

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343 0047
2023
Open to Public
Inspection

Α	For the	e 2023 calendar year, or tax year beginning Ju	JL 1, 2023 and	ending J	UN 30, 2024			
	Check if applicable	C Name of organization HUMBOLDT STATE UNIVERSITY CENTER			D Employer	identific	ation number	
	Addre:	SS BOARD OF DIRECTORS						
F	Name chang	TITIMDOLDE CENTER III	NIVERSITY CENTER		94-16	27074		
F	Initial return		<u> </u>					
F	Final	1 HARPST STREET	E Telephone					
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	s \$	638,028.	
	Ameno				H(a) Is this a			
F	Applic	F Name and address of principal officer: WEND	/ SOTOMAYOR		for subo	• .		
	pendir	1 HARPST STREET, ARCATA, CA 95521					cluded? Yes No	
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	<b>⊣</b> `´		list. See instructions	
	Websit		,		H(c) Group e			
			sociation Other	<b>L</b> Year	of formation: 19		State of legal domicile: CA	
	art I				-		<u> </u>	
	1	Briefly describe the organization's mission or most	significant activities: TO ADV.	ANCE THE	ACTIVITIES			
Governance		ESSENTIAL AND INTEGRAL TO THE EDUCATION						
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its	s net ass	ets.	
Š	3	Number of voting members of the governing body				1 - 1	6	
		Number of independent voting members of the gov					4	
Activities &	5	Total number of individuals employed in calendar y					0	
Ę.	6	Total number of volunteers (estimate if necessary)					4	
Ęį	7 a	Total unrelated business revenue from Part VIII, co					0.	
ď	Ь	Net unrelated business taxable income from Form					0.	
					Prior Year		Current Year	
4	8	Contributions and grants (Part VIII, line 1h)				0.	0.	
ne	9	D ' 'D 'L' ''' ' ' ' '				508.	3,478.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			26	7,982.	634,550.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				5,037.	0.	
	1	Total revenue - add lines 8 through 11 (must equal			574	1,527.	638,028.	
		Grants and similar amounts paid (Part IX, column (			10	0,000.	10,000.	
	1	Benefits paid to or for members (Part IX, column (A				0.	0.	
G	45	Salaries, other compensation, employee benefits (F			-	1,292.	3,328,602.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				0.	0.	
per	. в	Total fundraising expenses (Part IX, column (D), line		0.				
ы	17	Other expenses (Part IX, column (A), lines 11a-11d,			163	3,287.	154,973.	
	1	Total expenses. Add lines 13-17 (must equal Part I)			174	1,579.	3,493,575.	
	1	Revenue less expenses. Subtract line 18 from line			399	9,948.	-2,855,547.	
- Jo	3	•		Ве	ginning of Curre		End of Year	
ets	20	Total assets (Part X, line 16)			8,996	5,856.	8,797,146.	
Ass	21	Total liabilities (Part X, line 26)			1,931	1,649.	4,353,266.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		7,065	5,207.	4,443,880.	
Pi	art II	Signature Block		•		•		
Und	ler pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and statem	ents, and to the b	est of my	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowled	ge.		
Sig	n	Signature of officer			Date			
Hei		WENDY SOTOMAYOR, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Pai	d	WENDY CAMPOS	WENDY CAMPOS	1	1/04/24	if self-employe	d P00448102	
Pre	parer	Firm's name MOSS ADAMS LLP			Firm's	EIN S	91-0189318	
Use	Only	Firm's address 805 SW BROADWAY STE 1400						
		PORTLAND, OR 97205			Phone	<sub>no.</sub> 503-	-242-1447	
Ma	y the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No	
		Paperwork Reduction Act Notice, see the separ		2-21-23			Form <b>990</b> (2023)	

