### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0130351

Form **990** 

Under Section 501(8, 1527, 504947 (3)(9) bigne internal Revenue 60dP except private roundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service A For the 2016 calendar year, or tax year beginning JUL 1, 2016 2017 and ending JUN 30, Cneck if applicable C Name of organization D Employer identification number HUMBOLDT STATE UNIVERSITY ADVANCEMENT Address ]Name Johange 94-6077724 Doing business as Unitia Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number return iFinal 1 HARPST STREET 707-826-5146 7,377,688. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code TAmende Jreturr: ARCATA, CA 95521 H(a) is this a group return TApplica-Ition F Name and address of principal officer: CRAIG WRUCK for subordinates? \_\_\_\_ Yes X No pendino SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) (insert no.) 527 501(c) ( 4947(a)(1) or If "No." attach a list. (see instructions) Website: HTTP://HSUAF.HUMBOLDT.EDU H(c) Group exemption number > Year of formation: 1928 M State of legal domicile: CA Form of organization: X Corporation Trust Association Otner 🕨 Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 17 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI. line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) Activities 14 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 O. b Net unrelated business taxable income from Form 990-T, line 34 .... Prior Year Current Year 3,798,686. 2,724,155. Contributions and grants (Part VIII, line 1h) Revenue 522,764. 558,399. Program service revenue (Part VIII, line 2g) 1,177,491. 1,232,631. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 54,158. 168,714. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,533,708. 5,703,290. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,860,332. 657,101. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) n. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,541,695. 2,195,715. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,198,796. 6,056,047. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -352,757. 1,334,912. 19 Revenue less expenses. Subtract line 18 from line 12 s or Beginning of Current Year End of Year Assets ( Balance 36,425,124. 36,789,545. 20 Total assets (Part X, line 16) 2,899,678. 953,643. 21 Total liabilities (Part X. line 26)

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 CRAIG WRUCK EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 411 P01469618 Paid KURT BENNION, CPA 11/14/17 self-employed CLIFTONLARSONALLEN Preparer LLP 41-0746749 Firm's name Firm's EIN 🌭 Firm's address 10700 NORTHUP WAY, Use Only SUITE 200

May the IRS discuss this return with the preparer shown above? (see instructions)

BELLEVUE, WA 98004

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances. Subtract line 21 from line 20

Form 990 (2016)

X Yes

Phone no. (425) 250-6100

35,835,902.

33,525,446.

# HUMBOLDT STATE UNIVERSITY ADVANCEMENT

Forn	n 990 (2016) FOUNDATION	94-6077724	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes." describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue. if any, for each program service reported.	,	
48	(Code ) (Expenses \$ 5,495,372 · including grants of \$ 3,860,332 · ) (Revenue	715,	001.
• • •	SERVICES INCLUDE MAKING CHARITABLE DISTRIBUTIONS TO 108	SCHOLARSHIP	
	FUNDS AND 43 UNIVERSITY PROGRAMS IN COMPLIANCE WITH ENDO		
	RESTRICTIONS; ADMINISTERING 235 CHARITABLE ACCOUNTS DEDI		
	UNIVERSITY PURPOSES; AND MANAGING 183 ENDOWED AND 1 NON-		
	INVESTMENT ACCOUNTS.		
	TIVIDIMINI NOCOUNTS:		
		······································	
		***************************************	***************************************
4b	(Code:) (Expenses S	2 \$	)
		, <del>, , , , , , , , , , , , , , , , , , </del>	
		www.	***************************************
		· · · · · · · · · · · · · · · · · · ·	450.464.00 A.
		***************************************	
4c	(Code:) (Expenses \$) (Revenue	÷ \$.	)
4d	Other program services (Describe in Schedule O.)		
+u		ì	
	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses \$ 5,495,372.		
40	TOTAL PROGRAMMENT SOLVED CARDESISES FOR CONTRACTOR OF THE CONTRACT	Form 0	90 (2016)

632002 11-11-16

#### Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A is the organization required to complete Schedule B. Schedule of Contributors X 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 ! Χ 3 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 X 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Χ Schedule D, Part III 8 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 Scriedule D, Part IV Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes." complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI. VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a 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 Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 110 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 Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, complete Schedule D. Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? X 142 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G, Part II X 18 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 X

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# HUMBOLDT STATE UNIVERSITY ADVANCEMENT

Form 990 (2016)

FOUNDATION Part IV | Checklist of Required Schedules (continued)

No Yes Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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), fine 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Χ 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 X Schedule L. Part L. 25b 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,"  $\mathbf{X}$ complete Schedule L, Part II 26 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ...... c 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Χ If "Yes," complete Schedule N. Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O ...

Form 990 (2016)

| Part V | Sta Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					Ţ-
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			<b>2</b> b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction.	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	)	5b		X
c	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution					
	were not tax deductible?			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 partly as a contribution and partly for goods and se	rvices p	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	et?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ie a Form 1098-C?	<b>7</b> h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					:
	Initiation fees and capital contributions included on Part VIII, line 12	10a				ı
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					ı
	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					ı
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				-	
þ	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				
	Enter the amount of reserves on hand	13c				
	, , , , , , , , , , , , , , , , , , , ,			14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 U		14b	000	(0040
				rorm	990 (	(ZU ID)

## HUMBOLDT STATE UNIVERSITY ADVANCEMENT

FOUNDATION

94-6077724

Form 990 (2016) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C. See instructions.

