**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made publication Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑI	For th	e 2017 calendar year, or tax year beginning $$ JUL $1$ , $$ 2017 $$ and	ending i	JUN 30, 2018			
В	Check if	C Name of organization		D Employer identifi	cation number		
	Addre						
	Nama chang	Doing business as		31-1	634639		
	∏initial return ∏Final	Number and street (or P.O box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	return termir				1,406,330.		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts S			
<u> </u>	ireturn ∏Applio		<del></del>	H(a) Is this a group re			
$\vdash$	tion pendi	F Name and address of principal officer, Shannon Joines		for subordinates	? Yes X No		
	, , , , , ,	SAME AS C ABOVE	2	H(b) Are all subordinates in	ncluded? Yes No		
1 -	Гах∙ех	empt status $X = 501(c)(3)$ $501(c)( )$ (insert no ) $4947(a)(1)$	52	7 If "No," attach a	list. (see instructions)		
JI	Websi	te: ► WWW.SO-HUMFOUNDATION.ORG	$\overline{}$	H(c) Group exemptio	n number 🕨		
		organization X Corporation Trust Association Other ▶	L Year		State of legal domicile OR		
	art I	Summary	1		<del> </del>		
ш	1	<del></del>	SCHEDI	ILE O	<del></del>		
Activities & Governance	'	briefly describe the organization's mission of most significant activities.		<u> </u>			
паг				- 45 0504 - 4 4 4			
le.	2	Check this box  If the organization discontinued its operations or dispo	sea or mor	1 1			
ó	3	Number of voting members of the governing body (Part VI, line 1a)		3	5		
ď	4	Number of independent voting membe		4	5		
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0		
<u>×</u>	6	Total number of volunteers (estimate if necessary)		6	6		
ţŢ	7 a	Total unrelated business revenue from fart 412619mn (C), the 12 44 9 2019	)	7a	0.		
٩	1	Net unrelated business taxable income from Form 990-T, line 34	,	7b	0.		
		CINCINNATI	<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h) SERVICE CENTER	<u> </u>	2,428,110.	1,108,306.		
Revenue	i		<u></u> ⊢	0.	0.		
Ϋ́	ł	Program service revenue (Part VIII, line 2g)	<b>⊢</b>	214,674.	293,600.		
Re	1	Investment income (Part VIII-, column (A), lines 3, 4, and 70).	<u> </u>	0.	2,174.		
	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u> -				
	T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,642,784.	1,404,080.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	1,452,079.	1,763,729.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	L	0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.		
χĎ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	, , , ,			
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,487.	88,343.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,504,566.	1,852,072.		
		Revenue less expenses Subtract line 18 from line 12		1,138,218.	-447,992.		
58		The state of the s	B.	eginning of Current Year	End of Year		
Assets or Balances	20	Total assets (Part X, line 16)	<del>  -</del>	8,805,222.	8,934,759.		
ASS Ba	21	Total liabilities (Part X, line 26)	-	0,003,2221	0,332,.334		
텵			<del> </del>	8,805,222.	8,934,759.		
쭚	22 rt'll	Net assets or fund balances Subtract line 21 from line 20 Signature Block		0,000,222.	0,334,733.		
				4 4	Landada, and batat		
		Ities of perjury, I declare that I have examined this return, including accompanying schedule		-	knowleage and belief, it is		
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich prepare	r has any knowledge			
		7 11.011112111111111111111111111111111111		23/2	-1/19		
Sıgr	ו	Signature of officer		Date /			
Her	e				,		
		Type or print name and title			Δ		
		Print/Type preparer's name Preparer's signature	,	Date Check	PTIN		
Paid YEE LEE MCGEE P01294356							
Prep	Preparer Firm's name GARY MCGEE & CO. LLP						
	Ise Only Firm's address 808 S.W. THIRD AVENUE, SUITE 700						
	Phone no. (503) 222-2515						
14							
	lay the IRS discuss this return with the preparer shown above? (see instructions)						
3200	01 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.	<b>^</b> _	Form 990 (2017)		
				9	- XX		

Total program service expenses ▶

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Form 990 (2017) SO HUM FOUND
Part IV Checklist of Required Schedules

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
256	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,-	
	Note. All Form 990 filers are required to complete Schedule O	38	X	2017\

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chicar in Constitution of Cons		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			Ì
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			į
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ا ـــــا
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	$\longrightarrow$	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			-x-1
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		$\frac{x}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<del>~</del>		<b></b>
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		, 1	
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			x'
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{\lambda}{X}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	N/	
л 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	<del></del>	<del>-`</del> '	
0	sponsoring organizations thaintaining dottor advised funds. Did a dottor advised fund thaintained by the	8		نسس
9	Sponsoring organizations maintaining donor advised funds.		$\neg$	į
a	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders N/A 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		•	
	amounts due or received from them)			اد ا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A   12b	12a		
	in 166, onto the united and the unit			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	$\overline{}$	<u>,</u>
a	Note. See the instructions for additional information the organization must report on Schedule O.		$\dashv$	
h	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
•	organization is licensed to issue qualified health plans	,		1
С	Enter the amount of reserves on hand	ĺ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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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 O. See instructions			_	
	Check if Schedule O contains a response or note to any line in this Part VI			X	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	5			
	If there are material differences in voting rights among members of the governing body, or if the governing		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			:	
ь	Enter the number of voting members included in line 1a, above, who are independent	5	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7			
_	officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
_	of officers, directors, or trustees, or key employees to a management company or other person?	3	ĺ	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X		
5					
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
-	more members of the governing body?	7a		X	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
а	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_ ~	x		
12a					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	ın Schedule O how this was done	12c	Х		
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			`	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X	
b	Other officers or key employees of the organization	15b	<u> </u>	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ŀ		;	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			<u>:</u>	
	taxable entity during the year?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			:	
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶OR				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	cıal		
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	LISA LUCAS - (503) 720-4803				
	6416 N.E. 35TH PLACE, PORTLAND, OR 97211		000	(2017)	
		Гала	. caran	12017N	

#### Part VII 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

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

- 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

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

X Check this box if neither the organize  (A)  Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN BENNETT	0.25								_	_
DIRECTOR		X						0.	0.	0
(2) ALAN MORINIS	0.25									_
DIRECTOR		X	L		L			0.	0.	0
(3) DORAISWAMY NAGARAJAN	0.25							_	_	_
DIRECTOR		X				_	<u> </u>	0.	0.	0
(4) SHANNON JONES	5.00	]						_	_	_
PRESIDENT/TREASURER		X		Х			<u> </u>	0.	0.	0
(5) GARY HAHN	0.25								_	_
VICE PRESIDENT/SECRETARY		X	<u> </u>	Х				0.	0.	0
					L	_				
		-								
									<del></del>	
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Part VII S	ection A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average hours per	Position (do not check more than on box, unless person is both a officer and a director/trustee				than is bo	h an	Reportable compensation	Reportable compensation		an	stimate nount	
		week (list any	$\vdash$	cer ar	10 a c	T	or/trus	(ee)	from the	from related organization			other pensa	tion
		hours for	trustee or director				20		organization	(W-2/1099-MI			om th	
		related	tee or	nstee			ensate		(W-2/1099-MISC)	,	•	org	anızat	ion
		organizations below	i i i	onal tr	1	loyee	dw aa						d relat	
		line)	Individual	Institutional trustee	Officer	Кеу етрюуее	Highest compens employee	ormer				Orga	anızatı	JI 15
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1b Sub-to	car om continuation sheets to Part	VII. Section A							0.		0.	-		0
	add lines 1b and 1c)	VII, 0001101171						•	0.		0.			0.
	ımber of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportat	le			
compe	nsation from the organization								<del> </del>			<del></del> 1	Vaa	)
0 D.J.E.				- l				•	highout componented o	malayaa aa	:	$\overline{}$	Yes	No
	organization list any former office of "Yes," complete Schedule J for			е, ке	ey er	пріс	oyee	, or	nignest compensated e	mployee on		3		х
	individual listed on line 1a, is the			amo	ensa	atior	n and	d ot	her compensation from	the organization				
	ated organizations greater than \$1	•							•	-	ĺ	4	Ů	X
	person listed on line 1a receive o								ed organization or indiv	idual for services	3			
	d to the organization? If "Yes," co	mplete Schedu	e J 1	for s	uch	per	son					5		X
	ndependent Contractors ete this table for your five highest o	omponented in	don	ande	ont c	ont	ract	ore t	that received more than	\$100,000 of cor		ation 1	rom	
· · · · · · · · · · · · · · · · · · ·	anization Report compensation for										пропо	alloni		
	(A)								(B)			(C		
	Name and busines	s address	N	INC	Ε				Description of s	services	С	compe	nsatio	n
								-					•	
								_						
	umber of independent contractors		ot l	mıte	d to		_	stec	d above) who received in	nore than				
\$100,00	00 of compensation from the orga	nization >					0				<u> </u>		000.	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 108,306. similar amounts not included above 561,000. g Noncash contributions included in lines 1a-1f \$ 108,306 Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 293,600 293,600. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 4,424. 6 a Gross rents 2,250. b Less rental expenses 2,174. c Rental income or (loss) ,174 d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 404,080 295,774. Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,721,075 1,721,075 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 42,654. 42,654 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management 7,874. 7.874 Legal 25,620. 25,620. Accounting Lobbying ' retain and the wandar ten e Professional fundraising services. See Part IV, line 17 45,349. 45.349. f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column' (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,280. 3,280 13 Office expenses 901. 901. 14 Information technology 15 Royalties 16 Occupancy 981 981. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,137. 1,137. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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 O.) 1.647 LICENSE AND TAXES 1,647. 1,554. 1,554 BANK/WIRE/EXCHANGE FEES C d All other expenses 1,852,072. 1,763,729 88,343 0. Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

SO HUM FOUNDATION 31-1634639 Page 11 Form 990 (2017) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash - non-interest-bearing 204,786. 336,343. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, fil trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 4ssets 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 561,000 basis. Complete Part VI of Schedule D 10a n 561,000. 10b 10c b Less accumulated depreciation 8,468,879. 8,168,973. 11 11 Investments · publicly traded securities 12 12 Investments - other securities See Part IV, line 11 . 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 8,805,222. 8,934,759. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. n 30 Capital stock or trust principal, or current funds 30

> 8,934,759. Form **990** (2017)

8,934,759

8,934,759.

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8,805,222.

8,805,222.

8,805,222.