Pa	statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO ADVANCE THE ACTIVITIES ESSENTIAL AND INTEGRAL TO THE EDUCATIONAL	
	PURPOSE OF THE CAL POLY HUMBOLDT UNIVERSITY, THE CENTER SUPPORTS	
	STUDENT UNION PROGRAMS, WHICH INCLUDES THE PAYMENT OF ONGOING PERSONNEL COSTS IN SUPPORT OF STUDENT UNION PROGRAMS AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990·EZ?  If "Yes," describe these new services on Schedule O.	Tes A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	tai experises, and
 4а	(Code:) (Expenses \$ 3,338,602. including grants of \$ 10,000. ) (Revenue \$	3,478.)
-14	GENERAL OPERATIONS AND BUSINESS SERVICES.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 3,338,602.	,
		Form <b>990</b> (2023)

## 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		<del>"</del>		<del></del>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	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	110		<del></del>
C				x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	١	77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	<u> </u>
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>.                                   </u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مد ا		🖫
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	

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Form **990** (2023)

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# Form 990 (2023) BOARD OF DIRECTORS Part IV Checklist of Required Schedules (continued)

<ul> <li>Did the organization report more than \$5,000 of grants or other assistance to or for Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about com and former officers, directors, trustees, key employees, and highest compensated Schedule J</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal a last day of the year, that was issued after December 31, 2002? If "Yes," answer line of the line of</li></ul>	ppensation of the organization's current demployees? If "Yes," complete  23 amount of more than \$100,000 as of the lines 24b through 24d and complete  24a y period exception? 24b tany time during the year to defease 24c time during the year? 22b	х	х
<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about com and former officers, directors, trustees, key employees, and highest compensated Schedule J</li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal a last day of the year, that was issued after December 31, 2002? If "Yes," answer line</li> </ul>	ppensation of the organization's current demployees? If "Yes," complete  23 amount of more than \$100,000 as of the lines 24b through 24d and complete  24a cry period exception?  24b tany time during the year to defease  24c citime during the year?	х	
and former officers, directors, trustees, key employees, and highest compensated Schedule J	amount of more than \$100,000 as of the fines 24b through 24d and complete  24a  24b  24c  24d  24d  24d  24d  24d  24d  24d	X	x
Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal a last day of the year, that was issued after December 31, 2002? If "Yes," answer lii	amount of more than \$100,000 as of the ines 24b through 24d and complete  24a  ry period exception?  24b  thany time during the year to defease  24c  24d  24d	х	х
24a Did the organization have a tax-exempt bond issue with an outstanding principal at last day of the year, that was issued after December 31, 2002? If "Yes," answer like	amount of more than \$100,000 as of the ines 24b through 24d and complete  24a ry period exception? 24b that any time during the year to defease 24c time during the year? 24d	Х	х
last day of the year, that was issued after December 31, 2002? If "Yes," answer like	rines 24b through 24d and complete  24a  ry period exception?  24b  t any time during the year to defease  24c  24d  24d		x
	24a ry period exception? 24b t any time during the year to defease 24c time during the year? 24d		х
Only a living IV If II No. 11 and the live of Co.	ry period exception?  t any time during the year to defease  24c  24d  24d		X
Schedule K. If "No," go to line 25a	t any time during the year to defease  24c  24c  24d		
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporar	time during the year? 24c		
c Did the organization maintain an escrow account other than a refunding escrow at	time during the year? 24d		
any tax-exempt bonds?			<del></del>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any t			<del></del>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization			
transaction with a disqualified person during the year? If "Yes," complete Schedu			X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a d			
that the transaction has not been reported on any of the organization's prior Form	, , , , , , , , , , , , , , , , , , , ,		x
Schedule L, Part I	25b		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from			
or former officer, director, trustee, key employee, creator or founder, substantial co	*		x
controlled entity or family member of any of these persons? If "Yes," complete Sc			<u> </u>
27 Did the organization provide a grant or other assistance to any current or former o			
creator or founder, substantial contributor or employee thereof, a grant selection of entity (including an employee thereof) or family member of any of these persons?	· ·		x
28 Was the organization a party to a business transaction with one of the following party to a business transaction with the following party trans			
instructions for applicable filing thresholds, conditions, and exceptions):	arties: (See the Schedule E, Fart IV,		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or s	substantial contributor? #		
"Yes," complete Schedule L, Part IV			x
b A family member of any individual described in line 28a? If "Yes," complete Sched			Х
c A 35% controlled entity of one or more individuals and/or organizations described			
"Yes," complete Schedule L, Part IV			x
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes			Х
30 Did the organization receive contributions of art, historical treasures, or other simil			
contributions? If "Yes," complete Schedule M			х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes	es." complete Schedule N. Part I		Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its no			
Schedule N, Part II	· · · · · · · · · · · · · · · · · · ·		х
33 Did the organization own 100% of an entity disregarded as separate from the organization			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	-		Х
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete			
Part V, line 1		Х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(			Х
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in an	ny transaction with a controlled entity		1
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ii			<u> </u>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an e			1
If "Yes," complete Schedule R, Part V, line 2			Х
37 Did the organization conduct more than 5% of its activities through an entity that i	is not a related organization		
and that is treated as a partnership for federal income tax purposes? If "Yes," con			X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule	O for Part VI, lines 11b and 19?		
Note: All Form 990 filers are required to complete Schedule O	38	Х	Щ_
Part V Statements Regarding Other IRS Filings and Tax Compli	ance		
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payment		х	
(gambling) winnings to prize winners? 332004 12-21-23	1c	990	(0000)