Section A. Governing Body and Management  16. Error the number of voting namebers of the governing pool, at the end of the say year.  17. If you have a section of the properties of the governing pool, or integrated the governing pool of the governing pool, or integrated the governing pool of g	-	Check if Schedule O contains a response or note to any line in this Part Vi				****	<u>X</u>
16 Enter the number of voting members of the governing body at the end of the survival process and pr	Sec	tion A. Governing Body and Management		<del></del>			
Emers as market difference is evolve optic another present of the povernage open, or 1 the governage   1.3    be the present in number of voting members included in line 1s. above, who are independent   1.3    be any official function trustee. Or key employee have a lamply realisorate post in 5 sharetes assumption with any other officed, direct, institute or feel open problem. It is not the present officed direct, institute or feel open problems. It is not the present of the prese						/es	No
body designated tract authority to all excellines committee or smills committee excellent in Sidestine C.   1.0   1.0   2   2   2   2   2   2   2   3   3   3	1a		1a	17			
b Enter the number of visiting members noturated in line 1st above, who are interperated in the control of microtic visiting or key employee. It will present on the control of microtic visiting or key employee. It will present on the control of microtic visiting or key employee. It will be control or the control of microtic visiting or key employee. It was also present or management contractly or other person?  3 Did the organization make any significant changes to its povering pocularism street the proof of softens. And extreme the control of the contro		If there are material differences in voting rights among members of the governing body, or if the governing				es production of	
Did any officer director: trustee, or key employee have a family relationship or a business relationship with any other officer, directors, restate, or key employee to a management duties customarily performed by or union the direct supervision of shicers, directors, or trustees, or key employees to a management congrany or other person?  2		body delegated broad authority to an executive committee or similar committee, explain in Schedule C.			arry and a		
Since directors, mustes, or lesy employee?  3 Dit the organization depends control over management duries customarily performed by or unper this direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  5 Dit the organization make any significant changes to its governing documents aince the prior Form 980 was filled?  6 Dit the organization have members or stockholders?  7 Dit the organization have members or stockholders?  8 Dit the organization have members accordance or other persons who had the power to elect or appoint one or more members of the poverning body?  9 Are any governing body?  9 Are any governing body?  9 Dit the organization to the poverning body?  9 Dit the organization contemporarisation reserved to for subject to approval by) members, accordance or persons other than the poverning body?  9 Dit the organization contemporarisation reserved to for subject to approval by) members, accordance or persons other than the poverning body?  9 Dit the organization contemporarisation of the governing body?  10 Dit is there are profiled. director trustee or key removes the advances and accreases in Sciencials C. Profiled and the poverning body?  11 Did the organization have local chapters, branches, or affiliates?  12 Did be organization that local trustees or key employees the advances governing the activities of such chapters affiliates.  13 Did be organization have local chapters, branches, or affiliates?  14 Did be the organization have local chapters, branches, or affiliates?  15 Did be organization thave local chapters, branches, or affiliates?  16 Did be organization thave local chapters branches, or affiliates?  17 Did be organization thave local chapters branches, or affiliates?  18 Did be organization thave local chapters branches or affiliates?  19 Did be organization thave local chapters branches or affiliates?  10 Did be organization thave any organization thave a written policy?  10 Did be organization thave are written organization	b		have been been been been been been been be	13			
Did the organization delegate control over management outless customarile performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  2	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	į		VIA PROPERTY.	
of officers, directors, or nustrees, or less employees to a management combany to other person."  Det the organization make any significant changes to its governing adoutments saled the prior form BBC was filed?  4				2	2		<u>X</u>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  4 X   5 Did the organization become aware during the year of a significant diversion of the organization is assetts?  5 Did the organization have members of tooloiders?  7a Did the organization have members of tooloiders?  7b Did the organization have members of the observation pools?  5 A X   5 Did the organization have members of the observation of the prevent or each of appoint one or more members of the powering body?  6 A X   7 Did the organization have members of the organization reserved to for subject to approve the prevent of the powering body?  7b A X   7b	3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision	l		- Angelia	
E Did the organization become aware during the year of a significant diversion of the organization's assess?  6 Did the organization have members or scockholders?  7 Did the organization have members or scockholders.  8 Did the organization contemporate the presence who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporateolise accuming the year by the organization researched to for subject its approval by) members, stockholders, or persons of the frame the governing body?  8 Did the organization contemporateolise accuming the the meetings nell or written actions undertakes during the year by the following:  8 The governing body?  9 Is there any officer director trustee or key employee listed in Far VII, Section A, who cannot be reached at the organization's mailing address? If Yes, "provide the names and scarcesses in Schedule C.  8 Section B, Policies (The Section E requests information about policies not reduced by the Internal Revenue Code.  9 Yes, No. 10 Did the organization have local chapiters, branches, or affiliates?  10 If Yes," did the organization have written policies and procedures governing the activities of such chapiters affiliates.  11 and branches to ensure their operations are consistent with the organization's exempt purposes?  12 Did the organization have a written policies and procedures governing the activities of such chapiters affiliates.  13 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  14 Did the organization have a written operations are consistent with the organization by the process of sections and pode pode pode pode pode pode pode pod		of officers, directors, or trustees, or key employees to a management company or other person?					
6 Out the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Are any governance decisions of the organization reserves to for subject to approval by members, stockholders, or persons other than the governing body?  5 Did the organization contemporaneously occument the meetings need or written actions undertaken during the year by the following:  a The powerning body?  5 Did the organization contemporaneously occument the meetings need or written actions undertaken during the year by the following:  a The powerning body?  5 Is been any officer, director trustees or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, Trownsor the name and addresses in Schedule C.  5 Section B. Politicies (Trics Section 5 requests information about policies not required by the Internal Revenue Code.)  7 Yes No.  5 Is there any officer, display the process of the process. If any, used by the organization to review this Form 990.  10 Is Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11 Is A the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12 Did the organization provided in the process. If any, used by the organization to review this Form 990.  13 Did the organization review and six eye employees required to disclose annually interest that could give rise to enflicts?  14 Did the organization have a written conflict of interest policy? If No., '90 or the 13  15 Did the process for determining commensation of the following persons include a review and approval by independent persons, comparability department retention and destruction policy?  15 Did the proce	4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		1	X	
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94-6077724

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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Form 990 (2016)

FOUNDATION

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
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	line)	helini	Institut	Offices	Keyen	Sections	Former				0.90		
(18) LISA ROSSBACHER	1.00								5 P 5 B	c 6		C	~ ^
PRESIDENT OF HSU (19) GARY RYNEARSON	39.00	X	ļ					0.	373,7	08.	9.	9,79	98.
MEMBER	1.00	Х				A / ( ) A   (		0.		0.			0.
									······································				
						***************************************							
									***************************************				
			-							A. Contraction of the Contractio			
									·				
										-			
											*****		
			ļ			ļ							
										ADDRESS OF THE PERSON OF THE P			
1b Sub-total		L	<u></u>		L	L	<b>&gt;</b>	0.	726,0	27.	24	6,9	05.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	0.0	726,0	<u>-</u>	24	6,9	05.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	iose	iiste	ed at	OOV	e) wi	no r	eceived more than \$100	.000 of reportab	oie			0
Compensation from the organization		-	******	HOU-ROMEOMICAGO	***********	n-bourse billione	****			and the second second		Yes	No
3 Did the organization list any former officer.													
iine 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									_	1	4	Х	
5 Did any person listed on line 1a receive or a											-		*
rendered to the organization? If "Yes." com										1	5		Χ
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										npens	ation f	rom	
(A)	are careridar y	Cai	CHUI	19 m	V 1 (1 )	<u> </u>		(B)	, oar .		(C	<del></del>	
Name and business				******				Description of s	ervices	С	omper	nsation	1
HUMBOLDT STATE UNIVERSITY		7						aaa ata Celaeeiatii C	ERVICES		23	0,0	<b>1</b> 0
1 HARPST STREET, ARCATA,	CA 9332	<u> </u>						MANAGEMENT S	DVATCED		2. 3	0,0	
	······································												
							***************************************						
	***************************************	**************************************											
2 Total number of independent contractors (i	•	ot li	mite	d to	tho	se lis	stec	above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨		***********	-	***************************************	L		early array (see All Colors (see a) year year of a Lance (see All Colors (see		endones and in our	Form (	990 (2	2016
											· UIIII	12	-U (U)