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Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2017) SO HUM FOUNDATION	31-	-16346	39	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		404		
2	Total expenses (must equal Part IX, column (A), line 25)	2		852		
3	Revenue less expenses. Subtract line 2 from line 1	3				92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				22.
5	Net unrealized gains (losses) on investments	_5		<u> 577</u>	<u>, 52</u>	29.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				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	8,9	934	<u>, 75</u>	<u>59.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u>
			_	_ \ Y	es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1		, ;
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			.	<del></del> _l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u> </u> -	2a	$\dashv$	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			-		لبيب
b	Were the organization's financial statements audited by an independent accountant?		ļ	2b	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs	,		-	1
	consolidated basis, or both				ı	[
	Separate basis					-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	`   <b>^</b> ~	_   -		
	review, or compilation of its financial statements and selection of an independent accountant?		<b>├</b>	2c	+	<del></del> ,
_	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			1		- [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au				<del></del> -}
	Act and OMB Circular A-133?		<b>⊢</b>	3a	$\dashv$	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red au	1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			Bb		
			Fo	orm 9	9U (2	2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 31-1634639 SO HUM FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 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). 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) 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 10 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). 11 12 X 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 a X 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 I, Type II, 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 the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN (described on lines 1 10 support (see instructions) support (see instructions) organization above (see instructions)) 38-2231279 1,000,000. X SEVA FOUNDATION ADVAITA SOCIETY (SRI RAMA FOUNDATIO51-0174677 10 Х 5,000. AMERICAN INDIAN 7 Х 3,000. COLLEGE FUND 52-1573446 AMERICAN SERVICE TO 7 10,000. INDIA MEDICAL AND 95-3675142 Х ARAVIND EYE 38-3532410 7 Х 100,000. FOUNDATION 0. 1,558,950.

31-1634639 Page 2 Schedule A (Form 990 or 990-EZ) 2017 SO HUM FOUNDATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (f) Total (a) 2013 (b) 2014 (c) 20151 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017/(line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016/If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2017 SO HUM FOUNDATION

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

	(Complete only if you checked	I the box on line 10	of Part I or if the	organization failed	to qualify under	Part II If the organ	ization fails to
	qualify under the tests listed b	elow, please com	plete Part II)			·····	/
	ction A. Public Support	·			T		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201,7/	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1					
	include any "unusual grants ")				ļ. <del></del>		
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				///	<del>-</del>	<del>                                     </del>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	Ì				1	
	iness under section 513		<u>.                                    </u>	/	}		<del></del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	i					
_	or expended on its behalf	<b></b>	<u> </u>	<del>-/</del>		<del>                                     </del>	
5	The value of services or facilities			/			
	furnished by a governmental unit to			/	ł		
	the organization without charge		<del>/</del>	····-	<del> </del>		
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	<del></del>	/	<del> </del>			·
7 6	3 received from disqualified persons						
Ŀ	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		/		İ		
	Add lines 7a and 7b	/	<u> </u>			- <del> </del>	
	Public support. (Subtract line 7c from line 6.)	<del></del>					
	ction B. Total Support		<u> </u>				- <u>-</u>
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	7					
	dividends, payments received on securities loans, rents, royalties,	/	•				
	and income from similar sources	/					
b	Unrelated business taxable income	,					
	(less section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						ļ
11	Net income from unrelated búsiness activities not included in liné 10b.						
	whether or not the business is					1	
	regularly carried on					ļ	1
12	Other income Do not include gain or loss from the sale of capital						1
	assets (Explain in Part VI)				ļ		1
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	1	L		1
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organ	ization,
	check this box and stop here	:- 0			. <u>.</u>		
_	ction C. Computation of Publ					Tan I	
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					47	0/
	Investment income percentage for 20			ne 13, column (t))		17	%
	Investment income percentage from				- 1 <i>E ia mara t</i> han	18	
198	33 1/3% support tests - 2017. If the	_					IT IS HOL
4.	more than 33 1/3%, check this box a						and .
r	33 1/3% support tests - 2016. If the						. 1 1
20	line 18 is not more than 33 1/3%, che		=				
20	Private foundation. If the organization	an ulu not check a	DOX OIT IIITE 14, 19	a, or rap, crieck ti	IIIS DON ALIO SEE II	ISH UCHOHS	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, 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)

		T v	I NI -
		Yes	No
	1		X
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	3a		X
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	10a		X
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	10b		
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3b

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

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			<b>以下,在中国的国际</b> 的
	instructions for short tax year or assets held for part of year)	2 July 1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		,
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	J. 371.		
	factors (explain in detail in Part VI)		能力的"不过"的"	The state of the s
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	哲学体验, 新、特别的解	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	我们是特别的"能力"。	
4	Enter greater of line 2 or line 3	4	Control of the Contro	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		والمراجع المراجع المعارض المراجع المرا	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr		anization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2017

· · · ·	TWE Type III Non-Functionally Integrated 509 on D - Distributions	1-11-1	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			•
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	•		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	Ferre LETT BEHTER THE		
2	Underdistributions, if any, for years prior to 2017 (reason-		,	
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			2. 智智·智慧·智慧·高麗·音·音·音·音·音·音·音·音·音·音·音·音·音·音·音·音·音·音·
а	REAL PROPERTY OF THE PROPERTY			200 hours of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	From 2013	A TO MAKE THE WAY TO SEE THE WAY		-15 1 1 1 A 17 10 1 10 1 10 1 10 10 10 10 10 10 10 10
c	From 2014	· · · · · · · · · · · · · · · · · · ·	情 推进的 "自己是先生的	Company of the second
	From 2015			TELECTOR TO A TURNET OF THE
	From 2016	在一下一次在我们在一个时间	ではは、自然の場合は、これはは	
f	Total of lines 3a through e			できた。 まずにような。 はないできる。 はないできば、 はないできる。 はないでる。 はないできる。 はないでもなでもなでもなでもなでもなでもなでもなでもなでもなでもなでもなでもなでもなで
a	Applied to underdistributions of prior years	というない ない はんない かんしん かんしん かんしん かんしん かんしん かんしん かんしん かんし		
	Applied to 2017 distributable amount		CHAPONING AND SEARCH	
1	Carryover from 2012 not applied (see instructions)	· 有一种 不可以 不可以 在一种 不可以 在一种 不可以 在一种 不可以 不可以 不可以 不可以 不可以 不可以 不可以 不可以 不可以 不可以		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 · \$			
· a	Applied to underdistributions of prior years	The tree of the second	-	京: ** *
	Applied to 2017 distributable amount	Comment of the second of the s		
c.	Remainder Subtract lines 4a and 4b from 4		Pakakakakakakak	
5	Remaining underdistributions for years prior to 2017, if	The state of the s		TRANSAMENT
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions		١	
6	Domestine underdictributions for 2017, Cubtract lines 2h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c		The plant of the p	
8	Breakdown of line 7			·····································
	Excess from 2013	1 をはないはままではいいか	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Excess from 2014	<b>新发生等语言等数块数</b>	<b>《其代表》,《文字》,《文字》</b>	· · · · · · · · · · · · · · · · · · ·
	Excess from 2015	<b>非"强烈"的</b>	1980年1870年1870年1870年1	
	Excess from 2016	The second secon		
	Evene from 2017	Lab Aragail Attitude 1	Tally Stratement Coll	

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, 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, 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 additional information (See instructions)
PART IV, SECTION A, LINE 1
IN ADDITION TO THE NAMED SUPPORTED ORGANIZATIONS, SO HUM FOUNDATION IS
ALSO ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF THE FOLLOWING CLASSES OF
SUPPORTED ORGANIZATIONS, AS ALLOWED BY 26 CODE OF FEDERAL REGULATIONS
("CFR") 1.509A-4(D)(2)(I):
A) PUBLIC CHARITIES ORGANIZED UNDER IRC 509(A)(1) OR (2), WITH
501(C)(3), TAX EXEMPT STATUS THAT SUPPORT OR DIRECTLY PERFORM
ENVIRONMENTAL PROTECTION WORK AND THAT ARE OPERATING IN OR PROVIDING
SERVICES TO THE AMERICAN WEST.
B) PUBLIC CHARITIES ORGANIZED UNDER IRC 509(A)(1) OR (2), WITH
501(C)(3), TAX EXEMPT STATUS THAT SUPPORT OR DIRECTLY PROVIDE ANIMAL
WELFARE SERVICES AND THAT ARE OPERATING IN OR PROVIDING SERVICES TO THE
AMERICAN WEST.
C) PUBLIC CHARITIES ORGANIZED UNDER IRC 509(A)(1) OR (2), WITH
501(C)(3), TAX EXEMPT STATUS THAT SUPPORT OR DIRECTLY PROVIDE SOCIAL
WELFARE OR EDUCATIONAL SERVICES AND THAT ARE OPERATING IN OR PROVIDING
SERVICES TO THE CENTRAL OREGON COAST.
SCHEDULE A PART IV, SECTION A, LINE 2
SO HUM FOUNDATION SUPPORTED ONE FOREIGN CHARITY THAT DID NOT HAVE AN
IRS DETERMINATION OR U.S. EQUIVALENCY DETERMINATION. THE FOREIGN
CHARITY WAS IN THE PROCESS OF HAVING ITS U.S. AFFILIATE APPLY FOR TAX

EXEMPTION AS A 501(C)(3) ORGANIZATION UNDER SECTION 509(A)(1) OR (2).

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, 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, 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 additional information (See instructions) IN THE FUTURE, GRANTS WILL BE MADE TO THE U.S. AFFILIATE PUBLIC CHARITY. THE GRANT TO THE FOREIGN CHARITY WAS IN FURTHERANCE OF SO HUM FOUNDATION'S CHARITABLE PURPOSES. SCHEDULE A, PART IV, SECTION A, LINES 4B AND 4C SO HUM FOUNDATION SUPPORTED TWO FOREIGN CHARITIES, ONE OF WHICH HAS A 501(C)(3) EQUIVALENCY DETERMINATION AND QUALIFIED UNDER IRC SECTION THE OTHER FOREIGN CHARITY DID NOT HAVE AN EQUIVALENCY 509(A)(2). DETERMINATION BUT WAS IN THE PROCESS OF HAVING ITS U.S. AFFILIATE APPLY FOR TAX EXEMPTION AS A 501(C)(3) ORGANIZATION UNDER SECTION 509(A)(1) IN THE FUTURE, GRANTS WILL BE MADE TO THE U.S. AFFILIATE OR (2). PUBLIC CHARITY. GRANTS TO THESE TWO FOREIGN CHARITIES PROVIDED FUNDS FOR FREE, HIGH-QUALITY, MULTI-LINGUAL EDUCATION TO CHILDREN FROM THE TRIBAL AREAS OF ANDHRA PRADESH, A RURAL COMMUNITY-BASED SCHOOL AT MA KONDA AND OUALITY PREVENTIVE AND CURATIVE HEALTH CARE THROUGH HOLISTIC AND COMPREHENSIVE TREATMENTS, AND FUNDS TO HELP SUPPORT A HOME AND SCHOOL FOR CHILDREN IN NEPAL. SO HUM FOUNDATION RETAINED SUFFICIENT CONTROL OVER ANY FUNDS GIVEN TO THE FOREIGN SUPPORTED ORGANIZATIONS. ITS BYLAWS PROVIDED THE FOLLOWING: (A) THE MAKING OF GRANTS AND CONTRIBUTIONS AND OTHERWISE RENDERING FINANCIAL ASSISTANCE FOR THE PURPOSES EXPRESSED IN THE ARTICLES, BYLAWS, AND MISSION OF THE ORGANIZATION SHALL BE WITHIN THE