<u> Page</u> **5** 

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2023) BOARD OF DIRECTORS

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 on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 1a 5	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			.,,
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		_ ^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		х	
	more members of the governing body?	7a	Λ	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		_ A
8		00	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9		OD		
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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3		
	This Section B requests information about policies not required by the internal nevertible Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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 filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	WENDY SOTOMAYOR - 707-826-5985			
	1 HARPST STREET, ARCATA, CA 95521			

Form **990** (2023)

# 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>)</b> than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is botl or/trus	n an	compensation	compensation	amount of
	week (list any		T	<u> </u>		T	100,	from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DR. CHRISSY HOLLIDAY	1.00									
PRESIDENT'S DESIGNEE	39.00	Х		Х				0.	247,974.	89,601.
(2) WENDY SOTOMAYOR	2.00									
EXECUTIVE DIRECTOR	38.00			Х		_		0.	159,791.	90,041.
(3) MARK RIZZARDI	1.00									
FACULTY REPRESENTATIVE	39.00	Х						0.	141,782.	81,388.
(4) SARAH LONG	1.00	1								
SECRETARY/TREASURER	39.00	Х		Х				0.	119,046.	53,340.
(5) RYEN PRICE	1.00	-								
BOARD CHAIR/STUDENT REPRESENTATIVE		Х		Х		_		0.	4,431.	0.
(6) TASHANAE BURNS-YOUNG (THRU 10/23										
BOARD CHAIR/ STUDENT REPRESENTATIVE	4.00	Х		Х		_		0.	0.	0.
(7) NICK APARICIO	1.00									
STUDENT REPRESENTATIVE	4.00	Х		Х		_		0.	0.	0.
(8) DR. KINTAY JOHNSON	1.00									
COMMUNITY REPRESENTATIVE		Х				_		0.	0.	0.
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Form **990** (2023)

BOARD OF DIRECTORS

Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 0. 673,024 314,370. 1b Subtotal c Total from continuation sheets to Part VII, Section A 0 0. 0. 673.024. 314,370. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation CAL POLY HUMBOLDT FOUNDATION 1 HARPST STREET, ARCATA, CA 95521 INVESTMENT MANAGEMENT FEES 155,673.

