not delivered to street address) Roombaute E Telephone number Provides and street (or P.0. box if mail is not delivered to street address) Roombaute E Telephone number Provides and street (or P.0. box if mail is not delivered to street address) Roombaute Roombaute Roombaute I accenter (or P.0. box if mail is not delivered to street address) Provides and street (or P.0. box if mail is not delivered to street address) Roombaute I accenter (or P.0. box if mail is not delivered to street address) Provides and street association If No. 'attack is not association I accenter (or P.0. box if mail is not delivered to street address) Provides and street address of provides (Provides and street address) Roombaute I accenter (or P.0. box if mail is not delivered to street address) Provides and street address of provides (Provides addresstreet address) Roombaute <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Image: State of the construction of the second of the					94-6	077724
Image: Stream of the second stream of th		⊐Initial			uite E Telephone number	
City or town, state or province, county, and ZIP or foreign postal code G consensations: 5 0, 0.19, 3.24 . Marchart A, CA 95521 FName and address of principal officer: CRAIG WRUCK H(a) Is this a group return for subordinates? I taxexempt status: IX_SOI(c)(3)SOI(c)() (insert no.)4947(a)(1) orSTZ H(b) R this a group return for subordinates? J website: ▶ HTTP: //HSUAF.HUMBOLDT.EDU H(c) Group exemption number ▶ K form of organization: IX_Corporation		∟return		RPST STREET	707-	
Finance Finance and address of principal officer-CRAIG WRUCK Finance and address of principal officer-CRAIG wRUCK Finance and address of principal officer-CRAIG wRUCK SAME AS C ABOVE Finance and address of principal officer-CRAIG wRUCK Finance and address of principal officer-CRAIG wRUCK J Website: HTTP://HSUAF.HUMBOLDT.EDU Finance and address of principal officer-CRAIG wRUCK J Website: HTTP://HSUAF.HUMBOLDT.EDU Finance and address of principal officer-CRAIG wRUCK FartI Summary I Briefly describe the organization isonon romst significant activities: SEE SCHEDULE O 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) if a 15 4 Number of individuals employed in calendar year 2015 (Part V, line 2a) if a 15 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) if a 15 7 Total number of outinteers (estimate if necessary) if a 15 7 Total number of voting members of the governing body (Part V, line 2a) if a 15 9 Total number of voting members of the governing body (Part V, line 1a) if a 16 10 Investment income (Part VIII, column A), lines 2a) <		ated	City or to		G Gross receipts \$	8,819,524.
SAME AS C ABOVE H(b) Are all subcriments included? Yes No I Tax-exampt status: X 501(c)(3) 501(c) (1 € (insert no.) 4947(a)(1) or 527 H(b) Are all subcriments included? Yes No Website: HTTP: / HSUAF. HUMBOLDT.EDU H(c) Group exemption number > K Form of organization: X Corporation Trust Association Other > L vear of formation: 1928 M State of legal domicile: CA Part II Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 4 4 Independent voting members of the governing body (Part V, line 2a) 5 5 Total number of individuals molyboy of in calendary pare 2015 (Part V, line 2a) 5 6 Total number of number of molydivulus molyboy of inc and ary are 2015 (Part V, line 2a) 6 6 Total number of number of number of molydivulus molyboy in calendary pare 2015 (Part V, line 2a) 6 7 Total number of number of number of molydivulus molyboy (Part VI, line 2a) 7 6 Total number of number of number of number of molydivuluus molyboy. Incertain the secondary of the covente from Part VIII, colum (O, line 12 7 </td <td></td> <td>return</td> <td></td> <td></td> <td></td> <td></td>		return				
I Tax-exempt status: X 501(c)(3) 501(c) ↓ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ HTTP: / /HSUAP. HUMBOLDT. EDU H(c) Group exemption number ▶ K Form of organization: X Corporation I Trust Association 0 ther ▶ L Year of formation: 1928 M state of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 7 Total number of volunteers (estimate if necessary) 7 7 7 Total number of volunteers (estimate if necessary) 4 1011, 7,77,7,7,2,7,724,155. 9 Program service revenue (Part VII, loolurn (A), lines 3, 4, and 7d) 1,769,7535. 1,232,7631. 10 Investment income (Part VIII, colurn (A), lines 1-3) 6 6 0.0.0.0.0.0.		ltión				······
J Website: ► HTTP: //HSUAF.HUMBOLDT.EDU H(c) Group exemption number ► K Form of organization: X Gorporation Trust Association Other ► L year of formation: 1928 M State of legal domicile: CA Part II Summary 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 2a) 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of undividuals employed in calendar year 2015 (Part V, line 2a) 7 a total unrelated business revenue from Part VIII, column (C), line 12 7 a total number of undividuals employed in calendar, year 2015 (Part V, line 2a) 9 Priogram service revenue (Part VIII, lines 2, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), line 24) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 25) 19 Revenue less expenses. Subtract line 18 from line 12 14 Benefits paid to or for members (Part	<u> </u>					
K form of organization: X Corporation Trust Association Other ► L Year of formation: 1928 M State of legal domicile: CA Part I Summary Exercise SEE SCHEDULE O 2 Check this box if the organization's mission or most significant activities: SEE SCHEDULE O 3 Unber of volting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 18 5 Total number of volunterse (settimate if necessary) 6 15 7a Total ourberds of volunterse (settimate if necessary) 6 175 7a Total unrelated business revenue from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, lone 1n) 1.7 (769, 5335, 1.2 (332, C31, 1.1) 10 1.7 (769, 5335, 1.2 (332, C31, 1.1) 10 Investment income manounts paid (Part IX, columm (A), lines 1.3) 6.5 (510, 0.094, 4, 533, 708, 1.2 (331, 1.1) 1.2 (342, 1.2 (31, 1.1) 1.2 (35, 7.2 (31, 1.1) 1.1 (769, 5353, 376, 1.2 (332, 631, 1.1) <td></td> <td></td> <td></td> <td></td> <td>, ,</td> <td></td>					, ,	
Part I Summary a Brefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7a Total number of volunt employee hore from Porgram service revenue (Part VIII, lonurm (A), lines 12, ine 34. 10 Investment income (Part VIII, lonurm (A), lines 5, 6d, 8c, 9c, 10c, an						
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) istance 4 Number of independent voting members of the governing body (Part VI, line 1a) istance 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) istance 6 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 9 Program service revenue (Part VIII, column (A), lines 3.4, and 7d) istance 11 Other revenue (Part VIII, column (A), lines 4.6, co, co, co, and 11e) istance 13 Grants and similar amounts paid (Part IX, column (A), lines 4.3) 6461, 223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), lines 5.10) 0. 0. 0. 14 B						o tato or togat domining -
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) istance 4 Number of independent voting members of the governing body (Part VI, line 1a) istance 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) istance 6 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 7 Total number of volunteers (estimate if necessary) istance 9 Program service revenue (Part VIII, column (A), lines 3.4, and 7d) istance 11 Other revenue (Part VIII, column (A), lines 4.6, co, co, co, and 11e) istance 13 Grants and similar amounts paid (Part IX, column (A), lines 4.3) 6461, 223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), lines 5.10) 0. 0. 0. 14 B		1	Briefly describ	e the organization's mission or most significant activities: SEE SCHE	DULE O	
• Normalized for the set of the set	ance					
• Normalized for the set of the set	erná	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
• Normalized for the set of the set	20C	3				
b Net unrelated business taxable income from 990-T, line 34 Tb 0. 900 Prior Year Current Year 4, 101, 737, 2, 724, 155. 2, 724, 155. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 769, 535. 1, 232, 631. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156, 723. 54, 158. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6, 510, 094. 4, 533, 708. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 646, 2223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10. 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 119. 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), line 12. 2, 310, 495. 2, 541, 695. 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 8eginning of Current Year End of Year 3, 553, 376. 1, 334. 912. 20 Total assets (Part X, line 16) 2, 722, 082.	<u>ھ</u>					
b Net unrelated business taxable income from 990-T, line 34 Tb 0. 900 Prior Year Current Year 4, 101, 737, 2, 724, 155. 2, 724, 155. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 769, 535. 1, 232, 631. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156, 723. 54, 158. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6, 510, 094. 4, 533, 708. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 646, 2223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10. 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 119. 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), line 12. 2, 310, 495. 2, 541, 695. 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 8eginning of Current Year End of Year 3, 553, 376. 1, 334. 912. 20 Total assets (Part X, line 16) 2, 722, 082.	ties					-
b Net unrelated business taxable income from 990-T, line 34 Tb 0. 900 Prior Year Current Year 4, 101, 737, 2, 724, 155. 2, 724, 155. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 769, 535. 1, 232, 631. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156, 723. 54, 158. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6, 510, 094. 4, 533, 708. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 646, 2223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10. 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 119. 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), line 12. 2, 310, 495. 2, 541, 695. 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 8eginning of Current Year End of Year 3, 553, 376. 1, 334. 912. 20 Total assets (Part X, line 16) 2, 722, 082.	ť					
B Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 482,099.522,764. 10 Investment income (Part VIII, line 2g) 482,099.522,764. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 1,769,535.1,232,631. 12 Total revenue. Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,723.54,158. 12 Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,510,094.4,533,708. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 646,223.657,101. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00.0 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 510) 0.00.00.0 16 Professional fundraising fees (Part IX, column (A), line 25) 0.00.00.00.00.00.00.00.00.00.00.00.00.0	Ac					
8 Contributions and grants (Part VIII, line 1h) 4,101,737.2,724,155. 9 Program service revenue (Part VIII, column (A), line 2g) 482,099.522,764. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,769,535.1,232,631. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,723.54,158. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,510,094.4,533,708. 13 Grants and similar amounts paid (Part IX, column (A), line 1.3) 646,223.657,101. 14 Benefits paid to or for members (Part IX, column (A), line 5.10) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0.0.0.0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			Net unrelateu			
9 Program service revenue (Part VIII, line 2g) 482,099.522,764. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,769,535.1,232,631. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,723.54,158. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,510,094.4,533,708. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 646,223.657,101. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.0.0.0. 16a Professional fundraising fees (Part IX, column (D), line 25) 0.0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,310,495.2,541,695. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.0. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,722,082.2,2,899,678. 2,722,082.2,2,899,678. 21 Total liabilities (Part X, line 26) 2,722,082.2,2,899,678. 33,980,074.33,525,446. Part II Signature Block <td>¢,</td> <td>8</td> <td>Contributions</td> <td>and grants (Part VIII, line 1h)</td> <td></td> <td></td>	¢,	8	Contributions	and grants (Part VIII, line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 136, 723, 54, 138, 708, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 708, 702, 718, 3198, 796, 33, 553, 376, 11, 334, 912, 702, 708, 718, 3198, 796, 718, 718, 718, 718, 718, 718, 718, 718	nue	9			482,099.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 136, 723, 54, 138, 708, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 54, 138, 708, 702, 718, 3198, 796, 33, 553, 376, 11, 334, 912, 702, 708, 718, 3198, 796, 718, 718, 718, 718, 718, 718, 718, 718	eve	10	Investment ind		1,769,535.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 646, 223. 657, 101. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 0. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 956, 718. 3, 198, 796. 3, 553, 376. 1, 334, 912. 19 Revenue less expenses. Subtract line 18 from line 12 3, 553, 376. 1, 334, 912. 2, 722, 082. 2, 899, 678. 20 Total assets (Part X, line 16) 2, 722, 082. 2, 899, 678. 33, 980, 074. 33, 525, 446. 18 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	œ					
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00000 b Total fundraising expenses (Part IX, column (D), line 25) 0.00000 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 310, 495. 2, 541, 695. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0.00000000000 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 3, 553, 376. 1, 334, 912. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2, 722, 082. 2, 899, 678. 2, 722, 082. 2, 899, 678. 21 Total liabilities (Part X, line 26) 2, 722, 082. 2, 899, 678. 22 Net assets or fund balances. Subtract line 21 from line 20 33, 980, 074. 33, 525, 446. Part II Signature Block Signature of officer Date Signature of officer Date Date Date		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
Sector 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (A), line 25) 0. 2,310,495. 2,541,695. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,956,718. 3,198,796. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,956,718. 3,198,796. 19 Revenue less expenses. Subtract line 18 from line 12 3,553,376. 1,334,912. 20 Total assets (Part X, line 16) 2,722,082. 2,899,678. 21 Total liabilities (Part X, line 26) 33,980,074. 33,525,446. 22 Net assets or fund balances. Subtract line 21 from line 20 33,980,074. 33,525,446. Part II Signature Block 33,980,074. 33,525,446. Signature of officer Date Date		13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 2, 310, 495. 2, 541, 695. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2, 956, 718. 3, 198, 796. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 3, 553, 376. 1, 334, 912. 20 Total assets (Part X, line 16) 2, 722, 082. 2, 899, 678. 21 Total liabilities (Part X, line 26) 2, 722, 082. 2, 899, 678. 22. Net assets or fund balances. Subtract line 21 from line 20 33, 980, 074. 33, 525, 446. Part II Signature Block 33, 980, 074. 33, 525, 446. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date						
17 Other expenses (Part IX, column (A), lines Tra-Trd, TTP-24e) 2, 310, 433. 2, 341, 033. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 3, 553, 376. 1, 334, 912. 20 Total assets (Part X, line 16) 36, 702, 156. 36, 425, 124. 21 Total liabilities (Part X, line 26) 2, 722, 082. 2, 899, 678. 22 Net assets or fund balances. Subtract line 21 from line 20 33, 980, 074. 33, 525, 446. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	ses					
17 Other expenses (Part IX, column (A), lines Tra-Trd, TTP-24e) 2, 310, 433. 2, 341, 033. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 956, 718. 3, 198, 796. 19 Revenue less expenses. Subtract line 18 from line 12 3, 553, 376. 1, 334, 912. 20 Total assets (Part X, line 16) 36, 702, 156. 36, 425, 124. 21 Total liabilities (Part X, line 26) 2, 722, 082. 2, 899, 678. 22 Net assets or fund balances. Subtract line 21 from line 20 33, 980, 074. 33, 525, 446. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	Sen				0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,956,718. 3,198,796. 19 Revenue less expenses. Subtract line 18 from line 12 3,553,376. 1,334,912. 19 Revenue less expenses. Subtract line 18 from line 12 3,553,376. 1,334,912. 20 Total assets (Part X, line 16) 36,702,156. 36,425,124. 21 Total liabilities (Part X, line 26) 2,722,082. 2,899,678. 22 Net assets or fund balances. Subtract line 21 from line 20 33,980,074. 33,525,446. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date	Ĕ				2 310 495	2 541 695.
19 Revenue less expenses. Subtract line 18 from line 12 3,553,376. 1,334,912. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,702,156. 36,425,124. 21 Total liabilities (Part X, line 26) 2,722,082. 2,899,678. 22 Net assets or fund balances. Subtract line 21 from line 20 33,980,074. 33,525,446. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date						
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,702,156. 36,425,124. 21 Total liabilities (Part X, line 26) 2,722,082. 2,899,678. 22 Net assets or fund balances. Subtract line 21 from line 20 33,980,074. 33,525,446. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date						
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	or ces					
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	sets alan	20	Total assets (F	Part X, line 16)	36,702,156.	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date	t As	21	Total liabilities	(Part X, line 26)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Date					33,980,074.	33,525,446.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Date Date			•			
Sign Signature of officer Date						/ knowledge and belief, it is
	true,	corre	cī, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	
	¢:~-	•	Signature	of officer	Date	
			· -			