EXCLUSIVE POWER OF THE BOARD OF DIRECTORS; (B) IN THE FURTHERANCE OF

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, 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, 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 additional information (See instructions)

THE ORGANIZATION'S PURPOSES, THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO MAKE GRANTS TO ANY ORGANIZATION ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC OR EDUCATIONAL PURPOSES WITHIN THE MEANING OF 501(C)(3) OF THE CODE; (C) THE BOARD SHALL HAVE AND MAINTAIN ABSOLUTE DISCRETION AND CONTROL OVER ANY AND ALL FUNDS DONATED TO THE ORGANIZATION, AND THEREFORE THE ORGANIZATION WILL NOT SOLICIT OR ACCEPT DONATIONS WHICH ARE EARMARKED FOR DELIVERY AS DONATIONS, GRANTS OR DISTRIBUTIONS TO SPECIFIC FOREIGN ORGANIZATIONS, (D) SO HUM FOUNDATION SHALL NOT SOLICIT AND SHALL REFUSE TO ACCEPT CONTRIBUTIONS THAT ARE EARMARKED FOR SPECIFIC FOREIGN ORGANIZATIONS. THE BOARD SHALL REJECT ANY FUNDS DESIGNATED TO A FOREIGN CORPORATION IF SUCH DESIGNATION DEPRIVES OR WOULD DEPRIVE THE CORPORATION OF FULL CONTROL OF THE DONATED FUNDS AND THE DISCRETION AS TO THEIR USE; (E) THE BOARD OF DIRECTORS SHALL REVIEW ALL REQUESTS FOR FUNDS FROM OTHER ORGANIZATIONS, SHALL REQUIRE THAT SUCH REQUESTS SPECIFY THE USE TO WHICH THE FUNDS WILL BE PUT, AND IF THE BOARD OF DIRECTORS APPROVES THE REQUEST, SHALL AUTHORIZE PAYMENT OF SUCH FUNDS TO THE APPROVED GRANTEE; (F) THE BOARD OF DIRECTORS SHALL REQUIRE THAT THE GRANTEES FURNISH A PERIODIC ACCOUNTING TO SHOW THAT THE FUNDS WERE EXPENDED FOR THE PURPOSES WHICH WERE APPROVED BY THE BOARD OF DIRECTORS; (G) THE BOARD OF DIRECTORS MAY, IN ITS ABSOLUTE DISCRETION, REFUSE TO MAKE ANY GRANTS OR CONTRIBUTIONS OR OTHERWISE RENDER FINANCIAL ASSISTANCE TO OR FOR ANY OR ALL THE PURPOSES FOR WHICH FUNDS ARE REQUESTED; AND (H) AFTER THE BOARD OF DIRECTORS HAS APPROVED A GRANT TO ANOTHER ORGANIZATION FOR A SPECIFIC PROJECT OR PURPOSE, THE CORPORATION MAY SOLICIT FUNDS FOR THE GRANT TO THE SPECIFICALLY APPROVED PROJECT OR PURPOSE OF THE OTHER ORGANIZATION. HOWEVER, THE BOARD OF DIRECTORS SHALL AT ALL TIMES HAVE

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 and 2; Part IV, Section C, 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, 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 additional information. (See instructions.)
THE RIGHT TO WITHDRAW APPROVAL OF THE GRANT AND USE THE FUNDS FOR OTHER
CHARITABLE, SCIENTIFIC OR EDUCATIONAL PURPOSES.
SCHEDULE A, PART IV, SECTION A, LINE 5A
SO HUM FOUNDATION AMENDED ITS ARTICLES OF INCORPORATION TO ADD ALL OF
THE SUPPORTED ORGANIZATIONS LISTED IN SCHEDULE A, PART I, LINE 12G, IN
ADDITION TO SEVA FOUNDATION, WHICH WAS PREVIOUSLY LISTED. SEVA
FOUNDATION REMAINS THE CONTROLLING SUPPORTED ORGANIZATION.
SCHEDULE A, PART IV, SECTION A, LINE 6
DURING THE FISCAL YEAR ENDED JUNE 30, 2018, SO HUM FOUNDATION MADE
GRANTS TO THE FOLLOWING NONPROFIT ORGANIZATIONS. WHILE THESE NONPROFIT
ORGANIZATIONS WERE NOT LISTED BY NAME IN ITS GOVERNING DOCUMENTS, THE
GRANTS FURTHERED THE CHARITABLE MISSION OF SO HUM FOUNDATION.
1. BARK
2. CHARITIES AID FOUNDATION AMERICA
3. DESTINY REFLECTION USA
4. EVERYWOMAN EVERYWHERE COALITION
5. FRIENDS OF BRAILLE WITHOUT BORDERS
6. LOS PADRES FOREST WATCH
7. OJAI VALLEY LAND CONSERVANCY
8. PNR SOCIETY
9. SANAGA-YONG CHIMPANZEE RESCUE
10. SATSANG FOUNDATION

11. SRI AUROBINDO YOGA MANDIR ORPHANAGE

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 and 2, Part IV, Section C, 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, 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 additional information (See instructions)
SCHEDULE A PART IV, SECTION B, LINE 2
SO HUM FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT
OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF ITS
SUPPORTED ORGANIZATIONS, SPECIFIED BY NAME OR CLASS IN THE ARTICLES OF
INCORPORATION, ALL OF WHICH ARE SECTION 509(A)(1) OR (2) ORGANIZATIONS;
AND OPERATED, SUPERVISED OR CONTROLLED BY SEVA FOUNDATION, ONE OF ITS
SUPPORTED ORGANIZATIONS, AS REQUIRED BY SECTION 509(A)(3)(B)(I).
PROVIDING GRANTS TO SUPPORTING ORGANIZATIONS THAT DO NOT PARTICIPATE IN
THE CONTROL RELATIONSHIP DID NOT IN ALL CASES FURTHER THE CHARITABLE
PURPOSES OF SEVA FOUNDATION, THE CONTROLLING SUPPORTED ORGANIZATION.
HOWEVER, THE GRANTS DID FURTHER THE CHARITABLE PURPOSES OF SO HUM
FOUNDATION.

Part VI Supplemental Information (Schedule A, Part I, Line 12g · Information regarding supported organizations (continuat  (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi)							
(i) Name of supported	(II) EIN		(iv) is the o	rganization n your	· ·	(vi) Amount of	
organization		(described on lines 1-10 above)	governing	document?	support	other support	
		25010,	Yes	No			
ARLINGTON ACADEMY							
OF HOPE INC.	20-2089837	7	X		2,000.		
BLANCHETT HOUSE OF						<u> </u>	
HOSPITALITY	93-6031009	7	X		1,000.		
BOYS & GIRLS AID							
SOCIETY OF OREGON	93-0386791	7	x		2,000.		
CARAVAN TO CLASS	27-1885332	10	x		3,000.		
CEASEFIRE OREGON	27 2003302		<del> </del>				
EDUCATION FOUNDATIO	93-1229564	7	x		500.		
CENTER FOR	JJ 122JJU4	<u> </u>				<del></del>	
REDUCTION OF RELIGI	65_6310303	7	x		1,500.		
CENTRAL ASIA	03-0319302	<del></del>		<del>                                     </del>	1,300.		
	E1 0276227	7	x		2,500.		
INSTITUTE	51-0376237	/		ļ	2,300.		
CENTRAL CITY	02 0720016	7		[	2 000		
CONCERN	93-0728816	7	Х		3,000.	*	
DOCTORS WITHOUT		-			2 500		
BORDERS	13-3433452	7	Х	ļ	3,500.		
		_	l		1 500		
EXCEED ENTERPRISES	23-7017274	7	X		1,500.		
		_			2 222		
FARM SANCTUARY INC.	51-0292919	7	Х		3,000.	<u>.</u>	
FOUNDATION FOR THE			1				
PRESERVATION OF THE	77-0221830	1	X		16,000.		
FRIENDS OF LINCOLN							
COUNTY ANIMALS INC.	27-0177878	10	X		2,500.		
	46-5236865	7	Х		5,450.		
FRIENDS OF THE							
CHILDREN	93-1098105	7	Х		2,000.		
FRIENDS OF THE						s #	
COLUMBIA RIVER GORG	93-0782467	7	Х		1,500.		
FRIENDS OF TILONIA							
INC.	11-3569536	10	X		0.		
FRIENDS OF TREES	93-0999999	7	Х		1,000.		
GLOBAL RESOURCE							
ALLIANCE	04-3677200	10	X		10,000.		
GREEN EMPOWERMENT	93-1230409	7	Х		2,500.		
GREEN VILLAGE							
SCHOOLS	06-1670156	7	X		2,000.		
HABITAT FOR							
HUMANITY INTERNATIO	91-1914868	7	X		3,000.		
			<del></del>		,		
HELP OF OJAI	95-2872549	7	x		0.		
HUMAN KINDNESS		•	<del> </del>	<del>                                     </del>			
FOUNDATION	56-1558751	7	X		2,500.		
HUMANE SOCIETY OF	_ 5 1550,51	.,	<del> </del>			- <del></del>	
VENTURA COUNTY	95-2272598	7	x		1,500.		
IN DEFENSE OF	73 22/2390		<del> </del>	<del></del>	+,500	<del></del>	
ANIMALS	68-0008936	7	x		0.		
UNITED D	00 0000330		<u> </u>	-	0.	•	
Combining Total		_					
Continuation Totals	L	* . *	L	L		•	

Schedule A (Form 990 or 990-EZ)	SO HUM FO					1634639 Page 8
Part VI Supplemental Info						
(ı) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10 above)	listed in governing d	your ocument?	(v) Amount of monetary support	(vi) Amount of other support
TIMEDIA MICHAEL			Yes	No		<del></del>
INTERNATIONAL COMMISSION ON VIOLE	47-3272024	7	х		0.	a
JANE GOODALL INSTITUTE	94-2474731	7	x		3,500.	
L'ARCHE USA	91-1355711	7	х		13,500.	
LINN BENTON FOOD SHARE	93-1099406	7	х		1,500.	
LIVING DHARMA	93-1166811		х		1,500.	
LIVING EARTH	93-1331068		х		1,500.	
	74-3103432		x		1,500.	
LIVING YOGA LOVE SERVE REMEMBER	1					
FOUNDATION MEALS ON WHEELS	80-0308502		Х		1,000.	
PEOPLE INC. MEDICAL TEAMS	93-0584318	7	X		5,000.	<del> </del>
INTERNATIONAL MERCY CORPS	93-0878944	10	х		5,000.	
INTERNATIONAL	91-1148123	7	х		15,000.	
MORRISON CHILD AND FAMILY SERVICES	93-0354176	7	х		4,000.	
NATURE CONSERVANCY	53-0242652	7	х		1,000.	
NEIGHBORS FOR KIDS	93-1262846	10	х		110,000.	
NOMAD FOUNDATION	20-8170046	7	х		25,000.	
ONE THOUSAND FRIENDS OF OREGON	93-0642086	7	х		1,000.	
OPAL CREEK ANCIENT FOREST CENTER	94-311297 <u>3</u>	10	х		1,000.	
OREGON COAST AQUARIUM	93-0877807	7	х		1,500.	
OREGON COMMUNITY FOUNDATION	23-7315673	8	х		1,500.	
OREGON FOOD BANK	93-0785786	7	х		3,000.	
OREGON HUMANE SOCIETY	93-0386880	1 10 .	х		2,500.	
OREGON SHORES CONSERVATION COALIT			х		3,500.	
OUTSIDE IN	93-0567549		x		1,500.	
POLLINATOR				<del> </del>		
PARTNERSHIP PORTLAND AUDUBON	94-3283967		Х		1,500.	<del></del>
SOCIETY	93-6026088	7	Х		500.	<u> </u>
POWER OF HOPE	46-0468164	10	Х		1,500.	