Form 990 (2016) FOUNDAT
Part VIII Statement of Revenue FOUNDATION

		Check if Schedule O cont	anis a response	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns	1a				<del></del>	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						1
S, G		Fundraising events						and delivers
art.		Related organizations		10,200.				
in.		Government grants (contribut						
Hon T Si		All other contributions, gifts, gran						
the		similar amounts not included above	1 1	3,788,486.				
EQ Q	g	Noncash contributions included in lines	1a-1t: \$	161,313.				
္မွ ေ	h	Total. Add lines 1a-1f			3,798,686.			
				Business Code				
9	2 a	COST RECOVERY		423000	401,775.	401,775.		
ه در	ь	INDIRECT COST - TRUST	423000	152,109.	152,109.			
Program Service Revenue	С	OTHER CAMPUS ACTIVITIES	423000	4,515.	4,515.			
eve	ď							
P. C.	e							
٦	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f			558,399.			
	3	Investment income (including						
		other similar amounts)			785,093.			785,093
	4	Income from investment of tax						
	5	Royalties		-				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	156,602					
	b	Less: rental expenses	0			occupation of the same of the		
		Rental income or (loss)	156,602.					
		A1 1		<b>&gt;</b>	156,602.	156,602.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,066,796.					
	b	Less: cost or other basis			and the second			-
[		and sales expenses	1,674,398.		A STATE OF THE STA	-A		
	С	Gain or (loss)	392,398.		Lagaritation and an			
		Net gain or (loss)		<b>&gt;</b>	392,398.			392,398
a		Gross income from fundraising						
venue		including \$	of			and the same of th		
<b>ω</b> 1		contributions reported on line			andiometric			
Other R		Part IV, line 18			Verification			
the	b	Less: direct expenses			and a second			
0		Net income or (loss) from fund		<b>&gt;</b>				
	9 a	Gross income from gaming ac	tivities. See			:		
		Part IV, line 19	а	12,112.				
	b	Less: direct expenses		0.	e e e	-		
		Net income or (loss) from gami		<b>&gt;</b>	12,112.			12,112.
	10 a	Gross sales of inventory, less i						
		and allowances						
	b	Less: cost of goods sold						
L		Net income or (loss) from sales		<b>&gt;</b>				
Ī		Miscellaneous Revenue	CONTRACTOR OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND	Business Code			· ·	
ſ	11 a							
	b							
1	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>&gt;</b>		:		
	12	Total revenue. See instructions.			5,703,290.	715,001.	0	1,189,603.

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# Form 990 (2016) FOUNDATION | Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,860,332.	3,860,332.		
2	Grants and other assistance to domestic	3,000,332;	3,000,332.		
_	individuals. See Part IV. line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
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	Adventure			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				**************************************
10	Payroll taxes				·
11	Fees for services (non-employees):	660 645	004 645	405 000	
8	Management	629,645.	224,645.	405,000.	
þ		36 170		4 6 1 7 6	
С	Accounting	16,178.		16,178.	
ď	. 0				
е	·	81,999.		81,999.	
f	Investment management fees	01,333+		01,333.	
g		150,562.	1// 103	6,459.	
	column (A) amount, list line 11g expenses on Sch O.)	57,065.	144,103.	0,437	
12	Advertising and promotion	71,158.	63,788.	7,370.	
13	Office expenses	23,803.	23,803.	7,3700	
14	Information technology	23,0031	20,000.		
15 16	Royalties	63,276.	63,276.		
17	Occupancy	79,784.	77,827.	1,957.	
18	Payments of travel or entertainment expenses		,	,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				**************************************
20	Interest	44,006.	44,006.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	19,074.	19,074.		
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	395,775.	395,775.		
b	INDIRECT COSTS	159,930.	152,608.	7,322.	
С	HOSPITALITY	140,622.	139,176.	1,446.	
d	MISCELLANEOUS EXPENSES	139,409.	106,465.	32,944.	
e		123,429.	123,429.		
25	Total functional expenses. Add lines 1 through 24e	6,056,047.	5,495,372.	560,675.	0
26	Joint costs. Complete this line only if the organization	And the second second			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 96-2 (ASC 958-720)				Form <b>990</b> (2016

Form 990 (2016)

Part X | Balance Sheet

FOUNDATION

94-6077724 Page 11

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B</b> ) End of year
1	Cash - non-interest-bearing	317,201.	1	100
2	Savings and temporary cash investments	4,343,636.	2	5,187,481
3	Pledges and grants receivable, net	114,955.	3	95,773
4	Accounts receivable, net	37,468.	4	176,702
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensateo employees. Complete		ĺ	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		and the same of th	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
7	Notes and loans receivable, net	543,138.	7	519,173
8	inventories for sale or use	,	8	, , , , , , , , , , , , , , , , , , , ,
9	Prepaid expenses and deferred charges	6,000.	9	
10a	· 1			
	basis. Complete Part VI of Schedule D 10a 474, 135.			
b	Less: accumulated depreciation 10b	474,135.	10c	474,135
11	Investments - publicly traded securities	26,076,143.	11	27,183,429
12	Investments - other securities. See Part IV. line 11		12	1,477,752
13	Investments · program-related. See Part IV, line 11	4,484,024.	13	1,675,000
14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
15	Other assets. See Part IV. line 11	28,424.	15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	36,425,124.	16	36,789,545
17	Accounts payable and accrued expenses	380,505.	17	434,470
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	519,173.	23	519,173
24	Unsecured notes and loans payable to unrelated third parties	2,000,000.	24	
25	Other liabilities (including federal income tax. payables to related third		Ţ	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	2,899,678.	26	953,643
	Organizations that follow SFAS 117 (ASC 958), check here > and		1	
	complete lines 27 through 29, and lines 33 and 34.		1	
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	C
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	33,525,446.	32	35,835,902
33	Total net assets or fund balances	33,525,446.	33	35,835,902
34	Total liabilities and net assets/fund balances	36,425,124.	34	36,789,545

# HUMBOLDT STATE UNIVERSITY ADVANCEMENT

Form	990 (2016) FOUNDATION	94-61	1///24	Pag	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				<u></u>
			E 705	2	0.0
1	Total revenue (must equal Part VIII. column (A). line 12)	1	5,703		
2	Total expenses (must equal Part IX. column (A): line 25)	2	6,056		
3	Revenue less expenses. Subtract line 2 from line 1	3	-352	, / .	5 / ·
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)	4	33,525		
5	Net unrealized gains (losses) on investments	5	2,663	, 4.	<u>⊥3.</u>
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 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line 33,				
	column (B))	10	35,835	, 9	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	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	on a		į	
	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?		2b	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 X Consolidated basis Both consolidated and separate basis			į	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		За		X
þ	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		
Beenstalestownski			Form 9	990 (	2016)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