	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KURT BENNION, CPA			self-employed P01469618
Preparer	Firm's name 🕞 CLIFTONLARSONALL	EN LLP		Firm's EIN 41-0746749
Use Only	Firm's address 3000 NORTHUP WAY	, SUITE 200		
	BELLEVUE, WA 980	04		Phone no. (425) 250-6100
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
				- 000 (*** ***

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

_	n 990 (2015) FOUND	ATION	UNIVERSITY A	ADVANCEMENT	94-6077724 _{Pag}	e 2
Pa	rt III Statement of Program	Service Accon	plishments		_	
1	Check if Schedule O contains Briefly describe the organization's m		to any line in this Part II	I	<u>L</u>	X
	SEE SCHEDULE O					
2	Did the organization undertake any s	significant program	services during the year	which were not listed on		
	the prior Form 990 or 990-EZ? If "Yes," describe these new service				Yes XI	٩ı
3	Did the organization cease conducti If "Yes," describe these changes on	ng, or make signific	ant changes in how it co	onducts, any program services	?Yes X I	٩
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) organ	service accomplish			• •	
40	revenue, if any, for each program se	rvice reported. 2,788,556.	in the diameter of A	657,101.) (Reve	enue \$ 678,038	-)
4a	(Code:) (Expenses \$ SERVICES INCLUDE F			104 SCHOLARSHI	$\frac{1}{2} \frac{1}{2} \frac{1}$	<u>•</u>)
	CAMPUS PROGRAMS IN					
	ADMINISTERING 254 INVESTMENTS.	CAMPUS TRU	STS, MANAGIN	NG 239 ENDOWED A	AND 3 NON-ENDOWE	D
	INVESTMENTS.					
4b	(Code:) (Expenses \$		including grants of \$) (Reve	enue \$	_)
4c	(Code:) (Expenses \$		including grants of \$) (Reve	enue \$	_)
4d	Other program services (Describe in	Schedule (0.)				
ru	(Expenses \$	including grants of	\$) (Revenue \$)	
4e	Total program service expenses	2,78	8,556.		,	
53200	12				Form 990 (20)15)
12-16-			2 E 0 E 0 0 0 111 MB			

	990 (2015) FOUNDATION 94-607	7724	F	Page 3
Pa	rt IV Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	┼───
120		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		<u>-</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Гания	000	(2015)

Form **990** (2015)

532003 12-16-15

Form	990 (2015) FOUNDATION 94-607	7724	P	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	·		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34	x	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
50	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 30		<u> </u>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 31		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2015)