**Continuation Totals** 

31	-16	534	463	9	Page 8	2

Schedule A (Form 990 or 990-EZ)	SO HUM FO					1634639 Page 8
Part VI Supplemental Info						
(ı) Name of supported	(II) EIN	(III) Type of organization		rganization in your	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1-10 above)	governing	document?	support	other support
		above)	Yes	No		
					-	-
PROJECT AVARY INC.	68-0433289	7	Х		2,500.	
SACRED VALLEY						
PROJECT INC.	27-1185258	7	x		1,500.	
SELF ENHANCEMENT	27 1103230		<del>  ••</del> -	<del>                                     </del>	270001	
	93-1086629	7	x		35,000.	
	93-1000025	,	<del></del>	-	33,000	<del></del>
SHILOH CHARITABLE	00 5665071	7	x		1,000.	
TRUST	20-5665871			<del></del>	1,000.	
	4000500				1	
SIGHTLINE INSTITUTE	52-1833599	7	Х		1,500.	,
SOCIAL VENTURE		_				
PARTNERS PORTLAND	93-1310734	7	X		5,000.	
SPOON FOUNDATION	26-0712302	7	X		103,000.	
STAND FOR CHILDREN						
LEADERSHIP CENTER	52-1957214	7	х		0.	
				<u> </u>		
TIBET FUND	13-3115145	7	х		1,000.	
TIBETAN AID			<del>                                     </del>			
FOUNDATION	20-1551273	7	x		4,000.	
FOUNDATION	20-1331273		<del>  ^</del> -		4,0001	
TD 3 CV MWO	94-3191340	10	x		500.	
TRACK TWO	94-3191340	10			. 300.	
TRILLIUM FAMILY	0000000	-	l		1 000	
SERVICES	93-0386966	7	Х	ļ	1,000.	
VITAMIN ANGEL		_				
ALLIANCE INC.	77-0485881	7	Х		0.	
WILDLIFE						
CONSERVATION SOCIET	13-1740011	7	X		1,500.	
		<del></del>			"	
WINNARAINBOW INC.	94-2869998	10	X		2,000.	
	-		<del>                                     </del>	<del>                                     </del>		
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	-			<del>                                     </del>		
	<u> </u>	* *	-			
		- •	-		440 050	
Continuation Totals		<u> </u>		L	440,950.	
						(Farm 000 or 000 E7)

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SO HUM FOUNDATION

Employer identification number 31-1634639

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	<del></del>	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	_ i i		2a
b	<b></b>		2b
c		ructure included in (a)	2c
d		• •	
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	
·	year ▶	ioadda, changaidrida, dr torrimiatod by the	organization confing the tan
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year
Ū		, , ,	, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
•	<b>▶</b> \$		<b>3</b> ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1700	(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III   Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	· · · · · · · · · · · · · · · · · · ·	
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1		
а		v ico oco, coming to mode name	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>S</b>

Schedule D (Form 990) 2017

561,000.

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

		11b See Form 990, Part X, lir	
Description of security or category (including name of security)	(b) Book value	(c) ivietnod of valuation	Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests	<del></del>		
Other			
(A)			
(8)			<del></del>
(C) (D)			
(E)			
(F)			
(G)			····
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c See Form 990, Part X, lin	e 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	* <del>-</del>	<del></del>	
(2)	···-		
(3)	<del></del>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d See Form 990, Part X, lin	
(a) D	escription	<u></u>	(b) Book value
(1)			
(2)			
_(4)			
(5)	M-H		
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line	15)		<b>&gt;</b>
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.		44	<b>&gt;</b>
(5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	n Form 990, Part IV, line		▶ t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	n Form 990, Part IV, line	11e or 11f See Form 990, Pai (b) Book value	t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line		► t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) [8] [9] tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, line		t X, line 25
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line	(b) Book value	

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2017

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name o	f the organization					Employer identi	fication number
<b>40</b> 11	IN ECHNIDAGI	OM				31-16346	3 0
Part I	UM FOUNDATI		ctivities Ou	tside the United States. Complet	te if the organ		
Farti	Form 990, Part IV		ictivities ou	taide the office offices. Complete	ie ii tile organ	ization answered	103 011
1 Fo			maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
				the selection criteria used to award the			Yes 🔲 No
	,	J					
	or grantmakers. Desc nited States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
3 A	ctivities per Region (Ti	he following Part	I, line 3 table c	an be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOUTH	ASIA -						
AFGHAN	IISTAN,			ļ			
BANGLA	DESH, BHUTAN,			GRANTS TO RECIPIENTS			
INDIA,	MALDIVES,	0	0	LOCATED IN THE REGION.			42,654.
						·- <u>-</u>	
		.=					
3 a S	ub-total	0	0				42,654.
-	otal from continuation neets to Part I	0	0		. ,	· .	0.
	otals (add lines 3a	0	0			<b>A</b>	42,654,

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

Schedule F (Form 990) 2017 SO HUM FOUNDATION

[Fartili] Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROVIDING EDUCATION FOR CHILDREN LIVING IN POVERTY.	40,154.WIRE	WIRE	0.		
		1		r				
			,					
								,
							,	
				-	,			,
		,						
<ul> <li>Enter total number of recipient organizations listed above that:</li> <li>by the IRS, or for which the grantee or counsel has provided a</li> <li>Enter total number of other organizations or entities</li> </ul>	recipient organization the grantee or columns other organizations	above that a provided a s	are recognized as charities by the foreign country, recognized as tax exempt section 501(c)(3) equivalency letter	foreign country er	, recognized as tax e	xempt		. 1

Schedule F (Form 990) 2017 SO HUM FOUNDATION 31–1634639

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of noncash assistance					
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients			,		
(b) Region					
(a) Type of grant or assistance (b) Region					

Part	<u> </u>	Foreign Forms		
1	organ	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the lization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign pration (see Instructions for Form 926)	Yes	X No
2	may b Trusts	ne organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign is and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	the or	ne organization have an ownership interest in a foreign corporation during the tax year? If "Yes," reganization may be required to file Form 5471, Information Return of U.S. Persons With Respect To in Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	qualifi Inforn	the organization a direct or indirect shareholder of a passive foreign investment company or a ned electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, nation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund Instructions for Form 8621)	Yes	X No
5	the or	ne organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"  "ganization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain  "gn Partnerships (see Instructions for Form 8865)	Yes	X No
6	"Yes,"	te organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to separately file Form 5713, International Boycott Report (see ctions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017 SO HUM FOUNDATION	31-1634639	Page 5
Part V Supplemental Information	and a mathematical amounts of	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (acconvestments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		)
(estimated number of recipients), as applicable. Also complete this part to provide any additional in		
PART I, LINE 2:	<del></del> .	
A REPRESENTATIVE FROM THE SO HUM FOUNDATION TRAVELS TO	VARIOUS GRANTEE	
LOCATIONS TO MONITOR GRANTEE PROGRESS AND REPORTS HIS/H	ER FINDINGS BAC	К
TO THE BOARD OF DIRECTORS.		
	/	

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

2017	Open to Publ	Inspection

OMB No 1545-0047

<u>ن</u> ,

► Go to www.irs.gov/Form990 for the latest information.

Name of	Name of the organization SO HUM FOUNDATION	Employer identification number 31-1634639
Part I	Part I General Information on Grants and Assistance	
1 0	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
CT	criteria used to award the grants or assistance?	X Yes

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 recipient that received more than \$5,000. Part II can be dublicated if additional space is needed 2 Desc

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

1 (a) Name and address of organization (b) FIN (c) IRC section (d) Amount of (	(b) FIN	(c) IBC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
							FUNDING THE MENTOR-MENTEE
SEVA FOUNDATION							EYE PROGRAM OF SEVA AND
1786 FIFTH STREET							THE ARAVIND EYE CARE
BERKLEY, CA 94710	38-2231279	501 (C) 3	1,000,000.	0			SYSTEM.
							FUNDING TO SUPPORT THE
EVERYWOMAN EVERYWHERE COALITION							ERADICATION OF VIOLENCE
152 WOBURN STREET							AGAINST WOMEN AND GIRLS
LEXINGTON, MA 02420	47-3272024	501 (C) 3	125,000.	0.			INTERNATIONALLY
							PROVIDING YOUTH WITH
NEIGHBOR FOR KIDS							EDUCATIONAL ENRICHMENT
P.O. BOX 942							AND YOUTH DEVELOPMENT TO
DEPOE BAY, OR 97341	93-1262846	501 (C) 3	110,000.	0.			BECOME RESPONSIBLE
							SUPPORTING EFFORTS TO
SPOON FOUNDATION		-					IMPROVE HEALTH &
135 S.E. MAIN STREET, SUITE 201							NUTRITION OF CHILDREN
PORTLAND, OR 97214	26-0712302	501 (C) 3	103,000.	0.			LIVING IN ORPHANAGES &
							THE ARAVIND EYE
ARAVIND EYE FOUNDATION							FOUNDATION WAS
447 EAST 57TH STREET, FLOOR 7							ESTABLISHED TO HELP
NEW YORK, NY 10022	38-3532410	501 (C) 3	100,000.	0.			ARAVIND EYE CARE SYSTEM
							HELPING KIDS OF COLOR
SELF ENHANCEMENT INC.							STAY IN SCHOOL, GRADUATE
3920 NORTH KERBY AVENUE							ON TIME & BECOME
PORTLAND, OR 97227	93-1086629	501 (C) 3	35,000.	0.			POSITIVE, CONTRIBUTING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in the	ne line 1 table				16.