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII	Statement of Revenue
Form 990 (202	BOARD OF I

			Check if Schedule O c	onta	ains a re	esponse (	or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
ည ည	1	а	Federated campaigns			1a					
Gifts, Grants ilar Amounts			Membership dues			1b					
<u>क</u> ही			Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations			1d					
			Government grants (contri			1e					
			All other contributions, gifts, g								
buti			similar amounts not included			1f					
ÖĘ		g	Noncash contributions included in I	ines 1	a-1f	1g \$					
Sol		h	Total. Add lines 1a-1f								
							Business Code				
g.	2	а	OTHER REVENUE				611710	3,478.	3,478.		
ξ		b									
Program Service Revenue		С									
am		d									
P. O.		е									
ڄ		f	All other program service r	rever	nue						
		g	Total. Add lines 2a-2f					3,478.			
	3	;	Investment income (includ	ling (	dividen	ds, intere	st, and				
			other similar amounts)					634,550.			634,550.
	4		Income from investment of	f tax	-exemp	t bond p	roceeds				
	5	,	Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)		······						
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Jue			and sales expenses	7b							
her Revenue			Gain or (loss)	7с							
8			Net gain or (loss)								
	8	а	Gross income from fundraisin	ig ev		I					
ō			including \$								
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
	_		Net income or (loss) from f		-						
	9	а	Gross income from gaming	-							
		<b>L</b>	Part IV, line 19								
			Less: direct expenses								
	40		Net income or (loss) from g Gross sales of inventory, le			villes					
	10	а	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from s				П				
			THEE INCOME OF (1033) ITOM S	Jaice	or inve	ontory	Business Code				
sno	11	а									
Miscellaneous Revenue	• •	b									
ella		c									
isc			All other revenue								
Σ			<b>Total.</b> Add lines 11a-11d								
	12		Total revenue. See instructio					638,028.	3,478.	0.	634,550.

# 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 (D) Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 10,000 10,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 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 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,328,602 3,328,602 Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 45,019. 45,019 Accounting Lobbying Professional fundraising services. See Part IV, line 17 106,101. 106,101 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 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) OTHER EXPENSES 2,189. 2,189 BANK SERVICE CHARGES 1,664 1,664 С d All other expenses 3,493,575 3,338,602 154,973 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)

BOARD OF DIRECTORS

#### Check if Schedule O contains a response or note to any line in this Part X **(B)** End of year (A) Beginning of year 29,860. 1 278,197. Cash - non-interest-bearing 479,262. 497,536. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 400,211. 380,540. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 6,284,631. 7,023,904. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 616,969. 1,802,892. Other assets. See Part IV, line 11 15 15 8,996,856. 8,797,146. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 55,919. 540,273. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,875,730. 25 3,812,993. 1,931,649. 4,353,266. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,065,207. 4,443,880. 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 7,065,207. 32 4,443,880. 32 8,996,856. 8,797,146. Total liabilities and net assets/fund balances 33

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

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#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

HUMBOLDT STATE UNIVERSITY CENTER

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** BOARD OF DIRECTORS 94-1627074 Part I 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) CAL POLY HUMBOLDT UNIVERSITY 94-6001347 6 Х 10,000

0.

10,000

94-1627074

Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 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 5 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	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.")  2 Tax reversues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support subsettiles 5 ten like 4.  Section B. Total Support Subsettiles 5 ten like 4.  Section B. Total Support Support subsettiles 5 ten like 4.  Section B. Total Support 5 ten like 5 ten like 4.  Section B. Total Support 5 ten like 6	Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.")  2 Tax revenues levied for the organization is 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, selested inc of trons line 4  8 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources  9 Net income from ismilar sources  9 Net income from ismilar sources  9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 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 from 2022 Schedule A, Part II, line 14  15 Public support percentage from 2022 Schedule A, Part II, line 14  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the 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) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 3 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization indid not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check thi		membership fees received. (Do not						
ization's benefit and ether paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without change  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. Subsective 5 from line 4.  8. Section B. Total Support  Calendar year (or fiscal year beginning in)  7. Amounts from line 4.  8. Gross income from interest, dividends, payments received on securities lones, rents, royaltes, and income from similar sources.  9. Net income from unrelated business activities, whether or not the business is regularly carried on the business in regularly carried on the business is regularly carried on the business is regularly carried on the business in regularly carried on the		include any "unusual grants.")						
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Page 3

Schedule A (Form 990) 2023 BOARD OF DIRECTORS

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails t
gualify under the tests listed helow, please complete Part II \