532004 12-16-15

FOUNDATION

94-6077724 Page 4

4

Check if Schedule Q contains a response or note to any line in this Part V Yes Yes <th></th> <th>990 (2015) FOUNDATION 94-6077</th> <th>724</th> <th>P</th> <th>age 5</th>		990 (2015) FOUNDATION 94-6077	724	P	age 5
1a Enter the number reported in Box 3 of Form 1006. Enter -0 if not applicable 1a 28 1b Enter the number of Forms W2G included in line 1a. Enter -0 if not applicable 1b 0 1c D Enter the number of Forms W2G included in line 1a. Enter -0 if not applicable 1c X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax. Statements, 2a 0 1c X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax. Statements, 2a 0 1c X 3b D If a teast one is exported on line 2a, did the organization field and exported and provide an explanation in Schedule O. 3b 3b 3c Diff the organization field the organization field and the organization field account, or other authority ore, a francial account in a foreign country. 3a 3b 3d Did any taxable party notify the organization field the organization field the organization and any time during the coleridaty esc. distributions? 3b 3c 4d Any time during the coleridaty esc. distributions? 3c 3c 3c 3c 5d D do any taxable party notify the organization hase an interest in, or a signature or ther authority ore, a francial accountry. 3a 3c 3c<	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number exponted in Rox 3 of Form 1066. Enter-0* in not applicable 11 2.8 b Enter the number of Forms W260 included in line 1a. Enter-0* if not applicable 10 10 2 Enter the number of forms W260 included in line 1a. Enter-0* if not applicable 10 10 2 Enter the number of enpolyses reported on Form W3, Transmital of Wage and Tax Statements, if the for the calendar year ending with or within the year covered by this returns? 20 10 10 X 3a Data the asso is reported on in E2, did the organization file all required fedral employment tax returns? 20		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of forms W20 included in line 1a. Enter 0- if not applicable 10 10 10 c Define organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12a 2a 0 b if at least one is reported on fine 2a, did the organization file all required fideral employment tax returns? 2b 2b 3a Did the organization have unelleted business gross income of \$1,000 or more during the year? 3a 3b 3b Dif 1*se, "has tilled a Form 906-17 torth year? 1*0%," to line 23, provide an explanation in Schedule 0 3a 3b 4a At my time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is or foring oroutry; b 5a X 5a Did any taxable party notity the organization that a shark account, so other financial Accounts (FBAR), 5a X X 5a Did any taxable party not a prohibid tax shalter transaction at any time during the ayear? 5a X 5a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to proceed winners? 10 X 28 Etter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 10 X 29 Etter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year of the organization field arrequired to e-Me (see instructions) 30 30 30 30 30 30 30 30 30 30 30 4 30 4 30 4 30 4 30 4 4 20 30 4 4 20 4 4 20 4 4 20 30 4 4 20 4 4 20 5 <	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28			
gambing) wrinings to prize wrines? 10 X 2a Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements. 2a 0 0 b if at least one is reported on line 2a, did the organization file all required fide/all exployment tax returns? 2b 1 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa 3b Dif "set," has file al Serm Bolf Tow's to get all to "by provide an explanation in Schedule O 3b Xa 3a Did the organization on part to all to get all the organization have an interest in, or a signature or other authority over, a financial accountil? 4a Xa 3b If "Yes," enter the name of the foreign country. Sa Xa Xa 3c Wast the organization a part to a prohibited tax sheller transaction? Sa Xa 3c Wast the organization apart to a prohibited tax sheller transaction? Sa Xa 3c Wast the organization apart to a prohibited tax sheller transaction? Sa Xa 3c Wast the organization apart to a prohibited tax sheller transaction? Sa Xa 3c Wast the organization apart to a party to a prohibited tax sheller transaction? Sa Xa<	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the field for the calendar year ending with or within the year covered by the return 2a 0 bit at least one is reported on line 2a, did the organization file all required toderal employment tax returns? 2b 0 Note. If the sum of lines 1a and 2a is greater than 250, you may be required toderal employment tax returns? 2b 3a X bit 17 'ves, 'in this 1 field a form 900-Tip critic year? 3a X 3a X bit 17 'ves, 'in the 1 form of country isoch as a bank account, securities account, or other functial accounts (FBAR). 3a X 5a Note the organization have unitable daxs bales framacial account at any time during the calarable part notify the organization have an interest, nor a displature or other authority over, a financial account is for BAR). 5a X 5a Did any taxable part notify the organization file form 8880-Ti? 5a X X 5a Did any taxable part notify the organization file form 8880-Ti? 5a X X 5a Did any taxable part notify the organization may ensure sature than \$100,000, and did the organization sole and any time during the stars or a signature or the authority or part of the author that was or is a party to a prohibited tax shelter transaction and tax to account the author tax deductible? 5a X	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendary-year ending with or within the year covered by this return La U b if at least one is reported on line 2a, did the organization file al required federal employment tax returns? 2b Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If 'Yes,' has filed a Form 900 To thit year? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is correling country; lock has a bank account, securities account, or other financial Accounts (FBAP). 5a Was the organization country; lock has a bank account, securities account, or other financial Accounts (FBAP). 5a Was the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a U any taxable party notify the organization file Form 8B8AF? 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions or gifts were not tax deductible? 5a X 7 Organizations that may receive deductible contributions under section 170(c). bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file form 888		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required foe/file emistructions? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions) 3a b If "Yes," thas filed a form 390-T for this year? (I' No, 'I bine 3b, provide an explanation in Schedule O 3a b If "Yes,' thas filed a form 390-T for this year? (I' No, 'I bine 3b, provide an explanation in Schedule O 3a b If "Yes,' that filed a form 390-T for this year? (I' No, 'I bine 3b, provide an explanation in Schedule O 3a b If "Yes,' the during the calendary year, dift the organization have an interest in, or a signature or other authority over, a financial account)? 4a 2x b If "Yes,' the net the name of the foreign country. 5a 2x b Did any taxable party notify the organization tile two mails at a party to a prohibited tax shelter transaction? 5a 2x c Did any taxable party notify the organization tile How most aparty to a prohibited tax shelter transaction? 5a 2x b Did any taxable party notify the organization mail argo are prohibited tax shelter transaction? 5a 2x c Did any organization necke a pay to a prohibited tax shelter transaction? 5a 2x d Did tho organization necke a pay	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2 is greater than 250, you may be required to -fie (see instructions) 3a Xa 3a Did the organization have unvelated business gross income of \$1,000 or more during the year? 3a Xa 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is or forier country; 4a Xa b If "Yes," enter the name of the foreign country; 5a Xa Xa See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit ary contributions that were not tax deductible as charitable contributions? 5a X b If "Yes," did the organization inclde with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Yes," did the organization notify the door of the value of the goods or services provided? 7a X D D dithe organization inclde with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X f Organizations that may receive deductible contributions? 7a X D D		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 1"Yes," has it field a Form 980-T for this year? II" No," to line 3b, provide an explanation in Schedule 0 3b X bit 1"Yes," that field a Form 980-T for this year? III" No," to line 3b, provide an explanation or Other authority over, a transcial account, in a torsign country (such as a bank account, securities account, or other financial account)? 4a X bit 1"Yes," the iter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization approximation approximation any time during the tax year? 5a X 5a Did any taxable party notify the organization file Form 8886-T? 5a X 6b Did en organization approximation approximation approximation approximation approximation and party to a prohibited tax shelter transaction? 5a X bit 1"Yes," to line 5a or 5b, did the organization file Form 8886-T? 5a X Sa X bit 1"Yes," did the organization neity result in excess of 57 finate party as contributions that may receive adductible contributions rule as contributions? 5a X 7 Organization sele, exchange, or otherwise dispose of services provided? 7a X 11"Yes," indicate the number of Forms 8282?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 4a At any time during the calendar year," did the organization have an interest in, or a signature or other authorhy over, a financial account ()? 4a b If "Yes," enter the name of the foreign country, Sche TincKDN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b If "Yes," to line 5a or 5b, lot the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5a XX 5b 5c 6a X 5b 5c 7a X 5c 5c 7b Uf any taxable party notify the organization include with every solicitation an express statement that such contributions or solict ary contributions and party for gods and services provided to the particitation and party for gods and services provided to the particitation and party for gods and services provided to the particitation state advolutble? 7a X 7b If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 7a X 7d If was, indicate the number of Forms 8282 filed during the year? 7d 7d X		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," inter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Did any table party notify the organization that it was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5c Did as no cagnization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible accharitable contributions? b If "Yes," did the organization neelwe with every solicitation an express statement that such contributions or gifts were not tax deductible as 015% and party as a contribution and partly for goods and services provided to the payrof? c B Did the organization neelwe apyment in excess of 35% made party as a contribution and partly for goods and services provided to the payrof? d If "Yes," indicate the number of Forms 8282? filed during the year d Id the organization neelwe any fund, cinced yo indirectly, on a personal benefit contract? r A d d If the organization neelwe a contribution of cas. boats, anjenaes, or neivhies, did the organization file a Form 1089.C? S Sonsoring organization make any taxeble distributions under section 4966? S Sonsoring organization make any taxeble distributions us drives or related person? S Sonsoring organization make any taxeble distributions us drives or related person? D did the organization make any	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes,' enter the name of the foreign country. See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5u Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So X c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So X c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and twee not tax deductible a contributions? Go X b If Yes,' did the organization neckive adpainted as a contribution and partly for goods and services provided to the payor? 7a X d If de organization neckive apayment in access of 57 made partly as a contribution on a personal benefit contract? 7a X d If Yes,' indicate the number of Forms 8282 filed during the year Id due organization during the year permitmes, directly or indirectly, on a personal benefit contract? 7a X d If Yes,' indicate the number of corms 8282 filed during the year? Id due organization meake actication oreakies durinds. Id due organi	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a AW as the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b 5a X b Didd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c c If "Yes," to line 5a or 5b, did the organization file Form 8896-17? 6a X 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization receive a payment in excess of \$57 mda be party as a contribution and party for goods and services provided to the payor? 7a X 7 Did the organization nocity the donor of the value of the goods or services provided? 7b X 7 Did the organization received a contribution or gars base and property for which it was required 7c X 7 Did the organization nocive any funds, divectly or indirectly, on a personal benefit contract? 7c X 7 Did the organization nocereved a contribution of cars, basks, airplanes, or other values d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization a party to a prohibited tax shelter transaction? Sa X bid any taxable party notify the organization file form 8886.17 So Sa X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? So X b I' Yes, 't did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? So X 7 Organization receive a payment in excess of 357 made party as a contribution and party for goods and services provided to the payor? Ta X 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To To To Z 11 Vict the organization receive a contribution of cars, boats, airplanes, or a personal benefit contract? Te X 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8089 as required? Th X 7 Did the proganization maintaining doora dvised funds. Did the organization file Form 8089 as		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction? 5a 2 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 2 cf Vas. It ion Es or 5b, id id the organization file Form 8886 T7 5c 3c 3c cf Vas. It ion Es or 5b, id id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b X c Organizations that may receive deductible contributions under section 170(c). 6b X d) If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7a X d) If 'Yes,' did the organization and, services of 55 made party as a contribution and party for goods and services provided? 7a X d) If 'Yes,' did the organization and, services of 55 made party as a contribution and party for goods and services provided? 7a X d) If 'Yes,' idid the organization receive a payment in excess of 55 made party as premiums on a personal benefit contract? 7a X d) If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 0 Z d) If the organization receive a paymentims, directl	b	If "Yes," enter the name of the foreign country:			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions on der section 170(c). 6a X 7 Organization sthat may receive deductible contributions under section 170(c). 7a X 7 Did the organization neceive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7a X 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7 Did the organization receive any promiums, directly or indirectly, on a personal benefit contract? 7e X 9 Did the organization receive any promiums, directly or indirectly, on a personal benefit contract? 7e X 9 Sponsoring organization neaves business holdings at any time during the year? 8 3 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 10a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If Yes,* to line 5a or 5b, did the organization file Form 8886-T? 5c G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions fall were not tax deductible as charitable contributions? 5c b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b X a Did the organization such may receive deductible contributions under section 170(c). 6d X b If Yes,* did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X c Did the organization receive any functs, directly or indirectly, to a personal benefit contract? 7e X f Did the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization receive any functs, airplanes, or other vehicles, did the organization receive any functs, airplanes, or other vehicles, did the organization fue a contribution of cars, boats, airplanes, or other vehicles, did the organization receive any functs, airplanes, or other vehicles, did the organization receive any functs, airplanes, or other vehicles, did the organization fue a form 1098-C7 7h f Did the organization received	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga X If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? Gb X 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? To X To 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided? To X To 0 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided? To X To 0 Did the organization receive any funds, directly or indirectly, on pay personal personal benefit contract? To Zd To Zd To Zd To Zd Zd To Zd	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b X 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X 7 Did the organization andity the donor of the value of the goods or services provided? 7b X c Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7a X c Did the organization neceive apayment in excess of \$75 made party as a contribution and party for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 2d 7c X f Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 8899 as required? 7f X f Did the organization make any taxable distributions under section 4966? 9a 10a 10a 10a 10a </td <td>с</td> <td>If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</td> <td>5c</td> <td></td> <td></td>	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organizations that may receive deductible contributions under section 170(c). 6b X 0 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year [Zd] 0 7e X g Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h X g If the organization maintaining doon advised funds. 7g 7h X g Sponsoring organization make any taxable distribution sunder section 4966? 9a 9b 9a 9b g Gons sincome from members or shareholders 11a 10a 10a 10a 10a 10a 10a 10a<	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible? 6b X 7 Organizations that may receive deductible contributions under section 170(c). 7 7 a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7c X c Did the organization neceive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8989 as required? 7h X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h X g If the organization maintaining doora advised funds. Did a doora advised funds. Ba Ba a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Ba g Sponsoring organization make any taxable distributions care segainst announts due or received from them? 10a 10b 10b 10a 10a		any contributions that were not tax deductible as charitable contributions?	6a	Х	
7 Organizations that may receive deductible contributions under section 170(c). a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 2d 0 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d X f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h X f If the organization magination inceived a contribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7t X f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X g Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 9b 9b 9b 9b 9b 9b 9b 10a 10a <td></td> <td>were not tax deductible?</td> <td>6b</td> <td>х</td> <td></td>		were not tax deductible?	6b	х	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7t X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7t X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1080-C? 7h X 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Sponsoring organizations included on Part VIII, line 12 10a 10a 10a 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 10a 12 Section 501(c)(12) organizations. Enter: 11a 10a 10a 11a 12a 13 Section 501(c)(12) organizations.	7				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 7c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X f If the organization received a contribution of axised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 7d X 8 Sponsoring organizations maintaining donor advised funds. 9a					
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. 8 8 9 9 Sponsoring organizations maintaining donor advised funds. 8 8 a Did the sponsoring organizations maintaining donor advised funds. 8 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organizations make an taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11b 11a 12 Section 501(c)(12) organizations. Enter: 11a 12a 12a 12a 13 Section 501(c)(212) organizations. Enter: <td></td> <td></td> <td>7b</td> <td>X</td> <td></td>			7b	X	
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7f X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 9 Sponsoring organizations maintaining donor advised funds. 0 8 2 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 3 10 the sponsoring organizations. Enter: 10a 10a 10a 10b 10a 10b 10a 10b 10b 111 12a 10a 10b 111 12a 10a 10b 112a 10a 10b 10b 111 12a 10b 111 12a 10a 10b 111 12a 111 111 1111 1111 112a 111	С		_		v
a in ros, include the organization focus into due in gene year 100 100 7e X f Did the organization receive a contribution of qualified intellectual property, di the organization file Form 8899 as required? 7f X g If the organization received a contribution of qualified intellectual property, di the organization file Form 8899 as required? 7g 7h X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h X g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 9 Did the sponsoring organizations. Enter: 8 9 9b 9b 10 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10b 10b 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 10a 10b 10b 11c 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 12a 12a 12a 12a 12a 12a 12a 12a <td></td> <td></td> <td>7c</td> <td></td> <td>Δ</td>			7c		Δ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 8 9 Sponsoring organizations maintaining donor advised funds. 8 8 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 10b 11b 12a 12a 12 Gross income from members or shareholders 11a 10b 12a 12a 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 14 Se			_		v
In the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h If the organization received a contribution of active distribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 7h 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 11 Section 501(c)(12) organizations. Enter: 10a 10b 12 Gross income from members or shareholders 11a 12a 13 Section 501(c)(12) organizations. Enter: 11b 12a 14 Gross income from members or shareholders 11a 12a 15 Section 501(c)(12) organization the amounts due or paid to other sources against amounts due or received from them.) 11b <td></td> <td></td> <td></td> <td></td> <td>X</td>					X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization maintaining donor advised funds. 9a 9a 10 Bection 501(c)(7) organizations maintaining donor advised funds. 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 12 Section 501(c)(12) organizations. Enter: 11a 10b 11a 12 Gross income from members or shareholders 11a 11b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14 Other organization is licensed to issue qualified health plans. 13b 13a 14a					
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations make any taxable distributions under section 4966? 9a c Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 10b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13 Enter the amount of reserves the organization is required to maintain by the states in which the organization licensed to	-				
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 10b 11 Section 501(c)(12) organizations. Enter: 11a 12a a Gross income from members or shareholders 11a 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a Note. See the instructions for additional information the organization must report on Schedule O.	-		/n		
9 Sponsoring organizations maintaining donor advised funds. Image: Sponsoring organization make any taxable distributions under section 4966? 9a Image: Sponsoring organization make any taxable distributions under section 4966? 9a Image: Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Image: Sponsoring organizations. Enter: 9b Image: Sponsoring organizations. Enter: Image: Sponsoring organization. Sponsoring organization. Sponsoring organization. Enter: Image: Sponsoring organization. Sponsoring organization. Sponsoring organization. Enter: Image: Sponsoring organization. Sponsoring organization. Sponsoring organization. Sponsoring organization. Enter: Image: Sponsoring organization. Sponsoring organization. Sponsoring organization. Enter: Image: Sponsoring organization. Spon	8		0		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a c Enter the amount of reserves on hand 13c 14a	0		0		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a 11a 10b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <td< td=""><td>3</td><td></td><td>02</td><td></td><td></td></td<>	3		02		
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a b Gross income from members or shareholders 11a 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?			55		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Image:					
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section 13b 13b 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Xa					
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 14a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	12a		12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a					
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image:	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Xa		-			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		organization is licensed to issue qualified health plans 13b			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		Х
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2015)

532005 12-16-15

94-6077724 Page 6

VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year	D. See instruction	'S.		espon	se X
Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					X
on A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1 1				X
Enter the number of voting members of the governing body at the end of the tax year f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1a				
f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a				
f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a			Yes	N
oody delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1	18			
-nter the number of voting members included in line 1a, above, who are independent		15			
	1b				
Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			•		x
officer, director, trustee, or key employee?			2		
Did the organization delegate control over management duties customarily performed by or under the			2	x	ĺ
				21	X
			-		X
					X
			-		- 23
			70	x	
			<i>1</i> a	21	<u> </u>
			76	x	
· · · · · · · · · · · · · · · · · · ·			70	23	
			82	x	
Each committee with authority to act on behalf of the governing body?					-
			00		<u> </u>
			a		X
			5		
				Yes	N
Did the organization have local chapters, branches, or affiliates?			10a		X
			10b		
			11a		X
	, 0				
			12a	Х	
			12b		X
			12c	Х	
			13		Х
Did the organization have a written document retention and destruction policy?			14	Х	
The organization's CEO, Executive Director, or top management official			15a		X
			15b		Х
f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
axable entity during the year?			16a		X
f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participatio	on			
n joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's				
exempt status with respect to such arrangements?			16b		
.ist the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{CA}$, $ ext{AK}$, $ ext{AZ}$, $ ext{AR}$, $ ext{C}$	CO,DC,FL,	HI,MD	, МО	, NH	, N
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)	(3)s only) a	vailab	le	
Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest	policy, and	finan	cial	
	ooks and records	s: ►			
			Form	990	(201
	Did the organization make any significant changes to its governing documents since the prior Form Did the organization become aware during the year of a significant diversion of the organization's as Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye free governing body? Each committee with authority to act on behalf of the governing body? S there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? <i>If 'Yes</i> ," <i>provide the names and addresses in Schedule O</i> Ion B. Policies (<i>This Section B requests information about policies not required by the Internal F</i> of the organization have local chapters, branches, or affiliates? f 'Yes," did the organization have written policies and procedures governing the activities of such o and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? <i>If 'No</i> , * go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give its Did the organization have a written document treetnion and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange axable entity during the year? f 'Yes' to line for a f5b, descri	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the governing body? Each committee with authority to act on behalf of the governing body? Sthere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the gragnization is malling address? If 'Yes," <i>provide the names and addresses in Schedule O</i> On B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If 'Yes,'' did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If 'No _o ' go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written other policy? Did the organization have a written writen and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done Did the organization have a written document ret	nore members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or services of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Cach committee with authority to act on behalf of the governing body? The any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If 'Yes,'' arovide the names and addresses in Schedule O Ion B. POlicies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? ('Yes,'' did the organization have uniten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 1990. Did the organization regulary and consistently monitor and enforce compliance with the policy? If 'Yes,'' describe n Schedule O how this was done Did the organization have a written obclice policy? Did the process for determining compensation of the following persons include a review and approval by independent bersons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in , contribute assets to, or praticipate in a joint venture or similar arrangement with a axable entity during the year? I'Yes,'' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in pint venture arrangements: On C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA, AK, AZ, AR, CO, DC, FL, HI, MD Section 61	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 The organization of the organization reserved to (or subject to approval by) members, stockholders, or opersons other than the governing body? 7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or opersons other than the governing body? 8 Bach committee with authority to act on behalf of the governing body? 8 8 Stach committee GF. This Section B requests information abour policies not required by the Internal Revenue Code. 9 Did the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to review this Form 990. 12 Did the organization have written policies and procedures governing the dis governing body Petere filing the form? 12 Did the organization have written policies and procedures governing body Peters filing the form? 12 Did the organization have written policies and procedures governing body? 13 Did the o	Did the organization make any significant changes to its governing documents since the pior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X Bab charms of the approvening body? 8a X Bach committee with authority to act on behalf of the governing body? 8a X Bo B Politices (Ints Section Proget the names and addresses in Schedule O 9 9 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to revew this Form 990. 10a If the organization have written policies and procedures governing body before filling the form? 10a If the organization have a written policies and procedures governing body before filling the form? 10a If the organization hav