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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Schedule I (Form 990) SO HUM FO	HUM FOUNDATION					3	31-1634639 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	μ=)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENHANCING OPPORTUNITIES
NOMAD FOUNDATION							FOR THE NOMADS OF NIGER
307 EAST OJAI AVENUE, #103							WHILE PRESERVING THEIR
OJAI, CA 93023	20-8170046	501 (C) 3	25,000.	.0			CULTURAL IDENTITY &
FFOUNDATION FOR THE PRESERVATION							FUNDS TO SUPPORT THE
OF THE MAHAYANA TRADITIONS - 1632							MAITREYA SCHOOL AND
S.E. 11TH AVENUE - PORTLAND, OR							SHAKYAMUNI BUDDHA CLINIC
97214	77-0221830	501 (C) 3	16,000.	0			AT THE ROOT INSTITUTE,
MERCY CORPS							FUNDS TO SEEK CREATIVE
45 S.W. ANKENY STREET							SOLUTIONS TO THE POVERTY
PORTLAND, OR 97204	91-1148123	501 (C) 3	15,000.	.0			AND HUNGER IN THE WORLD.
							THE AIM OF LARCHE IS TO
L'ARCHE USA							CREATE COMMUNITIES WHICH
1130 S.W. MORRISON STREET, SUITE 2.							WELCOME PEOPLE WHO HAVE
PORTLAND, OR 97205	91-1355711	501 (C) 3	13,500.	0			INTELLECTUAL
							CAF AMERICA IS A US
CHARITIES AID FOUNDATION AMERICA							501(C)(3) PUBLIC CHARITY
225 REINEKERS LANE, SUITE 375							WHOSE MISSION IS TO MAKE
ALEXANDRIA, VA 22314	43-1634280	501 (C) 3	12,125.	0.			GIVING INTERNATIONALLY
GLOBAL RESOURCE ALLIANCE							FUNDS TO HELP
963 OSO ROAD							IMPOVERISHED PEOPLE AND
OJAI, CA 93023	04-3677200	501 (C) 3	10,000.	0.			AID ORPHANS IN TANZANIA.
							FUNDING PROGRAMS FOR
AMERICAN SERVICE TO INDIA							SOCIAL & ECONOMIC
P.O. BOX 4796							DEVELOPMENT IN SOUTHERN
DIAMOND BAR, CA 91765	95-3675142	501 (C) 3	10,000.	.0			INDIA, THESE FUNDS WERE
							TO EDUCATE, EMPLOY AND
DESTINY REFLECTION USA							EMPOWER VULNERABLE
175 WILLOUGHBY STREET, APT 12B		<del></del>					CHILDREN AND WOMEN IN
BROOKLYN, NY 11021	81-5302197	501 (C) 3	8,000.	0.			KOLKATA SO THEY CAN AVOID
							DONATION TO HELP IN THE
PNR SOCIETY							RELIEF AND REHABILITATION
660 MONTROSE AVENUE				-			OF PEOPLE LIVING WITH
SOUTH PLAINFIELD, NJ 07080	47-2561404	501 (C) 3	8,000.	.0			DISABILITIES IN INDIA.
							Schodule I (Form 000)

Schedule I (Form 990)

Page 1	· 		   a` o	]	1				1		(066
31-1634639 Pa		(h) Purpose of grant or assistance	FUNDS TO CONSTRUCT WELL, LATRINES & HAND-WASHING STATIONS IN THE CONGO AFTER YEARS OF	5							Schedule I (Form 990)
	u=)	(g) Description of non-cash assistance									
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)									
	nited States (Sch	(e) Amount of non cash assistance	0.								
	izations in the U	(d) Amount of cash grant	5,450.								
	vernments and Organ	(c) IRC section if applicable	501 (C) 3								
UNDATION	Assistance to Go	(b) EIN	46-5236865								:
Schedule I (Form 990) SO HUM FOUNDATION	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	FRIENDS OF MINZOTO P.O. BOX 11814 PORTLAND, OR 97211								11000

SO HUM FOUNDATION

Page 2

31-1634639

Schedule I (Form 990) (2017) SO HUM FOUNDATION

[Part III] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

Schedule I (Form 990) (2017)

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING YOUTH WITH EDUCATIONAL

ENRICHMENT AND YOUTH DEVELOPMENT TO BECOME RESPONSIBLE ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: SPOON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING EFFORTS TO IMPROVE HEALTH

& NUTRITION OF CHILDREN LIVING IN ORPHANAGES & FOSTER CARE WORLDWIDE.

NAME OF ORGANIZATION OR GOVERNMENT: ARAVIND EYE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ARAVIND EYE FOUNDATION WAS

ESTABLISHED TO HELP ARAVIND EYE CARE SYSTEM SPREAD ITS MODEL OF HIGH

QUALITY, PATIENT-CENTRIC AND SUSTAINABLE EYE CARE TO INDIAS RURAL

NAME OF ORGANIZATION OR GOVERNMENT: SELF ENHANCEMENT INC.

POPULATIONS AND TO OTHER DEVELOPING COUNTRIES.

(H) PURPOSE OF GRANT OR ASSISTANCE: HELPING KIDS OF COLOR STAY IN SCHOOL, GRADUATE ON TIME & BECOME POSITIVE, CONTRIBUTING CITIZENS.

NAME OF ORGANIZATION OR GOVERNMENT: NOMAD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING OPPORTUNITIES FOR THE NOMADS OF NIGER WHILE PRESERVING THEIR CULTURAL IDENTITY & TRADITIONS

NAME OF ORGANIZATION OR GOVERNMENT:

FFOUNDATION FOR THE PRESERVATION OF THE MAHAYANA TRADITIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO SUPPORT THE MAITREYA SCHOOL

AND SHAKYAMUNI BUDDHA CLINIC AT THE ROOT INSTITUTE, BODHGAYA INDIA

NAME OF ORGANIZATION OR GOVERNMENT: L'ARCHE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE AIM OF LARCHE IS TO CREATE

COMMUNITIES WHICH WELCOME PEOPLE WHO HAVE INTELLECTUAL DISABILITIES. BY

THIS MEANS, LARCHE SEEKS TO RESPOND TO THE DISTRESS OF THOSE WHO ARE TOO

Schedule | (Form 990)

Part IV | Supplemental Information

OFTEN REJECTED AND TO GIVE THEM A VALID PLACE IN SOCIETY.

NAME OF ORGANIZATION OR GOVERNMENT: CHARITIES AID FOUNDATION AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAF AMERICA IS A US 501(C)(3) PUBLIC

CHARITY WHOSE MISSION IS TO MAKE GIVING INTERNATIONALLY AND DOMESTICALLY

SAFE, EASY, AND EFFECTIVE FOR US DONORS. THESE FUNDS WERE SENT TO: ANIMAL

CARE IN EGYPT, SANITATION FIRST AND THE DONKEY SANCTUARY - KENYA AND

INDIA

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN SERVICE TO INDIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING PROGRAMS FOR SOCIAL &

ECONOMIC DEVELOPMENT IN SOUTHERN INDIA. THESE FUNDS WERE SENT TO

ARUNACHALA VILLAGE SCHOOL AND RAY OF HOPE, TIRUVANNAMALAI

NAME OF ORGANIZATION OR GOVERNMENT: DESTINY REFLECTION USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, EMPLOY AND EMPOWER

VULNERABLE CHILDREN AND WOMEN IN KOLKATA SO THEY CAN AVOID SEXUAL

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF MINZOTO

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO CONSTRUCT WELL, LATRINES &
HAND-WASHING STATIONS IN THE CONGO AFTER YEARS OF DESTRUCTION BY THE
RESISTANCE.

EXPLOITATION

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

	SO HUM FOUND	MOITA			31-1	L6346	39	
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermının		:s
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles			<u></u>				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other	ļ		5.54 0.00				
15	Real estate - Residential	Х	1	561,000.	FMV			
16	Real estate · Commercial							
17	Real estate - Other				<del></del>			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				· · · · · · · · · · · · · · · · · · ·			
23	Scientific specimens		12.2					
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )	L						
29	Number of Forms 8283 received by the organia		•					
	for which the organization completed Form 82	83, Part IV, (	Donee Acknowledg	gement 29		T.		
00-	5 " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				1.00 #	<del>  Y</del>	es	No
30a	During the year, did the organization receive b	-	• • • • •					
	must hold for at least three years from the date		il contribution, and	which isn't required to be u	sea for		-	_ <b>X</b>
	exempt purposes for the entire holding period	?				30a	$\dashv$	
	If "Yes," describe the arrangement in Part II	م مارمان عام		af ami, mamakan dan dan dan da	4	-:		_x :
31	Does the organization have a gift acceptance p	-	-	· ·	tions?	31		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				v
	contributions?					32a	-	X
	If "Yes," describe in Part II	-1 7-3.4			_1			
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	скеа,		-	1
	describe in Part II						1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part		upple report	emei	n <b>tal I</b> Part I,	nforr	nation nation	n. Prov	vide the infor nber of contri	mation re	equired by Par the number o	t I, line f items	es 30b, 32b, and 33, and vereceived, or a combination	n of both Also complete
SCH	EDULE	Е М,	, P	ART	I,	COI	LUMN	(B):				<u></u>	1
THE	NUME	BER	IN	COI	LUM	1 B	REP	RESENTS	THE	NUMBER	OF	CONTRIBUTION	RECEIVED.
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## **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 31-1634639

SO HUM FOUNDATION

50 11011 1 0 0 11 p 11 1 2 0 11
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SO HUM FOUNDATION OPERATES FOR THE BENEFIT OF SEVA FOUNDATION, A
CALIFORNIA NONPROFIT CORPORATION, AND FOR THE BENEFIT OF ANY OTHER
501(C)(3) PUBLIC CHARITY ORGANIZATIONS THAT ARE PROPERLY DESIGNATED IN
THE FUTURE BY SO HUM FOUNDATION'S SUPPORTED ORGANIZATIONS. IN
FURTHERANCE THEREOF, SO HUM FOUNDATION SHALL FUND, DEVELOP, AND
ADMINISTER GRANTS, PROJECTS, AND ACTIVITIES FOR THE PROMOTION OF
WORLDWIDE HEALTH, EDUCATION, NUTRITION, ECONOMIC SUSTAINABILITY,
CULTURAL SURVIVAL, AND SOCIAL AND ECONOMIC JUSTICE.
COLIORAL BORVIVAL, AND BOCIAL AND ECONOMIC COLITCE.
FORM 990, PART VI, SECTION A, LINE 4:
SO HUM FOUNDATION AMENDED BOTH BYLAWS AND ARTICLES OF INCORPORATION.
50 HOM FOUNDATION AMENDED BOTH BILAWS AND ARTICLES OF INCORPORATION:
AND THE ADDITION OF THE
AMENDED ARTICLES OF INCORPORATION INCLUDES:
THE PURPOSE AND POWERS IN ARTICLE VI ARE GREATLY EXPANDED FROM OUR ORIGINAL
ARTICLES OF INCORPORATION, IN WHICH WE LISTED MORE SPECIFIC CHARITIES THAT
ALLOW US (BUT DOES NOT REQUIRE US) TO GIVE GRANTS TO THEM AS APPROPRIATE TO
OUR MISSION. ALL OF THE LISTED CHARITIES ARE ORGANIZATIONS WE KNOW WELL,
AND WITH WHOM WE HAVE HAD A LONG RELATIONSHIP.
WE ALSO CREATE THREE MORE GENERAL CATEGORIES OF ORGANIZATIONS WHERE WE
MIGHT GIVE GRANTS IN THE FUTURE (A, B AND C, BELOW THE LIST OF SPECIFIC
CHARITIES). THE THREE CATEGORIES, COVERING ENVIRONMENTAL PROTECTION OF THE
AMERICAN WEST, ANIMAL WELFARE IN THE AMERICAN WEST, AND SOCIAL/EDUCATIONAL
SERVICES TO COMMUNITIES IN THE CENTRAL OREGON COAST, REPRESENT AREAS OF

FOCUS FOR SO HUM WHICH HAVE EXPANDED OVER THE LAST FIVE YEARS

(ENVIRONMENTAL AND ANIMAL WELFARE) AS WELL AS UNDERREPRESENTED AREAS OF
FOCUS (COMMUNITY WELFARE IN THE CENTRAL OREGON COAST). THE INCLUSION OF
THESE CATEGORIES IN NO WAY BINDS US, BUT GIVES US THE FREEDOM TO EXPAND OUR
GIVING IN THESE AREAS, SHOULD WE DECIDE TO DO SO.