HUMBOLDT

## comblete if the organization is a section 30 fleys organization of a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

STATE UNIVERSITY ADVANCEMENT

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION 94-6077724 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 📑 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is ine organization listed in vous governing document (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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				w						
Cale	ındar year (or fiscal year beginning in) 📂 📗	(a) 2012	<b>(b</b> ) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not				and the base		PROPERTY AND				
	include any "unusual grants.")										
2	Tax revenues levied for the organ-		and the state of t	1			4 y diamon man.				
	ization's benefit and either paid to										
	or expended on its behalf						-				
3	The value of services or facilities						The state of the s				
	furnished by a governmental unit to			**************************************			DAACHINET & AND				
	the organization without charge	E-94-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									
4	Total. Add lines 1 through 3										
5	The portion of total contributions			de transporter			or the state of th				
	by each person (other than a			n		-	and the second s				
	governmental unit or publicly			· · · · · · · · · · · · · · · · · · ·			o Pilin de Prima de la companya del companya de la companya del companya de la co				
	supported organization) included			TO A ALCOPARIAN		y- //	-				
	on line 1 that exceeds 2% of the			n	-	Mark of the control o	a conjunction				
	amount shown on line 11,			1.1 deposits			LI JOSEPH AND				
_	column (f)		<u> </u>								
	Public support. Subtract line 5 from line 4.	an anterial resimble de residente de la contra con a la creación como la bisocia.									
	ndar year (or fiscal year beginning in)	(=) 0010	(b) 2013	(5) 2014	(d) 2015	(e) 2016	(f) Total				
		(a) 2012	(D) 2013	(c) 2014	(4) 2015	(e) 2010	(1) TOTAL				
	Amounts from line 4  Gross income from interest.			<u> </u>			<u> </u>				
8											
	dividends, payments received on				00000						
	securities loans, rents, royalties				TOTAL CARLES						
۵	and income from similar sources  Net income from unrelated business				<del>                                     </del>						
Ð	activities, whether or not the										
	business is regularly carried on										
40	Other income. Do not include gain										
10	or loss from the sale of capital			N		The state of the s					
	assets (Explain in Part VI.)					***					
11	Total support. Add lines 7 through 10										
	Gross receipts from related activities, e	etc. (see instruc	tions)			12					
	First five years. If the Form 990 is for t	*	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			on 501(c)(3)					
	organization, check this box and stop I										
Sec	ction C. Computation of Public	Support Pe	ercentage								
14	Public support percentage for 2016 (lin	ie 6. column (f) (	divided by line 11,	column (f))		14	%				
	Public support percentage from 2015 S					15	%				
	33 1/3% support test - 2016. If the or					more, check this b	ox and				
	stop here. The organization qualifies a										
b	33 1/3% support test - 2015. If the or	ganization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box				
	and stop here. The organization qualifi										
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more.										
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization										
	meets the "facts-and-circumstances" to	est. The organiz	ation qualifies as a	publicly supporte	ed organization		<b>▶</b>				
b	10% -facts-and-circumstances test	- 2015. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a. and line 15 is	10% or				
	more, and if the organization meets the	facts-and-circ	umstances" test, c	check this box and	stop here. Expla	n in Part VI how the	e				
	organization meets the "facts-and-circu		-								
18	Private foundation. If the organization	did not check a	box on line 13, 16	a. 16b. 17a. or 17							
					Sch	edule A (Form 990	or 990-EZ) 2016				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	,	·				
Calendar year (or fiscal year beginning in) 🔊	(a) 2012	<b>(b</b> ) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						AT THE PERSON AND A PERSON AND
include any "unusual grants.")	4,232,241.	4,522,903.	4,101,737.	2,724,155.	3,798,686.	19,379,72
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	397,306.	461,634.	482,099.	522,764.	558,399.	2,422,20:
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513				32,387.	12,112.	44,499
4 Tax revenues levied for the organ-				32,307.	14,1140	44,433
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities				10.00		
furnished by a governmental unit to						
the organization without charge	1,546,668.	1,960,525.	1,943,345.	2,069,325.	2,064,232.	9,584,095
6 Total. Add lines 1 through 5	6,176,215.	6,945,062.	6,527,181.			31,430,518
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	32,665.	120,974.	42,473.	33,253.	84,259.	313,624
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the						
amount on line 13 for the year	993,337.	1,951,544.			679,236.	4,870,966
c Add lines 7a and 7b	1,026,002.	2,072,518.	1,169,338.	153,237.	763,495.	5,184,590
8 Public support. (Subtract line 75 from line 6						26,245,928
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2012	<b>(b</b> ) 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
9 Amounts from line 6	6,176,215.	6,945,062.	6,527,181.	5,348,631.	6,433,429.	31,430,518
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	878,115.	818,114.	966,993.	901,496.	941,695.	4,506,413
b Unrelated business taxable income				, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
(less section 511 taxes) from businesses acquired after June 30, 1975			and the same of th			
c Add lines 10a and 10b	878,115.	818,114.	966,993.	901,496.	941,695.	4,506,413
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.)						Will the state of
13 Total support. (Add lines 9, 10c. 11, and 12.)	7,054,330.	7,763,176.	7,494,174.	6,250,127.	7,375,124.	35,936,931
14 First five years. If the Form 990 is for	the organization s	first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2016 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	73.03
16 Public support percentage from 2015	Schedule A. Part I	III. line 15		ſ	16	74.17
Section D. Computation of Inves						10 -
17 Investment income percentage for 20		5 1 101 11 2 2 5		Γ	17	12.54 9
18 Investment income percentage from 2					18	12.25 9
19a 33 1/3% support tests - 2016. If the						
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2015. If the	-					
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a b	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	<b>&gt;</b>
32023 09-21-16			1 5	Sche	dule A (Form 990	or 990-EZ) 20

Part IV | Supporting Organizations

Continu A

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

Section					

- 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)? E "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 12a or 12b in Part I. answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization 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?
- 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, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

· · · · · · · · · · · · · · · · · · ·	Yes	No
1		
2		
3a		
<b>3</b> b		
3c		
4-		
4a		
4b		
4c		
5a		
5b 5c		
5c		
6		
7		
8		
9a		
05		
9b		
9c		:
10a		
,		
10b		

#### HUMBOLDT STATE UNIVERSITY ADVANCEMENT

94-6077724 Page 5 Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 11b b A family member of a person described in (a) above? c 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 Section B. Type | Supporting Organizations No Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Νo Yes 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 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 8 The organization satisfied the Activities Test. Complete line 2 below. ь The organization is the parent of each of its supported organizations. Complete line 3 below. Ċ 🛁 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a 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 Parent of Supported Organizations. Answer (a) and (b) below. 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 Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b Schedule A (Form 990 or 990-EZ) 2016

## HUMBOLDT STATE UNIVERSITY ADVANCEMENT

Sch	Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION			94-6077724 Page 6	
	art V   Type III Non-Functionally Integrated 509(a)(3) Supportir	ig Orgar			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A	
	other Type III nor-functionally integrated supporting organizations must co	- omplete Se	ections A through E.		
Sec	tion 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			
Sec	tion 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):				
6	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a. 1b. and 1c)	1d			
6	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			
Sec	tion 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				

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions).