Form 990 (2015)

Part VII	Compensatio	n of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, a	nd Independe	ent Contra	ctors			

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

FOUNDATION

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and Title Average hours per weak used Construction to the and electron used body Reportable compension from partication (W-2/1099-MISC) Estimated aumunt of compension from related (1) Hearting Estimated arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Estimated arganization (W-2/1099-MISC) (1) Hearting Estimated arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) (1) Hearting Estimated arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) (1) Hearting Estimated arganization (R-2/109-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) Image arganization (W-2/1099-MISC) (1) Hearting Estimated arganization (R-2/109-MISC) Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) (2) Jacon Faxes Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) (3) Jacon Faxes Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) Image arganization (W-2/109-MISC) <tr< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th></th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></tr<>	(A)	(B)			(0				(D)	(E)	(F)
hours per veck, intermediated intermedinted intermedintermediated intermedintermediated intermediated int	Name and Title	Average	(do					one	Reportable	Reportable	Estimated
Weak Weak <th< td=""><td></td><td></td><td>box</td><td>, unle</td><td>ss pe</td><td>rson i</td><td>is bot</td><td>h an</td><td></td><td></td><td></td></th<>			box	, unle	ss pe	rson i	is bot	h an			
(1) HEATHER BERNIKOFF-RABOY 1.00 X X 0.0 0.0 CHAIR 0.000 X X X 0.0 0.0 0.0 (2) JASON RAMOS 1.000 X X 0.0 0.0 0.0 CRAIG WRUCK 2.00 X X 0.0 0.0 0.0 SECRETARY EXECUTIVE DIRECTOR 30.000 X X 0.193,479.655,468. 0.355,494.22,128. (4) GUY ARONOFF 1.000 X 0.355,494.22,128. 0.187,999.56,295. (5) FBG BLAKE 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (7) STEVEN BROWN 1.000 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.000 X 0.0 0.0 0.0 (10) LAURA FISHER 0.000 X 0.0 0.0 0.0 (11) NICK FRANK <			<u> </u>				1/	(66)			
(1) HEATHER BERNIKOFF-RABOY 1.00 X X 0.0 0.0 CHAIR 0.000 X X X 0.0 0.0 0.0 (2) JASON RAMOS 1.000 X X 0.0 0.0 0.0 CRAIG WRUCK 2.00 X X 0.0 0.0 0.0 SECRETARY EXECUTIVE DIRECTOR 30.000 X X 0.193,479.655,468. 0.355,494.22,128. (4) GUY ARONOFF 1.000 X 0.355,494.22,128. 0.187,999.56,295. (5) FBG BLAKE 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (7) STEVEN BROWN 1.000 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.000 X 0.0 0.0 0.0 (10) LAURA FISHER 0.000 X 0.0 0.0 0.0 (11) NICK FRANK <			lirecto							, and a second s	
(1) HEATHER BERNIKOFF-RABOY 1.00 X X 0.0 0.0 CHAIR 0.000 X X X 0.0 0.0 0.0 (2) JASON RAMOS 1.000 X X 0.0 0.0 0.0 CRAIG WRUCK 2.00 X X 0.0 0.0 0.0 SECRETARY EXECUTIVE DIRECTOR 30.000 X X 0.193,479.655,468. 0.355,494.22,128. (4) GUY ARONOFF 1.000 X 0.355,494.22,128. 0.187,999.56,295. (5) FBG BLAKE 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (7) STEVEN BROWN 1.000 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.000 X 0.0 0.0 0.0 (10) LAURA FISHER 0.000 X 0.0 0.0 0.0 (11) NICK FRANK <			e or c	stee			Isatec			(00-2/1099-00130)	
(1) HEATHER BERNIKOFF-RABOY 1.00 X X 0.0 0.0 CHAIR 0.000 X X X 0.0 0.0 0.0 (2) JASON RAMOS 1.000 X X 0.0 0.0 0.0 CRAIG WRUCK 2.00 X X 0.0 0.0 0.0 SECRETARY EXECUTIVE DIRECTOR 30.000 X X 0.193,479.655,468. 0.355,494.22,128. (4) GUY ARONOFF 1.000 X 0.355,494.22,128. 0.187,999.56,295. (5) FBG BLAKE 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (7) STEVEN BROWN 1.000 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.000 X 0.0 0.0 0.0 (10) LAURA FISHER 0.000 X 0.0 0.0 0.0 (11) NICK FRANK <			truste	al trus		yee	mper				°
(1) HEATHER BERNIKOFF-RABOY 1.00 X X 0.0 0.0 CHAIR 0.000 X X X 0.0 0.0 0.0 (2) JASON RAMOS 1.000 X X 0.0 0.0 0.0 CRAIG WRUCK 2.00 X X 0.0 0.0 0.0 SECRETARY EXECUTIVE DIRECTOR 30.000 X X 0.193,479.655,468. 0.355,494.22,128. (4) GUY ARONOFF 1.000 X 0.355,494.22,128. 0.187,999.56,295. (5) FBG BLAKE 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (7) STEVEN BROWN 1.000 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.000 X 0.0 0.0 0.0 (10) LAURA FISHER 0.000 X 0.0 0.0 0.0 (11) NICK FRANK <		below	idual	tution	ы	anplo	est cc loyee	ler			organizations
(1) HEATHER DENNIKOFF-RABOY 1.00 X X 0. 0. 0. CHAIR 0.00 X X 0. 0. 0. 0. C1) JASON RAMOS 1.00 X X 0. 0. 0. 0. C1) JASON RAMOS 10.00 X X 0. 0. 0. 0. C3) CRAIG WRUCK 10.00 X X 0. 193,479. 65,468. C4) GUA RONOFF 1.00 X 0. 35,494. 22,128. C5) PSO BLAKE 1.00 X 0. 0. 187,999. 56,295. C6) GARY BLATNICK 1.00 X 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. 0. C6) MEMBER 0.000 X 0. 0. 0. 0. 0. 0. 0. 0. 0		,	Indiv	Instit	Offic	Keye	High empl	Form			
(2) JASON RAMOS 1.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(1) HEATHER BERNIKOFF-RABOY										
TREASURER 2.00 X X 0. 0. 0. (3) CRAIG WRUCK 10.00 X X 0. 193,479. 65,468. (4) GY ARONOFF 1.00 X X 0. 193,479. 65,468. (4) GY ARONOFF 1.00 X X 0. 35,494. 22,128. (5) PEG BLAKE 1.00 X 0. 187,999. 56,295. (6) GARY BLATNICK 1.00 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (7) STEVEN BROWN 1.000 X 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. 0. (9) JULY DVORAK 1.000 X 0. 0. 0. 0. 0. 0. (10) LAURA FISHER 1.000 X 0. 0. 0. 0. 0. 0. (11) NICK FRANK 1.000	CHAIR		Х		Х				0.	0.	0.
(3) CRAIG WRUCK 10.00 X X 0. 193,479. 65,468. (4) GUX ARONOF 1.00 X X 0. 193,479. 65,468. (4) GUX ARONOF 1.00 X 0. 35,494. 22,128. (5) PRO BLAKE 1.00 X 0. 187,999. 56,295. (6) GARY BLATNICK 1.00 X 0. 0. 0. 0. MEMBER 0.000 X 0.00 X 0. 0. 0. 0. (7) STEVEN BROWN 1.000 X 0. 0. 0. 0. 0. (7) STEVEN BROWN 1.000 X 0. <td< td=""><td>(2) JASON RAMOS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) JASON RAMOS										
SECRETARY/ EXECUTIVE DIRECTOR 30.00 X X 0. 193,479. 65,468. (4) GUY ARONOFF 1.00 0. 35,494. 22,128. (5) FGE BLARE 1.00 0. 187,999. 56,295. (6) GARY BLATNICK 1.00 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (7) STEVEN BROWN 1.00 0. 0. 0. 0. (8) KEN DAVLIN 1.00 0. 0. 0. 0. (9) JUDY DVORAK 1.00 0. 0. 0. 0. (10) LAURA FISHER 0.00 X 0. 0. 0. (11) NICK FRANK 1.000 X 0. 0. 0. (11) NICK FRANK 1.000 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. <	TREASURER		Х		Х				0.	0.	0.
(4) GUY ARONOFF 1.00 X 0.35,494.22,128. (5) PEG BLAKE 1.00 0.35,494.22,128. (5) PEG BLAKE 1.00 0.187,999.56,295. (6) GARY BLATNICK 1.00 0.0.0.0. MEMBER 0.000 X 0.00.0.0. (7) STEVEN BROWN 1.00 0.00.0.0. MEMBER 0.000 X 0.0.0.0. (8) KEN DAVLIN 1.00 0.00.0.0. (9) JUDY DVORAK 1.00 0.00.0.0. (9) JUDY DVORAK 1.00 0.0.0.0. (10) LAURA FISHER 0.000 X 0.0.0.0. (11) NICK FRANK 1.000 0.0.0.0. MEMBER 0.000 X 0.0.0.0. (12) DAN JOHNSON 1.000 0.0.0.0. (13) ALISA JUDGE 1.00 0.0.0.0. (14) DAVID KALB 1.000 0.0.0.0. (14) DAVID KALB 1.000 0.0.0.0. (15) JUSA KLYCE 1.000 0.0.0.0. (16) JOYCE LOPES 1.000 0.0.0.0. (16) JOYCE LOPES 1.000 0.0.0.0. MEMBER 0.000 X 0.0.0.0. (17)	(3) CRAIG WRUCK										
MEMBER / FACULTY REPRESENTATIVE 20.00 X 0. 35,494. 22,128. (5) FEG BLARE 1.00 39.00 X 0. 187,999. 56,295. (6) GARY BLATNICK 0.000 X 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (10) LAURA FISHER 1.000 X 0. 0. 0. 0. (11) NICK FRANK 1.000 X 0. 0. 0. 0. (12) DAN JOHNSON 1.000 X 0. 0. 0. 0. <td>SECRETARY/ EXECUTIVE DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>193,479.</td> <td>65,468.</td>	SECRETARY/ EXECUTIVE DIRECTOR		Х		Х				0.	193,479.	65,468.
(5) FEG BLAKE 1.00 X 0. 187,999. 56,295. (6) GARY BLATNICK 1.00 X 0. 0. 187,999. 56,295. (7) GARY BLATNICK 1.00 X 0. 0. 0. 0. (7) STEVEN BROWN 1.00 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (8) KEN DAVLIN 1.00 X 0. 0. MEMBER 0.000 X 0.0. 0. (9) JUDY DVORAK 1.00 X 0. MEMBER 0.000 X 0. 0. (10) LAURA FISHER 1.00 X 0. MEMBER 0.000 X 0. 0. (11) INCK FRANK 1.00 X 0. MEMBER 0.000 X 0. 0. (12) DAN JOHNSON 1.00 X 0. 0. MEMBER 0.000 X 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. 0. 0. MEMBER	(4) GUY ARONOFF										
MEMBER 39.00 X 0. 187,999. 56,295. (6) GARY BLATNICK 1.00 X 0. 0. 0. 0. (7) STEVEN BROWN 1.00 X 0. 0. 0. 0. 0. (7) STEVEN BROWN 1.00 X 0.	MEMBER / FACULTY REPRESENTATIVE		Х						0.	35,494.	22,128.
(6) GARY BLATNICK 1.00 X 0.00 X 0.00 <	(5) PEG BLAKE										
MEMBER 0.00 X 0.00 0.00 0.00 (7) STEVEN BROWN 1.00 X 0.00 0.00 0.00 MEMBER 0.000 X 0.00 0.00 0.00 (8) KEN DAVLIN 1.00 X 0.00 0.00 0.00 MEMBER 0.000 X 0.00 0.00 0.00 (9) JUDY DVORAK 1.00 X 0.00 0.00 0.00 MEMBER 0.000 X 0.00 0.00 0.00 (10) LAURA FISHER 1.00 X 0.00 0.00 0.00 (11) NICK FRANK 1.00 X 0.00 0.00 0.00 0.00 (12) DAN JOHNSON 1.000 X 0.00 <	MEMBER		Х						0.	187,999.	56,295.
(7) STEVEN BROWN 1.00 X 0.00.0. MEMBER 0.00 X 0.0.0.0. 0.0.0.0. (8) KEN DAVLIN 1.00 0.00.0.0. 0.0.0.0. MEMBER 0.000 X 0.0.0.0.0. 0.0.0.0. MEMBER 0.000 X 0.0.0.0.0. 0.0.0.0. MEMBER 0.000 X 0.0.0.0.0.0. 0.0.0.0. (10) LAURA FISHER 1.000 0.0.0.0.0.0. 0.0.0.0.0. MEMBER 0.000 X 0.0.0.0.0.0.0. 0.0.0.0.0.0.0.0. (11) NICK FRANK 1.000 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(6) GARY BLATNICK										
MEMBER 0.00 X 0.0 0.0 0.0 (8) KEN DAVLIN 1.00 X 0.00 X 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (9) JUDY DVORAK 1.00 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (10) LAURA FISHER 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (11) NICK FRANK 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (13) ALISA 1.000 X 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (14) DAVID KALB 1.000 X 0.0 0.0 0.0	MEMBER		Х						0.	0.	0.
(8) KEN DAVLIN 1.00 X 0.	(7) STEVEN BROWN										
MEMBER 0.00 X 0. 0. 0. (9) JUDY DVORAK 1.00 X 0. 0. 0. MEMBER 0.00 X 0. 0. 0. 0. (10) LAURA FISHER 1.00 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (11) NICK FRANK 1.00 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (12) DAN JOHNSON 1.000 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (13) ALISA JUDGE 1.000 X 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. (14) DAVID KALB 1.000 X 0. 0. 0. MEMBER 0.00	MEMBER		Х						0.	0.	0.
(9) JUDY DVORAK 1.00 X 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) KEN DAVLIN										
MEMBER 0.00 X 0.0 0.0 0.0 (10) LAURA FISHER 1.00 0.00 X 0.00 0.0 0.0 MEMBER 0.000 X 0.00 0.0 0.0 0.0 (11) NICK FRANK 1.00 X 0.00 0.0 0.0 0.0 (12) DAN JOHNSON 1.00 X 0.00 0.0 0.0 0.0 MEMBER 0.000 X 0.00 0.0 0.0 0.0 (13) ALISA JUDGE 1.00 X 0.00 0.0 0.0 0.0 MEMBER 0.000 X 0.0 0.0 0.0 0.0 (14) DAVID KALB 1.00 X 0.0 0.0 0.0 0.0 MEMBER 0.000 X 0.0	MEMBER		Х						0.	0.	0.
(10) LAURA FISHER 1.00 X 0.00	(9) JUDY DVORAK								_	_	_
MEMBER 0.00 X 0.00	MEMBER		Х						0.	0.	0.
(11) NICK FRANK 1.00 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(10) LAURA FISHER								_	_	_
MEMBER 0.00 X 0. <t< td=""><td>MEMBER</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	MEMBER		Х						0.	0.	0.
(12) DAN JOHNSON 1.00 0.00 0.00 0.00 0.00 0.00 MEMBER 1.00 1.00 0.00 0.00 0.00 0.00 0.00 MEMBER 0.000 X 0.00 0.00 0.00 0.00 MEMBER 1.000 X 0.000 0.00 0.00 0.00 MEMBER 39.00 X 0.000 200,018. 72,651. (17) EMILY MCBRIDE 1.00 0.000 0.000 0.000 0.000	(11) NICK FRANK								_	_	_
MEMBER 0.00 X 0. <t< td=""><td>MEMBER</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	MEMBER		Х						0.	0.	0.
(13) ALISA JUDGE 1.00 0.00 X 0.00.00 0.00.00 MEMBER 1.00 0.00 X 0.00.00 0.00.00 MEMBER 0.000 X 0.00.00 0.00.00 0.000 MEMBER 39.00 X 0.00.00 0.000 0.000 MEMBER 39.00 X 0.000 0.000 0.000 MEMBER 0.000 X 0.000 0.000 0.000	(12) DAN JOHNSON									_	_
MEMBER 0.00 X 0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(14) DAVID KALB 1.00 0.00	(13) ALISA JUDGE								_	_	_
MEMBER 0.00 X 0.00 O.	MEMBER		Х						0.	0.	0.
(15) LISA KLYCE 1.00 0.00 0.00 0.00 0.00 0.00 0.00 MEMBER 0.000 X 0.00<	(14) DAVID KALB									_	_
MEMBER 0.00 X 0. 0. 0. (16) JOYCE LOPES 1.00 X 0. 200,018. 72,651. MEMBER 39.00 X 0. 0. 0. 0. (17) EMILY MCBRIDE 1.00 X 0. 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0. 0.	MEMBER		Х						0.	0.	0.
(16) JOYCE LOPES 1.00 0.200,018.72,651. MEMBER 1.00 0.000 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0	(15) LISA KLYCE								_	_	_
MEMBER 39.00 X 0. 200,018. 72,651. (17) EMILY MCBRIDE 1.00 X 0. 0. 0. 0. MEMBER 0.000 X 0. 0. 0. 0.			Х						0.	0.	0.
(17) EMILY MCBRIDE 1.00 0.00 <td></td>											
MEMBER 0.00 X 0. 0. 0.			X						0.	200,018.	72,651.
										-	-
	MEMBER	0.00	X						0.	0.	