WE ADDED A NEW SECTION ARTICLE X: LIMITS ON INFLUENCE OF LEGISLATION AND
POLITICAL ACTIVITIES, THAT NOTWITHSTANDING ANY OTHER PROVISION OF THESE
ARTICLES OF INCORPORATION, NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE
CORPORATION SHALL INCLUDE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE
ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT
PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION
OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY
CANDIDATE FOR PUBLIC OFFICE.

#### AMENDED BYLAWS INCLUDES:

ACKNOWLEDGES THE OTHER ORGANIZATIONS, LISTED IN OUR ARTICLES OF INCORPORATION, THAT WE PLAN TO SUPPORT. WE CLEARLY STATE GUIDELINES FOR BOARD MEETINGS AND GOVERNANCE, NOT PRESENT IN THE OLD BYLAWS. TO COMPLY WITH THE FOUR YEARLY MEETINGS REQUIREMENT WE CAN CONDUCT OUR ANNUAL MEETING AS USUAL WITH THE ENTIRE BOARD, AND CREATE A SMALLER EXECUTIVE COMMITTEE WHO WILL MEET BY PHONE THREE TIMES A YEAR. THE EXECUTIVE COMMITTEE WILL THEN REPORT BY EMAIL TO THE ENTIRE BOARD SO THAT EVERYONE IS UP TO DATE. THE BOARD OF DIRECTORS WILL CONSIST OF NO FEWER THAN THREE AND NO MORE THAN TEN DIRECTORS. DIRECTORS WILL SERVE ONE-YEAR TERMS. HOWEVER, UNLESS THEY FORMALLY RESIGN OR ARE REMOVED FROM OFFICE, DIRECTORS WILL REMAIN IN OFFICE UNTIL THEIR SUCCESSORS ARE PROPERLY ELECTED, DESIGNATED, OR APPOINTED. THERE IS NO LIMIT TO THE NUMBER OF TERMS, SUCCESSIVE OR OTHERWISE, A THE DIRECTORS MUST DILIGENTLY AND CONSCIENTIOUSLY DIRECTOR MAY SERVE.

ATTEMPT TO MAKE DECISIONS BY CONSENSUS AND GIVE CAREFUL CONSIDERATION TO MINORITY VIEWS. WHEN A CONSENSUS APPARENTLY CANNOT BE ACHIEVED, ANY DIRECTOR MAY REQUEST AND REQUIRE THAT A VOTE BE TAKEN INSTEAD. ALL DECISIONS REQUIRE A CLEARLY STATED MOTION, A SECOND, AND A VOTE THAT MUST BE RECORDED IN THE WRITTEN MINUTES. EACH MEMBER OF THE BOARD OF DIRECTORS WILL HAVE ONE VOTE. NO VOTING BY PROXY IS ALLOWED AT ANY MEETING OF THE BOARD OF DIRECTORS OR AS PART OF REACHING ANY DECISION OF THE BOARD. THE OFFICERS OF SO HUM FOUNDATION WILL BE ELECTED FOR A ONE YEAR TERM BY THE BOARD OF DIRECTORS. THERE IS NO LIMIT TO THE NUMBER OF TERMS, SUCCESSIVE OR OTHERWISE, AN OFFICER MAY SERVE. THE EXECUTIVE DIRECTOR OR OTHER STAFF MAY BE APPOINTED OR EMPLOYED BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS.

WE ADDED A WHOLE NEW SECTION ABOUT COMMITTES IN ARTICLE V.

THE BOARD OF DIRECTORS MAY ESTABLISH ANY COMMITTEE, INCLUDING STANDING

COMMITTEES OR TEMPORARY COMMITTEES, BY A RESOLUTION OF THE BOARD. AN

EXECUTIVE COMMITTEE OF THE BOARD IS TO MAKE DECISIONS AS DEEMED NECESSARY

BETWEEN MEETINGS OF THE FULL BOARD, AND MAY DELEGATE TO THE EXECUTIVE

COMMITTEE THE POWER OF THE BOARD TO AUTHORIZE EXPENDITURES AND AMENDMENTS

TO BUDGETS, SET POLICIES, AND AUTHORIZE PROGRAMS OR ACTIVITIES. AN

FINANCIAL OVERSIGHT COMMITTEE RESPONSIBLE FOR OVERSEEING THE ORGANIZATION'S

FINANCIAL TRANSACTIONS AND THE IMPLEMENTATION OF THE ORGANIZATION'S

FINANCIAL POLICIES. COMMITTEES' POWERS ARE LIMITED.

WE ADDED A WHOLE NEW SECTION ABOUT THE FOREIGN ACTIVITIES IN ARTICLE VI,

WHICH PROVIDES MORE SPECIFIC RULES AND GUIDELINES FOR THE BOARD OF MAKING

DECISIONS OF GRANTS AND CONTRIBUTIONS TO ORGANIZATIONS LOCATED IN FOREIGN
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

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.

2017 Open to Public 1 Inspection

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Department of the Treasury Internal Revenue Service

SO HUM FOUNDATION

Employer identification number 31-1634639

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

		ı	,	l			1	1		,
<b>(£)</b>	Direct controlling entrty				,					
(e)	End-of-year assets									
( <del>Q</del>	Total income								-	
(0)	Legal domicile (state or foreign country)									
(q)	Primary activity									
(a)	Name, address, and EIN (if applicable) of disregarded entity									

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 Part II

(a)	(b)	(0)	( <del>g</del>	(e)	(J)	(6) (6)	10,470
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	z(c) ( c)
of related organization		foreign country)	section	status (if section	entity	entity?	6
				501(c)(3))		Yes	N <sub>o</sub>
SEVA FOUNDATION - 38-2231279							
1786 FIFTH STREET	ALLEVIATE SUPPERING CAUSED						
BERKELEY, CA 94710	BY DISEASE AND POVERTY	CALIFORNIA	501(C)(3)	LINB 7	N/A		×
ADVAITA SOCIETY (SRI RAMA FOUNDATION) -	PROVIDE SUPPORT,						
51-0174677, P.O. BOX 2550, SANTA CRUZ, CA	SUSTENANCE AND EDUCATION		,				
95063	OF 70 HOMELESS CHILDREN IN CALIFORNIA	CALIFORNIA	501(c)(3)	LINE 10	N/A		×
AMERICAN INDIAN COLLEGE FUND - 52-1573446	INVESTS IN NATIVE STUDENTS						
8333 GREENWOOD BOULEVARD	AND TRIBAL COLLEGE						
DENVER, CO 80221	EDUCATION	соговадо	501(C)(3)	LINE 7	N/A		×
AMERICAN SERVICE TO INDIA MEDICAL AND	FUNDING PROGRAMS FOR						
EDUCATIONAL FOUNDATIONS - 95-3675142, P.O.	SOCIAL & ECONOMIC						
BOX 4796, DIAMOND BAR, CA 91765	DEVELOPMENT IN SOUTHERN	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 9	ins for Form 990.				Schedule R (Form 990) 2017	Form 990	) 2017

SEE PART VII FOR CONTINUATIONS

732161 09-11-17 LHA

31-1634639

Page 2

Schedule R (Form 990) 2017 SO HUM FOUNDATION

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

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	( <del>L</del> )	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from fax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or P managing partner?	General or Percentage managing ownership partner?
		Ioreign country)		sections 512-514)		dssets	Yes No	K-1 (Form 1065)	Yes No	
	1									
	,									
	<b>T</b>									
	<u></u>									
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	rganizations Taxable	as a Corpo	pration or Trust. Co	mplete if the organizati	on answered "Yes	s" on Form 990, P.	art IV, line 34	t, because it had c	ne or m	ore related

organizations treated as a corporation or trust during the tax year

(a)	<b>(</b> 2)	<u>©</u>	(Đ	(e)		( <del>6</del> )	Ξ	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Legal domicile Direct controlling (state or focus of focus or focu	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	5 12(b)(13) controlled	₹ <u>წ</u> .შ°
		country)		or trust)		assets	.1 -	Yes	2
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	r <del>-</del>								
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	:								
732162 09-11-17		09				Sche	Schedule R (Form 990) 2017	2 (ספפ ר	2017

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λį			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				٩		×
				2	T	
f Dividends from related organization(s)				+		_ ;×
					†	: ;
				- fi	1	\ ا
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				ï		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>	1	×
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)			Ę		×
	tion(s)			Ę		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
				í	,	
p Reimbursement paid to related organization(s) for expenses				<u></u>		×
q Reimbursement paid by related organization(s) for expenses				ā		×
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				<b>=</b>		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his 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	volved		
(E)						
(6)						
(4)						
(5)						
(0)	61		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 /1	8	1
732163 09-11-17	d o		Schedule	Schedule R (Form 990) 2017	990)	201/

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

Primary activity	Legal domicile (state or foreign country)	(a) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs 7	(f) Share of total Income	(g) Share of end of-year assets	Disproportionale allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-I form 10R5)	General of managing partner?	(k) Percentage ownership
			S.					S S S S S S S S S S S S S S S S S S S	
	·								

EXCEED ENTERPRISES

DEVELOPMENTAL DISABILITIES.