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

HUMBOLDT STATE UNIVERSITY ADVANCEMENT 94-6077724 Page 7 Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C. line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C. line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016. if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3 and 4c Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

# HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Schedule A	(Form 990 or 990-EZ) 2016 FOUNDATION	94-6077724 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II. line 10; Part II. line 17a o Part IV. Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1	r 17b; Part III, line 12;
	line 1: Part IV, Section D, lines 2 and 3: Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1: Part V	V, Section B. line 1e: Part V.
	Section D. lines 5, 6, and 8; and Part V, Section E. lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	onal information.
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# Forth \$90, 990=EB, or 990-PF)

Department of the Treasury internal Revenue Service

Name of the organization

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

2016

Employer identification number

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION 94-6077724 Organization type (check one) Filers of: Section: Σ 501(c)( 3 ) (enter number) organization Earm 990 or 990-F7 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 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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

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) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s7,750.	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		s17,030.	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		s5,221.	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
4		s10,150.	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
5		s5,655.	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
623452 10-16-	16	\$ 5,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		sss	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		s <u>11,100.</u>	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
9		s13,250.	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
10		s11,000.	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
11		s 13,085.	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		\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Pan I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		s <u>47,756.</u>	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
14		s 678,849.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		s147,889.	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
16		s35,000.	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
17		s8,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 5,000.	Person X Payroll Noncash (Complete Part I! for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part Lif addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		s 5,500.	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
20		\$5,256.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		s 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
22		s 6,115.	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
23		\$7,548.	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
24	R. 16.	\$ 31,684. Schedule E (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		s5,100.	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
26		- s 6,315.	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
27		- - - -	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
28		- s <u>18,835.</u>	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
29		s 5,400.	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
30	-16	\$ 21,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-E2, or 990-PF) (2016

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		s25,100.	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		s65,000.	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
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		\$ <u>26,316.</u>	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
35		s6,7 <b>4</b> 5.	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
36	16	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Part I	Contributors (See instructions). Use duplicate copies of Part Lif ad	iditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		s62,229.	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
39		ss10,200.	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
40		s 6,966.	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
41		s52,650.	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
42		sss	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		s <u>18,380.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		s 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
45		s <u>16,389</u> .	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		s6,886.	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		\$5,182.	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
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Employer identification number

Part I Co	ntributors (See instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		s <u>8,216.</u>	Person X Payroll X Noncash X (Gomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		s 11,527.	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
51		\$ 36,500.	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
52		ss	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
53		s 15,120.	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
54		s 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	fitional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		s6,000.	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
56		sss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		s10,612.	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		s6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59 .		s5,100.	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
60		sss	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		1	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
62		1	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
63		1	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
64			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		1	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
83	-16		Person X Payroll X Noncash X Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		s16,551.	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		s34,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	<b>(b</b> )	(c) Total contributions	(d) Type of contribution
No. 68	Name, address, and ZIP + 4	\$ 5,250.	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		\$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
70		s 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
71		ss10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016

Employer identification number

Part   Contr	ibutors (See instructions). Use duplicate copies of Part I	l if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		s <u>15,000</u> .	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
73		\$ 25,000.	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
74		s 59,730.	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
75		s 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
76		sss	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
77		s 54,737.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2016)

Employer identification number

Part f	Contributors (See instructions). Use duplicate copies of Part 11	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
78		s 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
79		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		ss	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
81		s10,000.	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
82		\$ 5,500.	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 Noncash (Complete Part II for noncash contributions.)

Employer identification number

(a) No. from Part I	(b)  Description of noncash property given	POTO III POTO TITALI POTOLI LIVETTI I FERRANDINI ILI	(c) FMV (or estimate) (See instructions)	(d) Date received
5	1988 SEA RAY SEVILLE SKI BOAT AND TOMCO TRAILER			
		<i>\$</i>	4,885.	03/21/17
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
20	MUTUAL FUND SHARES			
		\$_	3,906.	07/01/16
(a) No. rom	(b) Description of noncash property given	CORP. THE RESERVE THE STREET,	(c) FMV (or estimate) (See instructions)	(d) Date received
41	HARDWOOD LOGS	And a second sec		
		\$ _	2,000.	03/20/17
(a) No. irom Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
42	FOUR APPLIANCES, AN ICE CREAM DISPLAY FREEZER, AND \$800 IN GIFT CARDS			
***************************************		\$_	3,180.	03/20/17
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
49	964 PIECES OF METAL JEWELRY			
		\$ -	8,096.	06/30/17
(a) No. rom Part I	(b)  Description of noncash property given	And district any complete indistribution property and the state of	(c) FMV (or estimate) (See instructions)	(d) Date received
83	TEN HEART RATE MONITORS			
		Ś	6,591.	03/27/17

Name of organization
HUMBOLDT STATE UNIVERSITY ADVANCEMENT
FOUNDATION

Employer identification number

94-6077724

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
76 89 S	SOLAR POWER MODULES	s 5,447.	09/28/16
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date rece <b>ive</b> d

Name of organization Employer identification number HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION 94-6077724 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II., enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year, (Enter his title, once, Use duplicate copies of Part III if additional space is needed (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

HUMBOLDT STATE UNIVERSITY ADVANCEMENT

FOUNDATION

Employer identification number 94-6077724

OMB No. 1545-0047

Pa			r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV. line 6		(b) Francisco de C
		(a) Donor advised funds	(b) Funds and other accounts
1			
2	Aggregate value of contributions to (during year)		
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or c	donor advisor, or for any other purpose co	nferring
Pa	t II   Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			1
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		rganization during the tax
·	vear >		
4	Number of states where property subject to conservation easer	ment is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it he	•	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
C	Staff and voluntees from a devotees to morntoning, indposting, no	intering of violations, and officing control	
7	Amount of expenses incurred in monitoring, inspecting, handlin	or of violations, and enforcing conservation	n easements during the year
1		g or violations, and arreveing corresponding	n odeomeme daming the year
	Does each conservation easement reported on line 2(d) above	eatiefy the requirements of section 170(h)	(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation	anaments is its toyonus and expense st	
9	include, if applicable, the text of the footnote to the organization		
		n s imariciai statements triat describes trie	e organization s accounting to
Do	conservation easements.  † III   Organizations Maintaining Collections of A	Art Historical Transuras or Oth	er Similar Assets
Га	Complete if the organization answered "Yes" on Form 99		Ci Girinai Addota.
			the second beginning to the second second second
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		e of public service, provide, in Part XIII
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC $$		
	treasures, or other similar assets held for public exhibition, education, edu	cation, or research in furtherance of public	service, provide the following amoun
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures	ures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		h a
LHA	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 20