532007 12-16-15

7

Form 990 (2015)

FOUNDATION

94-6077724 Page 8

Form 990 (2015) FOUNDATI	ON								94-6	077	724	Pa	age 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	vees	, and	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			, (C		•		(D)	(E)			(F)	
Name and title	Average			Pos		า		Reportable	Reportable		Fet	imate	Ч
Name and the	hours per		not c	heck	more	than							
	week					is bot pr/trus		1 '	compensatio			ount	זנ
					<u> </u>		<u> </u>		from related			other	
	(list any	recto						the	organization			pensat	
	hours for	or di	æ			ated		organization	(W-2/1099-MI	SC)		om the	
	related	stee	ruste			ien st		(W-2/1099-MISC)			•	anizati	
	organizations	Itru	nal ti		oyee	duo					and	relate	эd
	below	Individual trustee or director	Institutional trustee	er	Key employee	lest o	ner				orga	nizatio	ons
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former						
(18) ALISTAIR MCCRONE	1.00												
MEMBER	0.00	X						0.		0.			Ο.
(19) HEIDI MOORE-GUYNUP	1.00												
MEMBER	0.00	x						0.		Ο.			Ο.
								0.		0.			0.
(20) CHUCK PETRUSHA	1.00	I								-			•
MEMBER	0.00	X						0.		0.			0.
(21) DUNCAN ROBINS	1.00												
MEMBER	1.00	x						0.		0.			Ο.
(22) LISA ROSSBACHER	1.00												
								0	200 F	~ ^	•	1 .	1 C
MEMBER/ PRESIDENT HSU	39.00	Х						0.	388,5	80.	94	1,31	10.
(23) GARY RYNEARSON	1.00												
MEMBER	0.00	X						0.		0.			Ο.
(24) GEORGE SCHMIDBAUER	1.00												
MEMBER	0.00	x						0.		0.			Ο.
	0.00					<u> </u>				••			<u> </u>
		4											
1b Sub-total	•							0.	1,005,5	70.	310),8!	58.
c Total from continuation sheets to Part V								0.	, , .	0.			0.
								0.	1,005,5		210),8!	<u></u>
d Total (add lines 1b and 1c)								-			210	, 0.	50.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportab	ole			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	director or tri	iste	e ke	ev en	nolc	vee	or	highest compensated e	mplovee on				
. ,								•			3		Х
line 1a? If "Yes," complete Schedule J for	such individual		•••••		· · · · · ·						3		
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	эJ	for such individual			4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	ela	ted organization or indiv	idual for services	S			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch j	pers	son .					5		Х
Section B. Independent Contractors	•											I	
1 Complete this table for your five highest co	ompensated in	dona	ando	ont c	onti	racto	ore -	that received more than	\$100.000 of cor	nnone	ation fr	om	
the organization. Report compensation for	-	-								npono	ation ii	0111	
	the calendar y	ear	enui	ng v	vitri	OF W	1111		year.		(0)	<u> </u>	
(A)								(B)			(C		_
Name and business								Description of s	ervices		ompen	Isatior	<u> </u>
HUMBOLDT STATE UNIVERSIT													
1 HARPST STREET, ARCATA,	CA 9552	21						MANAGEMENT S	ERVICES		141	L,0()0.
2 Total number of independent contractors	(including but r	not li	mite	d to	th∩	se li	ster	d above) who received n	ore than				
\$100,000 of compensation from the organ				0		1		,					
						-					Form S	90.0	2015)
											່ວມມະ	~~~ \/	.010)

532008 12-16-15

				ATION				94-6077	724 Page 9
Pa	rt \	/111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
a, o Am		с	Fundraising events	1c	190,982.				
lar lar		d	Related organizations	1d					
ini,		е	Government grants (contribut	ions) 1e					
er S		f	All other contributions, gifts, gran	ts, and					
<u>f</u>			similar amounts not included abor	ve 1f	2,533,173.				
and the second		g	Noncash contributions included in lines	1a-1f: \$	193,365.				
ãĞ		h	Total. Add lines 1a-1f		►	2,724,155.			
					Business Code				
ice	2	а	COST RECOVERY		423000	382,915.	382,915.		
ue v		b	INDIRECT COST- TRUST		423000	119,231.	119,231.		
Program Service Revenue		-	MISC. REVENUE- OTHER		423000	17,103.	17,103.		
gra Re		d	HSU ASSOCIATE STUDENT		423000	2,200.	2,200.		
Pro		e 4	OTHER CAMPUS ACTIVITIE		423000 423000	1,840. -525.	1,840. -525.		
_			All other program service rever Total. Add lines 2a-2f		L	522,764.	-525.		
_	3	g	Investment income (including			522,751.			
	Ŭ		other similar amounts)			746,222.			746,222.
	4		Income from investment of tax			,			, ,
	5		Royalties		F				
			,	(i) Real	(ii) Personal				
	6	а	Gross rents	155,274.					
		b	Less: rental expenses	0.					
		с	Rental income or (loss)	155,274.					
		d	Net rental income or (loss)		►	155,274.	155,274.		
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	4,638,722.					
		b	Less: cost or other basis						
			and sales expenses	4,152,313.					
			Gain or (loss)						
			Net gain or (loss)		▶	486,409.			486,409.
Other Revenue	8	а	Gross income from fundraising including \$ 190	,982. of					
Rev			contributions reported on line	-					
Jer			Part IV, line 18						
₹			Less: direct expenses		133,503.	-101,116.			-101,116.
	~		Net income or (loss) from fund		▶	-101,110.			-101,110.
	Э	а	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale		►				
1			Miscellaneous Revenu		Business Code				
Ī	11	а							
		b							
		С			ļ				
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		►	4,533,708.	678,038.	0.	1,131,515. Form 990 (2015)
E2000	10								

532009 12-16-15

Form **990** (2015)

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

9<u>4-6077724 Page</u> 10

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	455,465.	455,465.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	201,636.	201,636.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	400.000	100.000		
а	F	499,923.	183,923.	316,000.	
b	Legal	49.		49.	
С	Accounting	17,623.		17,623.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	76 010	76 010		
f	Investment management fees	76,019.	76,019.		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	24,234.	24,234.		
13	Office expenses	57,935.	51,302.	6,633.	
14	Information technology	92,445.	92,445.		
15	Royalties				
16	Occupancy	167,673.	167,673.		
17	Travel	127,780.	125,718.	2,062.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	45,714.	45,714.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17 000	17 000		
23		17,892.	17,892.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMINISTRATIVE FEES- IN	377,915.	377,915.		
b	DISTRIBUTION OF EARNING	374,296.	374,296.		
с	HOSPITALITY EXPENSE	203,359.	186,916.	16,443.	
d	SUPPLIES AND SERVICES	167,928.	154,532.	13,396.	
е	· · · · · · · · · · · · · · · · · · ·	290,910.	252,876.	38,034.	-
25	Total functional expenses. Add lines 1 through 24e	3,198,796.	2,788,556.	410,240.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