PRIMARY ACTIVITY: IMPROVING THE QUALITY OF LIFE FOR ADULTS WITH

Schedule R (Form 990) 2017

PRIMARY ACTIVITY: PRESERVE THE CULTURAL, RELIGIOUS & NATIONAL IDENTITY OF

732165 09-11-17

Schedule R (Form 990) 2017 SO HUM FOUNDATION	31-1634639	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
THE TIBETAN PEOPLE		
NAME OF DELAMED OPCANTAATION.		
NAME OF RELATED ORGANIZATION:		
TIBETAN AID FOUNDATION		
TIPBITIAN TO CONDITION		
PRIMARY ACTIVITY: SUPPORTING HEALTH CARE CLINICS & EDUCATION	NAL	
No. 10.40		
OPPORTUNITIES IN RURAL TIBET		
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Part II Continuation of Identification of Related Tax-Exempt Organizations

	-				•		
(a)	(q)	(0)	(p)	(e)	£	(g) Section 5 (20) (13)	5K133
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	î T
of related organization		foreign country)	section	status (if section	entrty	jza	nn?
				((c)(a))		Yes	٥ ا
IND EYE FOUNDATION - 38-							
447 EAST 57TH STREET, FLOOR 7	TO SPREAD EYE CARE TO						
NEW YORK, NY 10022	INDIAS RURAL POPULATIONS	NEW YORK	501(C)(3)	LINE 7	N/A	^	×
ARLINGTON ACADEMY OF HOPE INC 20-2089837	TO IMPROVE THE QUALITY OF						
P.O. BOX 7694	COMMUNITIES IN RURAL						
ARLINGTON, VA 22207	DGANDA DAILY LIVES	VIRGINIA	501(C)(3)	LINE 7	N/A	_	×
BLANCHETT HOUSE OF HOSPITALITY - 93-6031009							
310 N.W. GLISAN STREET	TO OFFER FOOD, SHELTER AND						
PORTLAND, OR 97209	AID	OREGON	501(C)(3)	LINE 7	N/A	_	×
BOYS & GIRLS AID SOCIETY OF OREGON -	FUNDING TO PROVIDE						
93-0386791, 018 S.W. BOUNDARY COURT,	POSITIVE RELATIONSHIPS						
PORTLAND, OR 97239	WITH CARING ADULT	OREGON	501(C)(3)	LINE 7	N/A	7	×
CARAVAN TO CLASS - 27-1885332	TO BRING EDUCATION TO THE						
1001 BRIDGEWAY #730	PABLED TIMBUKTU, MALI,						
SAUSALITO, CA 94965	VILLAGE BY VILLAGE	CALIFORNIA	501(C)(3)	LINE 10	N/A	_	×
CEASEFIRE OREGON EDUCATION FOUNDATION -	TO PROMOTE EDUCATING						
93-1229564, P.O. BOX 91155, PORTLAND, OR	COMMUNITIES ABOUT GUN						
97291	VIOLENCE	OREGON	501(C)(3)	LINE 7	N/A	7	×
CENTER FOR REDUCTION OF RELIGIOUS BASED	TO REDUCE & SUBSTANTIALLY						
CONFLICT - 65-6319302, 649 FIFTH AVENUE,	ELIMINATE RELIGIIOUS BASED						
SUITE 201, NAPLES, FL 34102	CONFLICTS IN THE WORLD	FLORIDA	501(C)(3)	LINE 7	N/A	7	×
CENTRAL ASIA INSTITUTE - 51-0376237	TO EMPOWER COMMUNITIES OF						
P.O. BOX 7209	CENTRAL ASIA THROUGH						
BOZEMAN, MT 59771	LITERACY AND EDUCATION	MONTANA	501(C)(3)	LINE 7	N/A		×
CENTRAL CITY CONCERN - 93-0728816	PROVIDES COMPREHENSIVE						
232 N.W. 6TH AVENUE	SOLUTIONS TO ENDING						
PORTLAND, OR 97209	HOMELESSNESS	DREGON	501(C)(3)	LINE 7	N/A	7	×
DOCTORS WITHOUT BORDERS - 13-3433452	DELIVERING EMERGENCY						
40 RECTOR STREET, 16TH FLOOR	MEDICAL CARE IN PLACES						
NEW YORK, NY 10001	AFTER REBEL & GOV'T	NEW YORK	501(C)(3)	LINE 7	N/A		X
EXCEED ENTERPRISES - 23-7017274	IMPROVING THE QUALITY OF						
5285 S.E. MALLARD WAY	LIFE FOR ADULTS WITH						
MILWAUKIE, OR 97222	DEVELOPMENTAL	OREGON	501(C)(3)	LINE 7	N/A		×
FARM SANCTUARY INC 51-0292919	TO HELP END FARM ANIMAL						
P.O. BOX 150	ABUSE THROUGH VARIOUS						
WATKINS GLEN, NY 14891	EDUCATIONAL PROGRAMS	NEW YORK	501(C)(3)	LINE 7	N/A		×

SO HUM FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(e)	(q)	(c)	(g)	(e)	£	(6)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)	(c) (a) eq
of related organization		foreign country)	section	status (if section	entity	organization?	ion?
				501(c)(3))		Yes	٥ ٧
FOUNDATION FOR THE PRESERVATION OF THE	TO SUPPORT THE MAITREYA						
MAHAYANA TRADITION - 77-0221830, 1632 S.E.	SCHOOL AND SHAKYAMUNI						
11TH AVENUE, PORTLAND, OR 97214	BUDDHA CLINIC	OREGON	501(C)(3)	LINE 1	N/A		×
FRIENDS OF LINCOLN COUNTY ANIMALS INC	SUPPORT HEALTH AND						
27-0177878, P.O. BOX 2264, NEWPORT, OR	WELL-BEING OF DOMESTICATED						
97365	ANIMALS	OREGON	501(C)(3)	LINE 10	N/A		×
FRIENDS OF MINZOTO - 46-5236865	TO CONSTRUCT WELL,						
P.O. BOX 11814	LATRINES & HAND-WASHING						
PORTLAND, OR 97211	STATIONS IN THE CONGO	OREGON	501(C)(3)	LINE 7	N/A		×
FRIENDS OF THE CHILDREN - 93-1098105	FUNDING TO TRANSFORM THE						
44 N.E. MORRIS STREET	LIVES OF PORTLANDS MOST						
PORTLAND, OR 97212	VULNERABLE CHILDEN.	DREGON	501(C)(3)	LINE 7	N/A		×
FRIENDS OF THE COLUMBIA RIVER GORGE -	FUNDING TO PRESERVE THE						
93-0782467, 333 S.W. 5TH AVENUE, SUITE 300,	BEAUTY OF THE GORGE						
PORTLAND, OR 97204	THROUGH CONSERVATION	DREGON	501(C)(3)	LINE 7	N/A		×
FRIENDS OF TILONIA INC 11-3569536	TO CREATE OPPORTUNITIES						
134 LINCOLN PLACE NO 2	FOR WOMEN AND GIRLS IN					•	
BROOKLYN, NY 11217	RURAL INDIA AND WORLD-WIDE	NEW YORK	501(C)(3)	LINE 10	N/A		×
FRIENDS OF TREES - 93-099999	FUNDS TO SUPPORT						
3117 N.E. MARTIN LUTHER KING, JR. BLVD.	STEWARDSHIP THROUGH TREE						
PORTLAND, OR 97212	PLANTINGS AND HABITAT	DREGON	501(C)(3)	LINE 7	N/A		×
GLOBAL RESOURCE ALLIANCE - 04-3677200	FUNDS TO HELP IMPOVERISHED						
963 OSO ROAD	PEOPLE AND AID ORPHANS IN						
OJAI, CA 93023	TANZANIA.	CALIFORNIA	501(C)(3)	LINE 10	N/A		×
GREEN EMPOWERMENT - 93-1230409	TO EMPOWER IMPOVERISHED						
140 S.W. YAMHILL STREET	COMMUNITIES TO EMBRACE						
PORTLAND, OR 97204	RENEWABLE ENERGY	OREGON	501(C)(3)	LINE 7	N/A		×
GREEN VILLAGE SCHOOLS - 06-1670156	FUNDS TO REBUILD SCHOOLS &						
P.O. BOX 80061	ASSIST IN THE EDUCATIONAL						
PORTLAND, OR 97280	NEEDS IN AFGANISTAN	OREGON	501(C)(3)	LINE 7	N/A		×
HABITAT FOR HUMANITY INTERNATIONAL INC	TO HELP ELIMINATE PROVERTY						
91-1914868, 270 PEACHTREE STREET, SUITE	HOUSING BY BUILDING						
1300, ATLANTA, GA 30303	AFFORDABLE HOMES	GEORGIA	501(C)(3)	LINE 7	N/A		×
HELP OF OJAI - 95-2872549	FUNDS TO HELP THE						
P.O. BOX 621	UNEMPLOYED, HOMELESS						
OJAI, CA 93024	INDIVIDUALS AND FAMILIES.	CALIFORNIA	501(C)(3)	LINE 7	N/A		×

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(P)	(e)	<b>(</b> )	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	(EL)(q);
of related organization		foreign country)	section	status (if section	entity	organization?	on?
				501(c)(3))		Yes	٥ ۷
HUMAN KINDNESS FOUNDATION - 56-1558751	FUNDS TO PROVIDE						
P.O. BOX 61619	MINISTRIES IN PRISON						
DURHAM, NC 27715	INSTITUTIONS.	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		×
HUMANE SOCIETY OF VENTURA COUNTY -	TO PROTECT OF ALL ANIMALS						!
95-2272598, 402 BRYANT STREET, OJAI, CA	THROUGH EDUCATION AND						
97023	COMMUNITY OUTREACH	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
IN DEFENSE OF ANIMALS - 68-0008936	TO END ANIMAL						
3010 KERNER BOULEVARD	EXPLOITATION, CRUELTY, AND			·			
SAN RAFAEL, CA 94901	ABUSE	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
INTERNATIONAL COMMISSION ON VIOLENCE AGAINST							
WOMEN AND GIRLS - 47-3272024, 152 WOBURN	TO PREVENT VIOLENCE						
STREET, LEXINGTON, MA 02420	AGAINST WOMEN AND GIRLS	MASSACHUSETTS	501(C)(3)	LINE 7	N/A		×
JANE GOODALL INSTITUTE - 94-2474731	FUNDS FOR CHIMPANZEE						
1595 SPRING HILL ROAD, SUITE 550	REHABILITATION CENTER IN						
VIENNA, VA 22182	DGANDA	VIRGINIA	501(C)(3)	LINE 7	N/A	-	×
L'ARCHE USA - 91-1355711	TO CREATE COMMUNITIES FOR						
1130 S.W. MORRISON STREET, SUITE 230	PEOPLE WHO HAVE						
PORTLAND, OR 97205	INTELLECTUAL DISABILITIES.	OREGON	501(C)(3)	LINE 7	N/A		×
LINN BENTON FOOD SHARE - 93-1099406	HELP DISTRIBUTE FOOD TO						
545 S.W. 2ND STREET, SUITE A	THOSE WHO NEED IT MOST IN						
CORVALLIS, OR 97333	LINN AND BENTON COUNTIES	OREGON	501(C)(3)	LINE 7	N/A		×
LIVING DHARMA - 93-1166811							
1221 S.W. 10TH AVENUE	FUND TO HELP TEACH THE			-			
PORTLAND, OR 97205	ESSENCE OF SPIRITUALLY.	DREGON	501(C)(3)	LINE 10	N/A		×
LIVING EARTH - 93-1331068	FUNDING COMPASSIONATE						
P.O. BOX 86960	SERVICES IN HOSPICE CARE,						
PORTLAND, OR 97286	PRISON WORK & AIDS WORK.	OREGON	501(C)(3)	LINE 10	N/A		×
LIVING YOGA - 74-3103432	TO CHANGE LIVES BY						
5100 S.W. MACADAM AVENUE, #360	FOSTERING HEALING AND						
PORTLAND, OR 97239	RESILIENCE IN VULNERABLE	DREGON	501(C)(3)	LINE 7	N/A		×
LOVE SERVE REMEMBER FOUNDATION - 80-0308502	FUNDS TO PRESERVE RAM DASS						
2355 WESTWOOD BOULEVARD, #130	TEACHINGS AND MAKE THEM						
LOS ANGELES, CA 90064	MORE ACCESSIBLE TO ALL	CALIFORNIA	501(C)(3)	LINE 10	N/A		X
MEALS ON WHEELS PEOPLE INC 93-0584318	FUNDING TO PROVIDE						
P.O. BOX 19477	NUTRITIONAL NEEDS FOR		.,,				
PORTLAND, OR 97280	SENIORS.	DREGON	501(C)(3)	LINE 7	N/A	_	×