632051 08-29-16

	edule D (Form 990) 2016 FOUNDAT	National Control Contr		unga magapanan sa manananga kalika dalah siarah dalah kanak mada sa kalikik mendendi dan Mendel			77724	
Pa	rt III   Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simila	r Asse	<b>ts</b> /continue	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant u	se of its	collection it	ems
	(check all that apply):							
a	Public exhibition	ó		hange programs				
b	Scholarly research	e	Other	·				
С	Preservation for future generations							
4	Provide a description of the organization's or	ollections and explair	how they further the	he organization's exe	empt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations c	f art. historical trea	sures, or other simila	ar assets			
**********	to be sold to raise funds rather than to be m							No
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" or	n Form 990.	Part IV,	line 9. or	
	reported an amount on Form 990. Pa				·····			
ដែ	is the organization an agent, trustee, custod	ian or other intermed	ary for contribution	is or other assets no	t included	,		
	on Form 990, Part X?					ـــــ	Yes	No
d	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1 :			
f	Ending balance							
	Did the organization include an amount on F					ــــــ	Yes .	No
-	If "Yes," explain the arrangement in Part XIII.							
Ра	rt V Endowment Funds. Complete i	· · · · · · · · · · · · · · · · · · ·					I	
		(a) Current year	(b) Prior year		(d) Three year			
ia	Beginning of year balance	26,074,926.	26,421,365.	26,166,024.		9,959.		87,125.
b	Contributions	1,043,224.	1,105,558.			2,098.	<del> </del>	03,726.
С	Net investment earnings, gains, and losses	3,556,823.	-12,073.		3,07	8,482.	1,8	70,132.
ď	Grants or scholarships	400,684.	366,803.	114,757.				
е	Other expenditures for facilities							
	and programs	734,981.	648,560.		1,18	4,515.	to:	91,024.
f	Administrative expenses	444,084.	424,561.					
9	End of year balance	29,095,224.	26,074,926.		26,16	€,024.	22,86	69,959.
2	05 45							
a	Board designated or quasi-endowment	25.45	_%					
b	Permanent endowment ► 73.97	%						
С	Temporarily restricted endowment	.58 %						
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the organiza	tion	<u> </u>	
	by:						Ye	
	(i) unrelated organizations							$\frac{X}{X}$
	(ii) related organizations						3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza						3b	
100	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment tunas.				THE CHARLES AND THE CONTRACTOR OF THE CONTRACTOR	
rai			Dort IV line tite C	on Form OOO Dort V	line 10			
	Complete if the organization answere					7	(41) D1-	-1
	Description of property	(a) Cost or oti	1 ' '		ccumulated		(d) Book v	alue
	i a d	basis (investm		06161) 06	preciation		471	135.
	Land	***				_	7 / 12 /	، دد د
b	Buildings							
C	Leasehold improvements							
	Equipment							
	Other I. Add lines 1a through 1e. (Column (d) must e		Column (R) line 1	() ~ )		<b>&gt;</b>	474	135.
> ULCI	a mada mileo la milodure le l'Oblumini (di Mido) e	uuun onn oot. : all /	v	· · · · /		sp~ f	/	

6	FOUNDATION	

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-c	f-year market value
(1) Financial derivatives			***************************************	
(2) Closely-held equity interests	***************************************			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(=)				
(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" of		11c. See Form 990. Par	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of value	ation: Cost or end-c	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	and and a second decreased the second			
(8)			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) fine 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d See Form 990 Pa	rt Y line 15	
	Description	ria. See roini 550, ra	7 ( mile 70:	(b) Book value
	203011ption			(-)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	, 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

HUMBOLDT STATE UNIVERSITY ADVANCEMENT 94-6077724 Page 4 FOUNDATION Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990. Part IV. line 12a. 908,379. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 2,663,213. a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities c Recoveries of prior year grants 20 d Other (Describe in Part XIII.) 2d 3,016,426. e Add lines 2a through 2d 2e -2,108,047. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII. line 12, but not on line 1: 81,999. a Investment expenses not included on Form 990. Part VIII. line 7b b. Other (Describe in Part XIII.). 7,811,337. c Add lines 4a and 4b 5,703,290. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,946,476. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX. line 25: a Donated services and use of facilities b Prior year adjustments 2b 21,296. 2d d Other (Describe in Part XIII.) 21,296. e Add lines 2a through 2d 2,925,180. 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 81,999. 4a a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 3,130,866. c Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 6,056,046. Part 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 FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN FOR 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 IN A MATERIAL ADVERSE EFFECT ON THE

HUMBOLDT STATE UNIVERSITY ADVANCEMENT Schedule D (Form 990) 2016 FOUNDATION	94-6077724 Page 5
Part XIII Supplemental Information (continued)	
FINANCIAL STATEMENTS. ACCORDINGLY, THE FOUNDATION HAS NOT	RECORDED ANY
RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FO	OR UNCERTAIN
INCOME TAX POSITIONS AT JUNE 30, 2017 AND 2016.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUES REPROTED IN REAL ESTATE HOLDINGS FORM 990	353,213.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
TOTAL GIFTS	2,854,331.
INVESTMENT INCOME, NET	202,613.
ENDOWMENT INCOME, NET	3,556,092.
OTHER NONOPERATING REVENUE	159,836.
ADDITIONS TO PERMANENT ENDOWMENTS	956,466.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	7,729,338.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES REPORTED IN REAL ESTATE HOLDINGS FORM 990	21,296.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTEREST EXPENSE	44,007.
TRANSFERS TO OTHER CAMPUS ENTITIES	2,471,844.
TRANSFERS TO REAL ESTATE HOLDINGS	533,016.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,048,867.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. Department of the Treasury Infernal Rayanna Service SCHEDULE I (Form 990)

OMB No. 1545-0047

Schedule I (Form 990) (2016) ON [ Employer identification number 94-6077724 PAMSFER FOR REAL ESTATE STIPENDS Open to Public Inspection (h) Purpose of grant SAMOA INDUSTRIAL HOLDINGS TO OWN AND TANAGE THE PROPERTY or assistance X Yes TUDENT AWARDS, SCHOLARSHIFS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Dees the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection noncash assistance (g) Description of ROPERTY ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. HUMBOLDT STATE UNIVERSITY ADVANCEMENT (f) Method of valuation (book, FMV, appraisal ROOK VALUE 016. Ċ (e) Amount of assistance non-cash 533 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 0 HUMBOLDT STATE UNIV. 3, 327, 316. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 501(C)(3) Enter total number of other organizations listed in the line 1 table 94-6001347 81-2593561 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization STATE HOLDINGS - 1 HARPST STREET HUMBOLDT STATE UNIVERSITY REAL HUMBOLDT STATE UNIVERSITY or government Name of the organization ARCATA, CA 95521 ARCATA, CA 95521 1 HARPST STREET Part N