532010 12-16-15

Form 990 (2015)

Part IX Statement of Functional Expenses

Form **990** (2015)

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

94-6077724 Page 11

Form 990 (2015)

Part X Balance Sheet

FartA				
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	391,513.	1	317,201
2	Savings and temporary cash investments	3,928,174.	2	4,343,636
3	Pledges and grants receivable, net	130,000.	3	114,955
4	Accounts receivable, net		4	37,468
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined un	der		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	iting		
	employers and sponsoring organizations of section 501(c)(9) voluntary	-		
ß	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	543,138
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	6,000
	Land, buildings, and equipment: cost or other		-	•
	basis. Complete Part VI of Schedule D	35.		
Ь		474,135.	10c	474,135
11	Investments - publicly traded securities		11	26,074,926
12	Investments - other securities. See Part IV, line 11		12	1,217
13	Investments - program-related. See Part IV, line 11		13	4,484,024
14	Intangible assets		14	1,101,01
15			15	28,424
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		16	36,425,124
17			17	380,505
	Accounts payable and accrued expenses		18	500,505
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 22	Loans and other payables to current and former officers, directors, trustees			
	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	519,173
23	Secured mortgages and notes payable to unrelated third parties		23	2,000,000
24	Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	2,000,000
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	2 900 670
26	Total liabilities. Add lines 17 through 25	2,722,082.	26	2,899,678
		nd		
	complete lines 27 through 29, and lines 33 and 34.			
č 27	Unrestricted net assets		27	
פי 28 מ	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
2	Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
Net Assets or Fund Balances 66 82 25 75 15 05 75 15 05 75 15 05 75 15 05 75 15 15 15 15 15 15 15 15 15 15 15 15 15	and complete lines 30 through 34.			,
20 20 20	Capital stock or trust principal, or current funds		30	(
Se 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	33,525,446
z 33	Total net assets or fund balances	33,980,074.	33	33,525,446
34	Total liabilities and net assets/fund balances	36,702,156.	34	36,425,124
				Form 990 (20

532011 12-16-15

HUMBOLDT	STATE	UNIVERSITY	ADVANCEMENT

Form	1 990 (2015) FOUNDATION	94-	6077724	Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,98		
5	Net unrealized gains (losses) on investments	5	-1,19	2,7	10.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-59	6,8	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	33,52	<u>5,4</u>	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

532012 12-16-15

SCHEDULE A Dublic Charity Status and Dublic Support					OMB No. 1545-0047					
(Forr	(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							2015		
			implete if tr		47(a)(1) nonexempt cha			or a section		2010
	nent of the Treasury				Attach to Form 990 or I	Form 990-	EZ.			Open to Public
	Revenue Service				(Form 990 or 990-EZ) and					
Name	of the organizati	-	DATION		UNIVERSITY	ADVAN	CEMEN	Т.		identification number 4-6077724
Par	t Reason				All organizations must c	omolete th	is nart) Se	e instruction		4-00///24
					(For lines 1 through 11, o				5.	
1	<u> </u>	•			on of churches describe		,	I)(A)(i)		
2					Attach Schedule E (Forr			ባለጥለባን		
3					anization described in s			ii).		
4		-	-	-	njunction with a hospita			-)(iii). Enter	the hospital's name,
	city, and stat	e:	-							
5 [An organizati	ion operated fo	or the benefi	it of a co	llege or university owne	d or opera	ted by a g	overnmental	unit describ	ed in
_	section 170	(b)(1)(A)(iv). (C	omplete Pa	rt II.)						
6	A federal, sta	te, or local gov	ernment or	governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizati	ion that norma	lly receives	a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
г		b)(1)(A)(vi). (Co	•	,						
8 L	37				(1)(A)(vi). (Complete Par					
9					than 33 1/3% of its su					
					ct to certain exceptions					
		509(a)(2). (Cor			(less section 511 tax) fr	om busine	sses acqu	lired by the o	gamzation	alter Julie 30, 1975.
10					ively to test for public sa	afety. See	section 50)9(a)(4).		
11		-	-		ively for the benefit of, t	-			arry out the	purposes of one or
	-	-	-		ed in section 509(a)(1)	-			-	
					of supporting organization					
а	Type I. A s	upporting orga	nization ope	erated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
	the suppor	ted organizatio	on(s) the pov	wer to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting
	organizatio	n. You must c	omplete Pa	art IV, Se	ections A and B.					
b				-	d or controlled in connec			-		-
		-			anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
-			-		Sections A and C.				ll into avata	
С		-	-		g organization operated s). You must complete				illy integrate	ed with,
d		-			oorting organization ope				rted organi [.]	zation(s)
u					zation generally must sa					
			0	Ũ	nplete Part IV, Section	•		•	a an actorn	
е					written determination fro				II, Type III	
	functionally	/ integrated, or	Type III noi	n-functio	nally integrated support	ing organi	zation.			
f	Enter the number	of supported of	organization	s						
g	Provide the follow	<u> </u>								
	(i) Name of supp organizatior		(ii) Ell	N	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount o support		(vi) Amount of other support (see
	organization				above (see instructions))	governing of		instruct		instructions)
						Yes	No			
T -4 /										
	or Donorwork D-	duction Act N	lation and	the lest	ructions for			C	dulo A (Eer	m 000 or 000 E7) 0045
	or Paperwork Re 990 or 990-EZ.		iolice, see 1	ine mstř				Sche	uule A (FOr	m 990 or 990-EZ) 2015

13

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

94-6077724 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
_	organization, check this box and stop	here	·····				▶∟
	ction C. Computation of Publi						
	Public support percentage for 2015 (li					14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o	•					
	stop here. The organization qualifies						
k	33 1/3% support test - 2014. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-		·
	meets the "facts-and-circumstances"	-	-		•		
k	0 10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2015

14

94-6077724 Page 3

Schedule A (Form 990 or 990 EZ) 2015 FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3,945,696. 4,232,241 4,522,903 4,101,737 19,526,732. include any "unusual grants.") 2,724,155 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 323,855. 397,306. 461,634. 482,099. 522,764 organization's tax-exempt purpose 2,187,658. 3 Gross receipts from activities that are not an unrelated trade or bus-32,387. iness under section 513 32,387 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 2,095,298 1,546,668 1,960,525 1,943,345 2,069,325 9,615,161. 6,364,849 6,176,215 6,945,062 6,527,181 5,348,631 31,361,938. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 27,332 32,665 120,974 42,473 33,253 256,697. 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 993,337 405,000. 119,984 amount on line 13 for the year 1,951,544 1,126,865 4,596,730. 432,332 1,026,002 2,072,518 1,169,338 153,237. 4,853,427 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 26,508,511. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6 6,364,849 6,176,215 6,945,062 6,527,181 5,348,631 31,361,938. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 966,993. 812,757. 878,115. 818,114. 901,496 4,377,475. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 812,757. 878,115. 818,114. 966,993 901,496 4,377,475. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 7,177,606. 7,054,330. 7,763,176. 7,494,174. 6,250,127. 35,739,413. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 74.17 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f) 15 % 72.30 16 Public support percentage from 2014 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 12.25 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 % 12.29 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 532023 09-23-15 Schedule A (Form 990 or 990-EZ) 2015 15

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

11451122 793698 032-20400503 2015.05000 HUMBOLDT STATE UNIVERSITY A 032-30S1

16

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION

94-6077724 Page 5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sec	tion D. All Type III Supporting Organizations			
000	tion D. Air Type in Supporting Organizations		Yes	No
	Did the evention intervide to each of its supresided evention to the last day of the fifth month of the		162	No
1	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			
	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			
	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		
Sec	tion 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 yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization satisfied the Activities rest. Complete ine 2 below.			
b		ructions		
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	actions		N-
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	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 <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
50000			<u>ر حمر</u>	2015
JJ2U2	5 09-23-15 Schedule A (Form 9	50 01 35	/J ·L L)	2013

94-6077724 _P	age 6
-------------------------	-------

	HUMBOLDT STATE UNIVERSI	LA A		
	edule A (Form 990 or 990-EZ) 2015 FOUNDATION			94-6077724 _{Page}
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	j trust o	n Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	intogra	tod Type III supporting or	conization (and

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

Sche	dule A (Form 990 or 990-EZ) 2015 FOUNDATION			4-6077724 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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 the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	Suppleme	90-EZ) 2015 FOUNDAT	ide the explanations re	equired by Part II	line 10 [.] Part		<u>4</u> −6077724 _{Pa} : Part III, line 12:
	Part IV, Section	on A, lines 1, 2, 3b, 3c, 4b, Section D, lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines	1a, 11b, and 11c; 1c, 2a, 2b, 3a and	Part IV, Sect 3b; Part V, 1	ion B, lines 1 and line 1; Part V, Sec	2; Part IV, Section C, tion B, line 1e; Part V
	Section D, line	es 5, 6, and 8; and Part V, 9 ons.)	Section E, lines 2, 5, ar	id 6. Also complete	e this part to	r any additional ir	iformation.
20020 00 00	15					Schedulo A (Form 990 or 990-EZ
2028 09-23-	10			20		Schedule A (1 01111 990 01 990-EZ
51122	793698	032-20400503	2015.05000		STATE	UNIVERSI	ΨΥ Α 032-3

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

Name of the organization

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

HUMBOLDI	S
FOUNDATIC	N

STATE UNIVERSITY ADVANCEMENT

94-6077724

Organization	type	check	one).
Organization	type	CHECK	unej.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	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) organization 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, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$142,888. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$63,600.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$63,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$54,955. 	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
523452 10-26	o-15	Scileanie B (Form s	330, 330-EZ, UI 330-PF) (2015)

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10			Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll Noncash (Complete Part II for noncash contributions.)
523452 10-26	-15	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2015)

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 26,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>14</u>		\$ 25,000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		\$ 22,830. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 22,613. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>17</u> 523452 10-20	3-15	\$
520102 10-20	24	

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$18,125.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$17,975.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$17,145.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$16,875.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	25	ō	

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$15,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$14,200.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$12,948.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$12,760.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	2		,

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,265.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>35</u> 523452 10-26		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
020402 10-20	2		

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$7,310.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$7,007.	PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$6,743.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$6,696.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>41</u> 523452 10-28		\$6,600. \$Schedule B (Form S	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
220.02 10-20	28		,,

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$6,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$6,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,265.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47 523452 10-22		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
020-02 10-20	29		

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$5,311.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,263.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$5,200.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-26		\$\$, 100.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	30)	, , , , (-313)

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$5,087.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>59</u> 523452 10-26		\$5 , 0 0 0 . Schedule B (Form 5	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	31		

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c) (d)		
No.	Name, address, and ZIP + 4	Total contributions Type of contribution	n	
60		* 5,000. * 5,000. Person Payroll Payroll (Complete Part II for noncash contributions)	.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n	
61		\$5,000. (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n	
62		\$\$ 5,000. Person X Payroll D Noncash Complete Part II for noncash contributions.	.)	
(-)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n	
No.		Total contributions Type of contribution	.)	
No. 63 (a)	Name, address, and ZIP + 4	Total contributions Type of contribution	.) n	
No. 63 (a) No.	Name, address, and ZIP + 4	Total contributions Type of contribution	.) n	
No. 63 (a) No. 64 (a)	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions Type of contribution	.) n n	

Name of organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION Employer identification number

94-6077724

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
67		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
68		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
69		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
70		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)	
523452 10-26	3-15	Schedule B (Form	990, 990-EZ, or 990-PF) (201	

	B (Form 990, 990-EZ, or 990-PF) (2015)		1	Page 3
Name of or	ganization LDT STATE UNIVERSITY ADVANCEMENT		Employ	er identification number
FOUND.			94	-6077724
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is need	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
5	SECURITIES	-		
		\$50,9	955.	12/16/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
	FIVE WORKS OF ART	_		
9		\$46,0	000.	02/28/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
10	35 CONCEPT II ROWING ERGOMETERS AND THREE SLIDES	- - - \$ 30,5	530.	02/26/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
	TEN CONCEPT II ROWING ERGOMETERS	_		
		\$8, <u>5</u>	500.	02/26/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
	SECURITIES	_		
		\$22,1	L13.	06/21/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction		(d) Date received
22	LABORATORY EQUIPMENT	-		
		- - \$11,5		08/20/15
523453 10-20	6-15	Schedule	B (Form 9	990, 990-EZ, or 990-PF) (2015)

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

Name of organization

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Employer identification number

94-6077724

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 4,000 20Z CITRUS-SCENTED SOAPS 28 12,760. 04/06/16 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I SECURITIES 38 7,007. 12/29/15 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I FOUR APPLIANCES, HYATT & BUBBA GUMP 44GIFT CARD, AND A PAIR OF RECLINERS WITH END TABLE AND LAMP 4,000. 04/09/16 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523453 10-26-15