Schedule R (Form 990) SO HUM FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	(p)	(e)	(J)	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
MEDICAL TEAMS INTERNATIONAL - 93-0878944	FOR MEDICAL, DENTAL &					╁╌
P.O. BOX 10	SUPPORT VOLUNTEERS TO					
PORTLAND, OR 97207	PLACES AROUND THE WORLD	DREGON	501(C)(3)	LINE 10	N/A	×
MERCY CORPS INTERNATIONAL - 91-1148123	FUNDS TO SEEK CREATIVE					
45 S.W. ANKENY STREET	SOLUTIONS TO THE POVERTY					
PORTLAND, OR 97204	AND HUNGER IN THE WORLD.	DREGON	501(C)(3)	LINE 7	N/A	×
MORRISON CHILD AND PAMILY SERVICES -						
93-0354176, 11035 N.E. SANDY BOULEVARD,	PUNDS TO PROVIDE CHILDREN					
PORTLAND, OR 97220	THEIR ESSENTIAL NEEDS.	OREGON	501(C)(3)	LINE 7	N/A	×
NATURE CONSERVANCY - 53-0242652	TO HELP MANAGE 49 NATURE					
4245 N. PAIRPAX DRIVE, SUITE 100	PRESERVES AND 500,000					
ARLINGTON, VA 22203	ACRES OF IMPORTANT HABITAT	VIRGINIA	501(C)(3)	LINE 7	N/A	×
NEIGHBORS FOR KIDS - 93-1262846	PROVIDING YOUTH WITH					
P.O. BOX 942	EDUCATIONAL ENRICHMENT TO					
DEPOE BAY, OR 97341	BECOME RESPONSIBLE ADULTS	DREGON	501(C)(3)	LINE 10	N/A	×
NOMAD FOUNDATION - 20-8170046						
307 E. OJAI AVENUE, #103	ENHANCING OPPORTUNITIES					
OJAI, CA 93023	FOR THE NOMADS OF NIGER	CALIFORNIA	501(C)(3)	LINE 7	N/A	×
ONE THOUSAND FRIENDS OF OREGON - 93-0642086	FUNDING TO PRESERVE THE					
P.O. BOX 40367	CONTINUED LIVABILITY OF					
PORTLAND, OR 97240	DREGON.	DREGON	501(C)(3)	LINE 7	N/A	×
OPAL CREEK ANCIENT FOREST CENTER -						
94-3112973, 721 N.W. 9TH AVENUE, SUITE 236,	TO PROVIDE HANDS-ON					
PORTLAND, OR 97209	LEARNING IN THE OUTDOORS	OREGON	501(C)(3)	LINE 10	N/A	×
OREGON COAST AQUARIUM - 93-0877807	TO INSPIRE THE PUBLIC TO					
2820 S.E. FERRY SLIP ROAD	UNDERSTAND & CONSERVE					
NEWPORT, OR 97365	MARINE & COASTAL	OREGON	501(C)(3)	LINE 7	N/A	×
OREGON COMMUNITY FOUNDATION - 23-7315673	HELP DISTRIBUTION OF THE					
1221 S.W. YAMHILL STREET, SUITE 100	ETD JONES SCHOLARSHIP					
PORTLAND, OR 97205	PROGRAM FOR YOUTH OF COLOR	DREGON	501(C)(3)	LINE 8	N/A	×
OREGON FOOD BANK - 93-0785786	PROVIDE NUTRITIONAL NEEDS					
7900 N.B. 33RD DRIVE	FOR THE LESS FORTUNATE					
PORTLAND, OR 97211	AND/OR FAMILIES IN NEED	OREGON	501(C)(3)	LINE 7	N/A	X
OREGON HUMANE SOCIETY - 93-0386880	PROMOTE ANIMAL WELFARE,					
1067 N.E. COLUMBIA BOULEVARD	SHELTER AND TREAT ABUSED					-
PORTLAND, OR 97211	AND NEGLECTED ANIMALS	OREGON	501(C)(3)	LINE 7	N/A	×

Schedule R (Form 990) SO HUM FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(a)	(q)	(0)	(g	(e)	ε	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led led
of related organization		foreign country)	section	status (if section	entrty	organization?	tion?
				((c)(c)(nc		Yes	٥ ا
OREGON SHORES CONSERVATION COALITION -	FUNDS TO MAINTAIN THE						
93-0952202, P.O. BOX 33, SEAL ROCK, OR	BEAUTIFUL OREGON COAST AND						
97376	RESOURCES.	OREGON	501(C)(3)	LINE 10	N/A		×
OUTSIDE IN - 93-0567549	HELP PEOPLE BECOME						
1132 S.W. 13TH AVENUE	HEALTHY, SELF-EFFICIENT			-			
PORTLAND, OR 97205	AND BUILD JOB SKILLS	OREGON	501(C)(3)	LINE 7	N/A		×
POLLINATOR PARTNERSHIP - 94-3283967	CHANGING OUR LANDSCAPE, IN						
423 WASHINGTON STREET, 5TH FLOOR	POLICY, IN OUTREACH, IN						
SAN FRANCISCO, CA 94111	EDUCATION & IN SCIENCE	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
PORTLAND AUDUBON SOCIETY - 93-6026088	DEDICATED TO WILDLIFE					-	
5151 N.W. CORNELL ROAD	CONSERVANCY IN PORTLAND,						
PORTLAND, OR 97210	OREGON	DREGON	501(C)(3)	LINE 7	N/A		×
POWER OF HOPE - 46-0468164	UNLEASING POSITIVE						
P.O. BOX 1481	POTENTIAL OF YOUTH THRU						
LANGLEY, WA 98260	MULTICULTURAL LEARNING	WASHINGTON	501(C)(3)	LINE 10	N/A		×
PROJECT AVARY INC 68-0433289	FUNDS TO IMPROVE LIFE						
P.O. BOX 150088	DUTCOMES FOR CHILDREN WITH						
SAN RAFAEL, CA 94915	PARENTS IN PRISON.	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
SACRED VALLEY PROJECT INC 27-1185258	FUNDS TO PROVIDE ACCESS TO						
33 STEPHEN STREET	EDUCATION FOR THE YOUNG						
MONTCLAIR, NJ 07042	WOMEN OF SOUTHERN PERU	NEW JERSEY	501(C)(3)	LINE 7	N/A		×
SELF ENHANCEMENT INC 93-1086629	HELPING KIDS OF COLOR STAY						
3920 N. KERBY AVENUE	IN SCHOOL, GRADUATE ON						
PORTLAND, OR 97227	TIME	DREGON	501(C)(3)	LINE 7	N/A	•	×
SHILOH CHARITABLE TRUST - 20-5665871	HELP RESCUE ABUSED,						
777 EAST QUARTZ, #9005	UNWANTED, NEGLECTED &						
SANDY VALLEY, NV 89019	SLAUGHTER BOUND HORSES	NEVADA	501(C)(3)	LINE 7	N/A		×
SIGHTLINE INSTITUTE - 52-1833599	FUNDING TO PUT SMART						
1402 3RD AVENUE, SUITE 500	POLICY SOLUTIONS IN THE						
SEATTLE, WA 98101	HANDS OF DECISION MAKERS.	WASHINGTON	501(C)(3)	LINE 7	N/A		×
SOCIAL VENTURE PARTNERS PORTLAND -	SUPPORT OF ENGAGED DONORS						
93-1310734, 308 S.W. FIRST AVENUE, SUITE	WHO GIVE BACK TO THE						
158, PORTLAND, OR 97204	-	OREGON	501(C)(3)	LINE 7	N/A		×
SPOON FOUNDATION - 26-0712302	IMPROVE HEALTH & NUTRITION						
135 S.E. MAIN STREET, SUITE 201	OF CHILDREN LIVING IN						
PORTLAND, OR 97214	DRPHANAGES & FOSTER CARE	OREGON	501(C)(3)	LINE 7	N/A		×

Schedule R (Form 990) SO HUM FOUNDATION

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(e)	(a) -	(2)	(c)	(a)	E)	(g) Section 5 (2(b)(13)	(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	on o
STAND FOR CHILDREN LEADERSHIP CENTER -	SUPPORT CHILD ADVOCACY					╁	
52-1957214, 2121 S.W. BROADWAY SUITE 111,	THROUGH TRAINING AND						
PORTLAND, OR 97201	SUPPORTING PARENTS AND	OREGON	501(C)(3)	LINE 7	N/A		×
TIBET FUND - 13-3115145	PRESERVE THE CULTURAL,						
241 EAST 32ND STREET	RELIGIOUS & NATIONAL						
NEW YORK, NY 10016	IDENTITY OF THE TIBETAN	NEW YORK	501(C)(3)	LINE 7	N/A		×
TIBETAN AID FOUNDATION - 20-1551273	SUPPORTING HEALTH CARE						
P.O. BOX 1112	CLINICS & EDUCATIONAL						
OJAI, CA 93024	OPPORTUNITIES IN RURAL	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
TRACK TWO - 94-3191340	FUNDING TO ASSIST RUSSIAN						
90 THROCKMORTON AVENUE, SUITE 27	IMMIGRANTS TO UNDERSTAND						
MILL VALLEY, CA 94941	AMERICAN CULTURE	CALIFORNIA	501(C)(3)	LINE 10	N/A		×
TRILLIUM FAMILY SERVICES - 93-0386966	PROVIDING MENTAL &						
3415 S.E. POWELL BOULEVARD	BEHAVIORAL HEALTHCARE FOR						
PORTLAND, OR 97202	CHILDREN/FAMILIES.	DREGON	501(C)(3)	LINE 7	N/A		×
VITAMIN ANGEL ALLIANCE INC 77-0485881							
P.O. BOX 4490	PROVIDING VITAMINS FOR A						
SANTA BARBARA, CA 93140	CHILD AT RISK WORLDWIDE	CALIFORNIA	501(C)(3)	LINE 7	N/A		×
WILDLIFE CONSERVATION SOCIETY - 13-1740011	PROVIDE COMPREHENSIVE						
2300 SOUTHERN BOULEVARD	EFFORTS TO SAVE ENDAGERED						
BRONX, NY 10460	SPECIES AND WILD PLACES	NEW YORK	501(C)(3)	LINE 7	N/A		×
WINNARAINBOW INC 94-2869998	TO PRESERVE AND						
P.O. BOX 1359	DISSEMINATE CIRCUS						
LAYTONVILLE, CA 95454	FOLKLORE AND ARTS	CALIFORNIA	501(C)(3)	LINE 10	N/A		×
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