44

94-6077724

Page 2

FOUNDATION

Schedule I (Form 990) (2016) FOUNDATION For the organization answered "Yes" on Form 990, Fart IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Fart 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 noncash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lir	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MANAGES A NUMBER	OF FUNDS	AND ACCOUNTS	THAT	BENEFIT THE	
JNIVERSITY AND ITS AUXILIARIES. DU	DURING THE	FISCAL YEAR,	THESE	FUNDS AND	
ACCOUNTS DISTRIBUTED FUNDS AND MAI	DE EXPEND	AND MADE EXPENDITURES CONSIDERED	ISIDERED TO	BE PAYMENTS	
IN SUPPORT OF THE UNIVERSITY OR AUXILIARIES'	UXILIARIE	S' EXEMPT	PURPOSES.	CERTAIN FUNDS	
AND ACCOUNTS DISBURSED ACHIEVEMENT	AWARDS	AND STIPENDS	TO	STUDENTS AND	
STAFF MEMBERS. EACH PAYMENT IS AUT	AUTHORIZED	BY AN APPF	APPROVED FUND	OR ACCOUNT	
SIGNATORY.					

### SCHEDULE J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Employer identification number 94-6077724

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, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or chaπer travel \_\_\_\_ Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments □ Discretionary spending account Personal services (such as, maid, chauffeur, chef) 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 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 on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee \_\_\_\_ Written employment contract Independent compensation consultant J Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in. or receive payment from. an equity-based compensation arrangement? 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: X a The organization? b Any related organization? If "Yes" on 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 continuent on the net earnings of: Χ a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 Χ initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 FOUNDATION

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

94-6077724

Page 2

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 aren't 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	SHenen	(2)(0)(0)	in column (B) reported as deferred on prior Form 990
(1) CRAIG WRUCK	(3)	0	0	0	And the section of the charter of th	• 0	0.	0.
SECRETARY & EXECUTIVE DIRECTOR	9	195,206.	0	0,	51,76	17,516	264,484	A MAN TO THE PARTY OF THE PARTY.
(2) LISA ROSSBACHER	Ξ	0	0.					
PRESIDENT OF HSU	(ii)	311,768.	.0	62,000.	82,010.	17,788,	473,566	0.
	(1)						The same of the sa	
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	(3)					manimista entre mala india spain spain capa de la figura de figura	ATTIVOV AND	
	(ii)				A CONTRACTOR CONTRACTO	materials and provided a rate of party of the second recommensus or second recommensus or second	opin employees (Parent) a prosentata bistoria e valentado de unidado dos comos de unidados dos comos de unidados de de unid	
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Schedule J (Form 990) 2016

FOUNDATION

94-6077724

Page 3

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. Schedule J (Form 990) 2016

Part III | Supplemental Information

PART I, LINE 3:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY HUMBOLDT STATE
JNIVERSITY. THE EXECUTIVE DIRECTOR HAS A WRITTEN EMPLOYMENT CONTRACT WITH
HUMBOLDT STATE UNIVERSITY. IN ADDITION, A COMPENSATION SURVEY OR STUDY WAS
JSED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.
Schedule J (Form 990) 2016

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### Noncash Contributions

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

Attach to Form 990.

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

Open To Public Inspection

OMB No. 1545-0047

Name of the organization

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Employer identification number 94-6077724

ra	rypes of Froperty	1 (-)	1 (1)	7	T	( 48)		
		(a) Check if	(b) Number of	(c) Noncash contribution	Method	( <b>d</b> ) of determin	ino	
		applicable	contributions or	amounts reported on	1	ontribution a	_	:s
				Form 990, Part VIII, line 1g				
1	Art - Works of art	X	16	9,184.	GALLERY	ESTIMA	TE	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X			RETAIL			
5	Clothing and household goods	X		25,693 <b>.</b>	RETAIL			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	5,169.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
. ,					STATE OF THE STATE			
12	Securities - Miscelianeous							
	Qualified conservation contribution						*	
13								
	Historic structures				<del> </del>			
14	Qualified conservation contribution Other							
15	Real estate - Residential						·····	
16	Real estate - Commercial						<del></del>	
17	Real estate · Other							
18	Collectibles			10 010	D 2011 2 7 7			
19	Food inventory	X	3 9	12,218.	RETAIL			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT CARDS)	X	203					
26	Other (EQUIPMENT)	X	14	29,084.	COST			
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	ontributions				
	for which the organization completed Form 82						0	
	,						Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
-	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		X
h	If "Yes." describe the arrangement in Part II.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
31	Does the organization have a gift acceptance	nolicy that r	enuires the review	of any nonstandard contrib	utions?	31	X	· ·
	Does the organization hire or use third parties					01		<b> </b>
9 <i>L</i> B	and the second s					32a	X	
	contributions?					<u>SZB</u>	4.7	<del> </del>
	If "Yes." describe in Part II.			. An	alead'			
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ескеа,			
Kine and the same	describe in Part II.						~~~	(00:5
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	U.	Schedu	ule M (Form	990) (	ZU 16)

632141 08-23-16

Schedule M (Form 990) (2016) FOUNDATION	94-607772 <b>4</b> Page 2
Part II   Supplemental Information, Provide the information required by Part I, lines 30b, 32b, ar	nd 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.	
CONTENTED M. I TATE 200.	
SCHEDULE M, LINE 32B:	
CHARITABLE ADULT RIDES AND SERVICES PROVIDES FUNDRAISI	NG SERVICES.
632142 06-28-16	Schedule M (Form 990) (2016)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SUP Bolimpietett provide information to response of specific questions on - EZ Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 2016
Open to Public Inspection

Name of the organization

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

HUMBOLDT STATE UNIVERSITY ADVANCEMENT Emplo
FOUNDATION 94

Employer identification number 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 THE GIVING AND MANAGE THE ENDOWMENT AND OTHER CHARITABLE FUNDS. FOUNDATION SERVES HUMBOLDT STATE UNIVERSITY IN SEVERAL WAYS: 1. STEWARD ASSETS - ENSURE THAT CONTRIBUTIONS ARE WELL INVESTED AND USED 2. DEPLOY ASSETS - ENSURE THAT CONTRIBUTED FUNDS ARE AS DONORS INTEND. EFFICIENTLY DISTRIBUTED AND PRODUCTIVELY USED BY THE UNIVERSITY. 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

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

AMBASSADORS FOR THE UNIVERSITY.