11451122 793698 032-20400503 2015.05000 HUMBOLDT STATE UNIVERSITY A 032-30S1

35

Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2015)			Page 4	
Name of org				Employer identification number	
	DT STATE UNIVERSITY AD	VANCEMENT		04 6077704	
FOUNDA Part III	A'L'LON Exclusively religious, charitable, etc., cont	tributions to organizations descri	ed in section 501(c)(7) (8	94-6077724	
Fartin	the year from any one contributor. Complete	columns (a) through (e) and the fe	llowing line entry. For organiz	ations	
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,00	0 or less for the year. (Enter this info	0. once.) • •	
(a) No. from			(-1) D		
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
-		(e) Transfer of	aift		
		(-)			
L	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
-		(e) Transfer of	aift		
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No.			() =		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
-	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
(a) No. from		()), ()	()) D		
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held	
F	(e) Transfer of gift				
	(-,				
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee	
523454 10-26-	-15	I	Sched	ule B (Form 990, 990-EZ, or 990-PF) (2015)	

			OMB No. 1545-0047
	HEDULE D Supplemental Financial Statements		2015
(Forn	n 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury ► Attach to Form 990. I Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/	form99	Open to Public Inspection
	e of the organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION		ployer identification number 94-6077724
Par		1ccoi	
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur		
~	are the organization's property, subject to the organization's exclusive legal control?		Yes II No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe		
	impermissible private benefit?	Ũ	Yes No
Par			
1	Purpose(s) of conservation easements held by the organization (check all that apply).	<u>, </u>	
	Preservation of land for public use (e.g., recreation or education)	y impo	rtant land area
	Protection of natural habitat	istoric	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onserv	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
	Total acreage restricted by conservation easements	2b	
	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
-	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nizatio	n during the tax
	year		
4 5	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
5	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat		······· — ··· — ···
•		ion out	serie dannig the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	aseme	nts during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganiza	tion's accounting for
De	conservation easements.	Cimi	lar Assata
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	31111	lar Assels.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a		anaa ahaat waxka af art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of		
	the text of the footnote to its financial statements that describes these items.	public	Service, provide, in Fait Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	balanc	e sheet works of art historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,		de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	►	\$
b	Assets included in Form 990, Part X	🕨	\$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2015
53205 ⁻ 11-02-	15		

HUMBOLDT STATE UNIVERSITY ADVANCEMENT	
---------------------------------------	--

		T STATE UN	IVERSITY A	DVANCEMENT		04 60	77774	•
	dule D (Form 990) 2015 FOUNDAT		· · · · · · · · · · · · · · · · · · ·				77724	
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):		_					
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		🗌	Yes	No No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1 a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other assets no	t included			
	on Form 990, Part X?		•				Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
c	Beginning balance				1c		,	
	Additions during the year							
ŭ	Distributions during the year							
f								
	Ending balance Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.		•			····· └──		
Pa								
1 0				1		vooro book		aara baali
		(a) Current year	(b) Prior year	(c) Two years back	· ·	years back	(e) Four y	
	Beginning of year balance	26,421,365.	26,166,024.		· · ·	387,125.		348,587.
b	Contributions	1,105,558.				303,726.		380,470.
С	Net investment earnings, gains, and losses	-12,073.	466,310.	3,078,482.	1,8	870,132.	-2	363,782.
d	Grants or scholarships	366,803.	114,757.				ļ	
е	Other expenditures for facilities							
	and programs	648,560.	911,951.	1,184,515.	6	691,024.	9	978,150.
f	Administrative expenses	424,561.	445,703.					
g	End of year balance	26,074,926.	26,421,365.	26,166,024.	22,8	869,959.	20,3	387,125.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	25.14	%					
b	Permanent endowment > 74.58	%	_					
с	Temporarily restricted endowment	• 28 %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organi	zation		
	by:	0			Ũ			es No
	(i) unrelated organizations							X
	(ii) related organizations							X
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the			•••••				
	t VI Land, Buildings, and Equipm		wittent funds.					
	Complete if the organization answere) Part IV line 11a 9	See Form 990 Part X	line 10			
			<u>, , , , , , , , , , , , , , , , , , , </u>	,	,	ad		
	Description of property	(a) Cost or o basis (investr			Accumulate epreciation		(d) Book	value
			,		preciation	1	171	135
	Land						4/4	,135.
	Buildings							
	Leasehold improvements							
	Equipment							
-	Other							105
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		. 🕨 🗌	474	,135.

Schedule D (Form 990) 2015

HOWBOLDI	STATE	UNIVERSITY	ADVANCEMENT

Schedule D (Form 990) 2015 FOUNDATION			94-6077724 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990. Part X. line	13.
(a) Description of investment	(b) Book value		st or end-of-year market value
(1) HYDROGREN DEMONSTRATION			-
(1) TRUST	1,951,008.	COST	
(3) SAMOA REAL ESTATE			
(4) PROPERTY	2,533,016.	COST	
	2,333,010.	0001	
(5)	++		
(6)	+		
(7)	+		
(8)	+		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	4,484,024.		
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line	
. ,	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9)	ne 15.)		
(5) (6) (7) (8) (9)	ne 15.)		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir			ζ, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of link link	" on Form 990, Part IV, line 1		▶ <, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	(, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part >	, line 25.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line 1 (b	1e or 11f. See Form 990, Part >	, line 25.

Schedule D (Form 990) 2015

HUMBOLDT	STATE	UNIVERSITY	ADVANCEMENT
FOIINDATTO	אר		

	edule D (Form 990) 2015 FOUNDATION	94-	6077724	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	522,	764.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a -1,192,710	•		
b	Donated services and use of facilities 2b			
с				
d	Other (Describe in Part XIII.) 2d 436,634	•		
е	Add lines 2a through 2d	2e	-756,	
3	Subtract line 2e from line 1	3	1,278,	840.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
b	Other (Describe in Part XIII.) 4b 2,790,840	•		
С	Add lines 4a and 4b	4c	3,254,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,533,	708.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,420,	504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с				
d	Other (Describe in Part XIII.) 2d 596,830	•		
е	Add lines 2a through 2d	2e		830.
3	Subtract line 2e from line 1	3	1,823,	674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а				
b	Other (Describe in Part XIII.) 4b 911,094	•		
с	Add lines 4a and 4b		1,375,	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,198,	796.
	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT SCHOLARSHIPS, CAMPUS PROGRAMS

AND OPERATIONS IN COMPLIANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER THE APPLICABLE

SECTIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA

REVENUE AND TAXATION CODE SECTION 23701D. THE OPEN AUDIT PERIODS ARE 2012

THE FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN FOR THROUGH 2014.

FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA.

THE FOUNDATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED

UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT 532054 09-21-15 Schedule D (Form 990) 2015 40

HUMBOLDT STATE UNIVERSITY ADVANCEMENT Schedule D (Form 990) 2015 FOUNDATION 94-6077724 Part XIII Supplemental Information (continued)	⁵ age 5
IN A MATERIAL ADVERSE EFFECT ON THE FINANCIAL STATEMENTS. ACCORDINGLY,	
THE FOUNDATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR	
INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 20	016
AND 2015.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NET ENDOWMENT LOSS 436,	634.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
GIFTS 2,341,3	121.
NET INVESTMENT INCOME 12,	527.
OTHER NONOPERATING REVENUE 155,2	274.
ADDITION TO PERMANENT ENDOWMENTS 281,9	918.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,790,8	340.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
TRANSFERS TO OTHER FUNDS 596,8	830.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTEREST EXPENSE 45,	714.
TRANSFERS TO OTHER CAMPUS ENTITIES 865,2	380.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 911,0	094.
532055 Schedule D (Form 99	0) 2015

09-21-15

(Form 990 or 990-EZ) Department of the Treasury	ental Information Regarding organization answered "Yes" on l organization entered more than \$1 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 9 5,000 (or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization HUMBOLD FOUNDAT	T STATE UNIVERSITY	AD	VAN	CEMENT			entification number 7724
	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special pr oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru: iundraising services?	stees	🗌 Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	ustody	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit o		b utions	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sched	lule G (Form	990 or 990-EZ) 2015

532081 09-14-15

HUMBOLDT STATE UNIVERSITY ADVANCEMENT Schedule G (Form 990 or 990 EZ) 2015 FOUNDATION 94-6077724 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPORTS (add col. (a) through AUCTION WOMEN'S WALK 1 col. (c)) (event type) (event type) (total number) Revenue 138,970. 44,140. 40,259. 223,369. 1 Gross receipts 44,140. 129,135. 17,707. 190,982. 2 Less: Contributions 9,835. 22,552. 32,387. Gross income (line 1 minus line 2) 3 4 Cash prizes 90,368. 9,457. 99,825. 5 Noncash prizes Direct Expense 6 Rent/facility costs 9,192. 1,952. 11,144. **7** Food and beverages 18,654. 18,654. 8 Entertainment 3,803. 3,880. Other direct expenses 77. 9 133,503. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► -101,116. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Ves No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2015 532082 09-14-15

43

HUMBOLDT	STATE	UNIVERSITY	ADVANCEMENT
----------	-------	------------	-------------

Sch	edule G (Form 990 or 990-EZ) 2015 FOUNDATION 9.	4-60	777	24	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y I		No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		Y	es I	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	3a		%
	An outside facility		3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	····· <u> </u>			/0
17					
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	E	Y	es	No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	t			
	of gaming revenue retained by the third party \blacktriangleright \$				
c	If "Yes," enter name and address of the third party:				
	······································				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
4-					
	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г			No
	retain the state gaming license?		10	es i	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
Da	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par		- 0 0	- 104	156
Га	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	t III, line	59,91	5, TU), 150,
5320	83 09-14-15 Schedule G	Form 9	90 or	990-l	EZ) 2015
	44				

nedule G (Form 990 or 990-EZ)	HUMBOLDT STATE UNIVERSITY ADV FOUNDATION	94-6077724 _{Pa}
edule G (Form 990 or 990-EZ) Irt IV Supplemental Infor	mation (continued)	
		Schedule G (Form 990 or 99

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							
Name of the organizati	ion HUMBOLDT FOUNDATIO	STATE UNI	ion about Schedule I VERSITY ADV		s instructions is a	t www.irs.gov/form99	0.	Inspection Employer identification number 94-6077724
Part I General Ir	formation on Grants a							94-0077724
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to a	award the grants or assis	stance?		· · · · · · · · · · · · · · · · · · ·				X Yes No
2 Describe in Part	IV the organization's pro							
	d Other Assistance to	-				anization answered "	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	hat received more than dress of organization vernment	\$5,000. Part II car (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT STATE UN SPONSORED PROGRAM HARPST STREET - A	IS FOUNDATION - 1	94-6050071	(501)(C)(3)	424,895.	0.			CAMPUS SUPPORT
HUMBOLDT STATE UN 1 HARPST STREET	IIVERSITY							
ARCATA, CA 95521		94-6001347	(501)(C)(3)	30,570.	0.			CAMPUS SUPPORT
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	he line 1 table			•	▶
	er of other organization							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

FOUNDATION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS & STIPENDS	214	201,636.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ie 2, Part III, column	(b), and any other a	dditional information.	

PART I, LINE 2:

THE ORGANIZATION MANAGES A NUMBER OF CAMPUS TRUSTS ON BEHALF OF THE

UNIVERSITY AND ITS AUXILIARIES. THOUGH NONE OF THE TRUSTS PROVIDED GRANT

FUNDS DURING THE FISCAL YEAR, CERTAIN TRUSTS DISTRIBUTED AMOUNTS CONSIDERED

TO BE PAYMENTS IN SUPPORT OF THE UNIVERSITY OR AUXILIARIES' EXEMPT

PURPOSES. CERTAIN TRUSTS DISBURSED ACHIEVEMENT AWARDS AND STIPENDS TO

STUDENTS AND STAFF MEMBERS. EACH PAYMENT IS AUTHORIZED BY AN APPROVED TRUST

SIGNATORY.