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. Schedule O (Form 990 or 990-EZ) (2016)

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 4:

THE BYLAWS WERE AMENDED IN OCTOBER 2016, INCLUDING THE FOLLOWING SIGNIFICANT CHANGES:

- 1. THE MINIMUM NUMBER OF BOARD MEMBERS INCREASED FROM THREE TO ELEVEN.
- 2. INTERESTED PERSONS MAY NOT CONSTITUTE A MAJORITY OF THE BOARD OF
  DIRECTORS. AN INTERESTED PERSON IS DEFINED AS SOMEBODY WHO RECEIVES
  COMPENSATION FROM AN HSU ENTITY OR A FAMILY MEMBER OF SUCH.
- 3. WHILE THE BYLAWS STILL REQUIRES 35% OF BOARD MEMBERS TO BE PRESENT TO

  CREATE A QUORUM, IT ALSO NOW REQUIRES BOTH INDEPENDENT BOARD MEMBERS AND

  INTERESTED BOARD MEMBERS TO SEPARATELY ACHIEVE A QUORUM IN ORDER FOR

  BUSINESS TO BE CONDUCTED.
- 4. THE STRUCTURE, MEMBERSHIP AND AUTHORITY OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS STRENGTHENED TO BE CONSISTENT WITH STATE LAWS.

Schedule O (Form 990 or 990-EZ) (2016)

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 11B:

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.

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

THE ORGANIZATION REQUIRES BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND TO DISCLOSE ALL POTENTIAL CONFLICTS OF INTEREST.

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

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization HUMBOLDT STATE UNIVERSITY ADVANCEMENT	Employer identification number
FOUNDATION	94-6077724
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTI	EREST POLICY AND
FINANCIAL STATEMENTS ARE ALL AVAILABLE TO THE PUBLIC THE	ROUGH HUMBOLDT STATE
UNIVERSITY ADVANCEMENT FOUNDATION'S WEBSITE.	
ONIVERSELL REVANCEMENT FOUNDATION & WEDSILE.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

2016 Open to Public Inspection

ON/B No. 1545-0047

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

Employer identification number 94-6077724

FOUNDATION Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling y
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Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization and	iswered "Yes" on Form 990, P	art IV, line 34 becaus	se it had one or more	e related tax-exemp	)1

HUMBOLDT STATE UNIVERSITY - 94-6001347  I HARPST STREET ARCATA, CA 95521 HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 94-605001, 1 HARPST STREET, ARCATA, CA 95521 HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FOUNDATION - 94-605001, 1 HARPST STREET, ARCATA, CA 95521 HUMBOLDT STATE UNIVERSITY CENTER - 94-1627074, 1 HARPST STREET, ARCATA, CA 95521 ASSOCIATED STUDENTS OF HUMBOLDT STATE ASSOCIATED STUDENTS OF HUMBOLDT STATE	ŢĠ.	(c) Legal domicile (state or foreign country)	5)	0		(B)
T,	PI	Legal domicile (state or foreign country)		_		
FRAMS T',	ation	foreign country)	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
BRAMS			section	status (if section	entily	5.Vijus
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ARCAIA, CA 95521 STUDENT SERVICES	· ·	TALIFORNIA	501(C)(3)	III FI	ONIVERSITY	

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

Schedule R (Form 990) 2016

94-6077724

HUMBOLDT STATE UNIVERSITY ADVANCEMENT FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

(e)	(b)	(3)	(p)	(9)	(4)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Socie	Public charity	Direct	Section 512(b)	(E)(13)
of related organization		foreign country)		status (if section 501/0/3))	entity	Hezh	on?
HUMBOLDT STATE UNIVERSITY PEAT, ESTATE				the state of the s		Yes	No
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FOUNDATION Schedule P (Form 990) 2016

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. 94-6077724

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(a)	(q)	(3)	(p)	(e)		(4)	(a)	(a)	(i)		(4)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign county)	Direct controlling entity	Predominant income (related, innetated, excluded from tax inder sections 5 12-5 M)		Share of total income	Share of end-of-year assets	Nispropor allocati	Code aprour 20 of 8	Semeration Semeration Me partner? Me Voc No.	Perc
							Solitoria de la constanta de l				
		W									
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.	ganizations Taxable a	s a Corpo g the tax y	ration or Trust. Co ear.	omplete if the	e organization	answered "Yes	on Form 98	90, Part IV, line	34 because it ha	d one or in	ne related
(a) Name, address, and EIN of related organization	N. c	Prime	(b) Primary activity	(C) Legal domicila (Stata or foreign country)	(d) Direct controlling entity	(e) Iype of entity (C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled sottity?
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Schedule R (Form 990) 2016

FOUNDATION

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

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			THE PROPERTY OF THE PROPERTY O		Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts H1V?	ns with one or more re	dated organizations lister	Lin Parts II IV?			
Receipt of (i) interest, (ii) annuities, (iii) royallies, or (iv) rent from a controlled entity	ý			Ť.		×
Gift, grant, or capital contribution to related organization(s)				9	Þ¢	
tt:				Ç		×
Loans or loan guarantees to or for related organization(s)				15	×	
Loans or loan guarantees by related organization(s)				16		×
Dividends from related organization(s)				<u></u>		×
Sale of assets to related organization(s)				10		×
Purchase of assets from related organization(s)				P =	X	
Exchange of assets with related organization(s)				=		×
Lease of facilities, equipment, or other assets to related organization(s)				1	X	
Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>	×	
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			E	×	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			-		
Sharing of paid employees with related organization(s)				-	×	
Reimbursement paid to related organization(s) for expenses				2	×	
Reimbursement paid by related organization(s) for expenses				14		×
Other transfer of cash or property to related organization(s)				<u>, -</u>	×	
Other transfer of cash or property from related organization(s)				<u>v</u> ;	 ×	
If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	nis line, including covered	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	rolved		
REAL	Œ	533,016,	BOOK VALUE			
STATE UNIVERSITY REAL ESTATE	P	1,675,000.	675,000.BOOK VALUE			
UNIVERSITY REAL ESTATE	I	1,675,000.	BOOK VALUE	A INVOCATION AND A STATE OF THE		
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## HUMBOLDT STATE UNIVERSITY ADVANCEMENT

FOUNDATION Schedule R (Form 990) 2016 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)  Name, address, and EIN Primary activity Legal domicile (related, unrelated, of entity country) sections 5 12-5 14)	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income patiens system (related, unrelated, outselved sections 5.12-5.14) Yes No	Share of total income	(g) Share of end-of-year assets	(h) (lispungor lineale allocations? Yes No	Gode V-URI Removator Percentage ampurit in tox 20 pertent of Schedule K-1 pertent over Schedule K-1 res   No	General or managing partner?	(j) (k) Teanward or Percentage partner? Ves No
							Schedule	R (Forr	Schedule R (Form 990) 2016

### HUMBOLDT STATE UNIVERSITY ADVANCEMENT 94-6077724 Page 5 FOUNDATION Schedule R (Form 990) 2016 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.