SCHEDULE J Compensation Information	OMB No. 15	45-0047		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	2015			
Compensated Employees		IJ		
Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to			
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99				
· · · · · · · · · · · · · · · · · · ·	nployer identification			
FOUNDATION	94-6077724			
Part I Questions Regarding Compensation				
		Yes No		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	10,			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class or charter travel				
Travel for companions Payments for business use of personal reside Travel for companions Leath or considered with the process of the personal reside	ence			
Tax indemnification and gross-up payments	A			
Discretionary spending account)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 				
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2			
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n's			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization				
establish compensation of the CEO/Executive Director, but explain in Part III.				
Compensation committee Written employment contract				
Independent compensation consultant Compensation survey or study				
Form 990 of other organizations	imittee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or a related organization:				
a Receive a severance payment or change-of-control payment?	4a	X		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X		
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
contingent on the revenues of:				
a The organization?				
b Any related organization?	<u>5</u> b	X		
If "Yes" to line 5a or 5b, describe in Part III.				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
contingent on the net earnings of:	0-	x		
a The organization?				
 b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 	6b			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
not described on lines 5 and 6? If "Yes," describe in Part III	7	x		
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 				
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		x		
 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 				
Regulations section 53.4958-6(c)?	9			
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 2015		

532111 10-14-15

Schedule J (Form 990) 2015

FOUNDATION

94-6077724

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) CRAIG WRUCK	(i)	0.	0.	0.	0.	0.		0.
SECRETARY/ EXECUTIVE DIRECTOR	(ii)	193,479.	0.	0.	49,032.	16,436.	258,947.	0.
(2) PEG BLAKE	(i)	0.	0.	0.	0.	0.		0.
MEMBER	(ii)	187,999.	0.	0.	46,943.	9,352.		0.
(3) JOYCE LOPES	(i)	0.	0.	0.	0.	0.		0.
MEMBER	(ii)	200,018.	0.	0.	50,858.	21,793.		0.
(4) LISA ROSSBACHER	(i)	0.	0.	0.	0.	0.		0.
MEMBER/ PRESIDENT HSU	(ii)	351,580.	0.	37,000.	77,610.	16,706.	482,896.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY HUMBOLDT STATE

UNIVERSITY. THE EXECUTIVE DIRECTOR HAS A WRITTEN EMPLOYMENT CONTRACT WITH

HUMBOLDT STATE UNIVERSITY.

SCHEDULE M	
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public Inspection

15

|--|

1 2

3 л

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. HUMBOLDT STATE UNIVERSITY ADVANCEMENT

Employer identification number 94 - 6077724

20

	FOUND
Part I	Types of Property

FOUNDATION					94-6077724
t I Types of Property					
	(a)	(b)	(c)		(d)
	Check if	Number of	Noncash contribution	N	lethod of determining
	applicable	contributions or			ash contribution amounts
		items contributed	Form 990, Part VIII, line 1g		
Art - Works of art	Х	1	46,000.	GALLE	RY ESTIMATE
Art - Historical treasures					
Art - Fractional interests					
Books and publications					

4	Books and publications								
5	Clothing and household goods	X		16	,760.	RETAIL			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	80	,075.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (EQUIPMENT)	X	3	50	,530.	COST			
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	ization during	the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV, D	onee Acknowledg	jement	29			0	
								Yes	No
30a	During the year, did the organization receive b					•			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.						31		
31								Х	
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a	Х	
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) fo	r a type of proper	ty for which colun	nn (a) is ch	necked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

532141 08-21-15

	HUMBOLDT	STATE	UNIVERSITY	ADVANCEMENT
Schedule M (Form 990) (2015)	FOUNDATIC	ON		

94-6077724 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

CHARITABLE ADULT RIDES AND SERVICES PROVIDES FUND-RAISING SERVICES

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 HUMBOLDT
 STATE
 UNIVERSITY
 ADVANCEMENT
 Employee

 FOUNDATION
 94



94-6077724

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE EXPERTISE, FIDUCIARY OVERSIGHT AND ADVOCACY TO INCREASE

CHARITABLE GIVING AND MANAGE THE ENDOWMENT AND OTHER CHARITABLE FUNDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION PROVIDES

EXPERTISE, FIDUCIARY OVERSIGHT AND ADVOCACY TO INCREASE CHARITABLE

GIVING AND MANAGE THE ENDOWMENT AND OTHER CHARITABLE FUNDS. THE

FOUNDATION SERVES HUMBOLDT STATE UNIVERSITY IN SEVERAL WAYS: 1.

STEWARD ASSETS - ENSURE THAT CONTRIBUTIONS ARE WELL INVESTED AND USED

AS DONORS INTEND. 2. DEPLOY ASSETS - ENSURE THAT CONTRIBUTED FUNDS ARE

EFFICIENTLY DISTRIBUTED AND PRODUCTIVELY USED BY THE UNIVERSITY. 3.

RAISE NEW ASSETS - ENGAGE IN THE FUNDRAISING PROCESS IN ORDER TO

INCREASE AMOUNT AND QUALITY OF CHARITABLE CONTRIBUTIONS TO THE

UNIVERSITY. 4. STRATEGIC ALIGNMENT - BE FAMILIAR WITH THE STRATEGIES

AND DIRECTIONS OF THE UNIVERSITY AND PROVIDE COMMENTARY AND FEEDBACK TO

UNIVERSITY LEADERSHIP. 5. ADVOCACY - SERVE AS SPOKESPERSONS AND

AMBASSADORS FOR THE UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPOSED OF THE FOUNDATION'S OFFICERS (CHAIR, VICE CHAIR, TREASURER & SECRETARY) AND COMMITTEE CHAIRS (PHILANTHROPY, GOVERNANCE, FINANCE, ETC.). ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE VOTING MEMBERS OF THE FOUNDATION'S BOARD OF DIRECTORS. THE BOARD HAS DELEGATED TO THE EXECUTIVE COMMITTEE ALL BOARD AUTHORITY EXCEPT: (A) THE FILLING OF VACANCIES ON THE BOARD OR ON ANY COMMITTEE; (B) THE FIXING OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532

 Schedule O (Form 990 or 990-EZ) (2015)
 Page 2

 Name of the organization
 HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION
 Employer identification number 94-6077724

 COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE,

 SHOULD THE BYLAWS BE AMENDED TO ALLOW SUCH COMPENSATION; (C) THE AMENDMENT

 OR REPEAL OF BYLAWS OR THE ADOPTION OF ANY NEW BYLAWS; (D) THE AMENDMENT OR

 REPEAL OF ANY RESOLUTION OF THE BOARD, WHICH BY ITS EXPRESS TERMS IS NOT SO

 AMENDABLE OR REPEALABLE; (E) THE APPOINTMENT OF OTHER COMMITTEES OF THE

 BOARD OR THE MEMBERS THEREOF; OR (F) THE APPROVAL OF ANY SELF-DEALING

 TRANSACTION, AS SUCH TRANSACTIONS ARE DEFINED IN SECTION 5233 (A) OF THE

 CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW.

FORM 990, PART VI, SECTION A, LINE 3:

HUMBOLDT STATE UNIVERSITY PROVIDES VARIOUS MANAGEMENT SERVICES, INCLUDING ACCOUNTING, BUSINESS OFFICE, PHILANTHROPY, AND CAMPUS PROGRAMS ADMINISTRATION AND MANAGEMENT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS INCLUDES HUMBOLDT STATE UNIVERSITY'S PRESIDENT AND VICE PRESIDENT OF ADVANCEMENT. ALL OTHER BOARD MEMBERS ARE APPOINTED BY HUMBOLDT STATE UNIVERSITY'S PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS

REQUIRE APPROVAL OF HUMBOLDT STATE UNIVERSITY'S PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11:

A PUBLIC INSPECTION COPY OF THE FORM 990 WAS PROVIDED TO THE GOVERNING

BOARD PRIOR TO FILING. THE COMPLETE FORM 990 WAS REVIEWED AND SIGNED BY

THE FOUNDATION'S EXECUTIVE DIRECTOR.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

54

Schedule O (Form 990 or 9	990-EZ) (2015)				Page 2
Name of the organization	HUMBOLDT FOUNDATIO		UNIVERSITY	ADVANCEMENT	Employer identification number 94-6077724
	FOUNDATIO	11			54-0077724

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST

STATEMENT ANNUALLY. DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS

OF INTEREST AT THE BOARD'S ANNUAL MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

ALTHOUGH THE HSU ADVANCEMENT FOUNDATION HAS NO EMPLOYEES OF ITS OWN, THE EXECUTIVE DIRECTOR, SECRETARY AND CERTAIN BOARD MEMBERS ARE EMPLOYEES OF HUMBOLDT STATE UNIVERSITY. THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED AND REVIEWED BY HUMBOLDT STATE UNIVERSITY UNDER THE POLICIES AND PROCEDURES OF THE CALIFORNIA STATE UNIVERSITY SYSTEM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,AK,AZ,AR,CO,DC,FL,HI,MD,MO,NH,NJ,NY,ND,OK,OR,WA

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE ALL AVAILABLE TO THE PUBLIC THROUGH HUMBOLDT STATE UNIVERSITY

ADVANCEMENT FOUNDATION WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFERS TO/FROM OTHER CSU FUNDS

-596,830.

FORM 990, PART XII, LINE 2C:

THE PROCESS AND METHODS USED BY THE FOUNDATION TO SELECT THE

INDEPENDENT AUDITOR HAVE NOT CHANGED.

532212 09-02-15

55

Department of the Treasury Internal Revenue Service In Name of the organization HUMBOLDT STAT FOUNDATION	formation about Schedule R (Forn TE UNIVERSITY ADVA)	d "Yes" on Form 990, Part IV, ttach to Form 990. n 990) and its instructions is a NCEMENT	line 33, 34, 35b, 3 at www.irs.gov/fori		Em		AB No. 154 201 pen to P Inspection no 724	5 ublic ion
Part I Identification of Disregarded Entities Compl (a) (a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	es" on Form 990, Part IV, line 3. (c) Legal domicile (state of foreign country)	(d)	me End-of-yea		Direct c	(f) ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organ	izations Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more r	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
HUMBOLDT STATE UNIVERSITY - 94-6001347 1 HARPST STREET ARCATA, CA 95521	EDUCATION	CALIFORNIA			N/A			x
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAM FOUNDATION - 94-6050071, 1 HARPST STREET, ARCATA, CA 95521	GRANT ADMINISTRATION	CALIFORNIA	501(C)(3)	LINE 5	HUMBOL: UNIVER:	DT STATE SITY		x
HUMBOLDT STATE UNIVERSITY CENTER - 94-1627074, 1 HARPST STREET, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 11C, III-FI	HUMBOLI UNIVER	DT STATE SITY		x
ASSOCIATED STUDENTS OF HUMBOLDT STATE UNIVERSITY - 94-1201195, 1 HARPST STREET, ARCATA, CA 95521	STUDENT SERVICES	CALIFORNIA	501(C)(3)	LINE 11C, III-FI	HUMBOL: UNIVER:	DT STATE SITY		x

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Schedule R (Form 990)

94-6077724

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity				(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
HUMBOLDT STATE UNIVERSITY REAL ESTATE							
HOLDINGS - 81-2593561, 1 HARPST STREET,	ACCEPT, HOLD AND MANAGE				HSU ADVANCEMENT		
ARCATA, CA 95521	CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)	LINE 11A, I	FOUNDATION	X	
							<u> </u>

Schedule R (Form 990) 2015 FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or P ging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
]											
]											
	1											
										+		
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) :tion b)(13) rolled tity?
		country)				400010			No
									<u> </u>
								┟───┦	<u> </u>

Schedule R (Form 990) 2015 FOUNDATION

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х					
	b Gift, grant, or capital contribution to related organization(s)								
с	Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f		X					
g	Sale of assets to related organization(s)	1g		X					
h	Purchase of assets from related organization(s)	1h		Х					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X						
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х						
	Sharing of paid employees with related organization(s)	10	Х						
р	Reimbursement paid to related organization(s) for expenses	1p	Х						
	Reimbursement paid by related organization(s) for expenses	1q		Х					
r	Other transfer of cash or property to related organization(s)	1r	Х						
s	Other transfer of cash or property from related organization(s)	1s	X						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(5)			
<u>(6)</u>	50		

Schedule R (Form 990) 2015 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of entity Primary activity Legal domicile (state or foreign country) Predominant income excluded from tax unplated, sections 512-514) Share of total Share of end-of-year assets Share of end-of-year assets Scheube (-1) Code V-UBI amount in box 20 manuering partner? Generator (soluted) Generator (soluted) <td< th=""><th>(a)</th><th>(b)</th><th>(c)</th><th>(d)</th><th></th><th>)</th><th>(f)</th><th>(g)</th><th>1</th><th>h)</th><th>(i)</th><th>(j)</th><th>(k)</th></td<>	(a)	(b)	(c)	(d))	(f)	(g)	1	h)	(i)	(j)	(k)	
Induction of entity Induction of ent				Predominant income	Area	all			Dispr	opor-	Code V-UBI	General o	"Percentage	
Country) Excluded from tax under sections 512-514) Mo income assets Mo Of Schedule A-1 (Form 1065) Partor	of entity		(state or foreign	(related, unrelated,	501(c))(3)			tion	nate	amount in box 20	managin	ownership	
	, ,		country)	sections 512-514)		No			Vec	No	(Form 1065)			
				,	163	NO			163		, ,	163 140	1	
		•												
		•												
		•												
													ļ	
		ļ												

Schedule R (Form 990) 2015

HUMBOLDT	STATE	UNIVERSITY	ADVANCEMENT
FOUNDATIC	ON		

<u></u>	(F 000)	0045
Schedule R	(Form 990	2015

Part VII	Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

532165 09-08-15