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## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	v	
1	Х	
		Х
2		A
3a		Х
Sa		71
3b		
0.5		
3с		
- 55		
4a		Х
4b		
4c		
5a		Х
5b		
5c		
_		
6		Х
_		Х
7		
8		Х
0		
9a		Х
Ju		
9b		Х
9с		Х
10a		Х
10b		
ıle A (Forn	n 9901	2023

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	ction B. Type I Supporting Organizations			
	ſ		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization.	2		
	The state of the supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		X
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a				
b			,	
с 2	X The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	s). Yes	No
a			163	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2023 BOARD OF DIRECTORS			94-1627074	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain i	n Part VI). See insti	ructions.
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting or	ganization (see	
	instructions).				

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
_4	Amounts paid to acquire exempt-use assets		4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6_	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u> </u>	From 2019			
<u> </u>	From 2020			
<u>d</u>	From 2021			
<u>e</u>	From 2022			
<u>f</u>	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
_ <u>i</u> _	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

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 E, LINE 1C:
THE ORGAN	NIZATION PROVIDES SUPPORT TO CAL POLY HUMBOLDT BY PROVIDING
FINANCIAL	SUPPORT FOR STUDENT PROGRAMMING.

### **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.

HUMBOLDT STATE UNIVERSITY CENTER Name of the organization

BOARD OF DIRECTORS

**Employer identification number** 94 - 1627074

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of 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 advi	sed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		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 FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Pai	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant us	e of its			
	collection items (check all that apply).										
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	ures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organization	answered "\	Yes" on F	orm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	stodial accou	unt liabilit	y?	L	Yes	L	_ No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if										
		(a) Current year	(b) F	rior year	(c) Two year	rs back (	<b>d)</b> Three ye	ars back	(e) Four	years	3 back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	•	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	id administer	ed for the	<b>)</b>		1	Vac	No
	organization by:								[a (1)	162	INO
	(i) Unrelated organizations?								3a(i)		+
		Manager Park and a second second							3a(ii)		+-
	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
ı uı	Complete if the organization answered		) Part IV	/ line 11a S	00 Form 990	Part X li	ne 10				
	<u>-</u>							.	/d\ Doo	اديرواد	
	Description of property	(a) Cost or of basis (investrong the control of the		(b) Cost basis			cumulated reciation	'	(d) Boo	r vall	JE.
1a	Land	· · · · · · · · · · · · · · · · · · ·			·						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. column	(B))						0.
_									_	_	

Schedu	ule D (Form 990) 2023 BOARD OF DIRECTO	RS		94-1627074 Page <b>3</b>
Part		an Farma 000 Boot IV line	11h Can Farms 000 Dark V line 10	
(a) Do	Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	escription of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of	end-or-year market value
	ancial derivatives			
(2) Clo	sely held equity interests			
(A)	<u> </u>			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, line 12, col. (B))  VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part		ı		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)	DEFERRED OUTFLOWS - POST-RETIREMENT O	CONTRIBUTIONS		3,275,350.
(2)	DEFERRED OUTFLOWS - PENSION-RELATED O	CONTRIBUTIONS		1,064,444.
(3)	NET PENSION ASSET			-3,722,825.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				616.060
Part				616,969.
	Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	11e or 11t. See Form 990, Part X, line	25. (b) Book value
1.				(b) Book value
	Federal income taxes  DEFERRED INFLOWS - PENSION-RELATED			2 702 060
(2)	OTHER LIABILITIES			3,782,860. 30,133.
(3)	OTHER LIABILITIES			30,133.
(4)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990. Part X. line 25. cc	ol (B))		3,812,993.
	bility for uncertain tax positions. In Part XIII, provide	· //		
	panization's liability for uncertain tax positions unde			

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Page 4

BOARD OF DIRECTORS

Par	t XI	Reconciliation of Revenue per Audited Financial Staten	nents With Re	evenue per Ret	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	872,248.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	234,220.		
b	Donat	ed services and use of facilities	2b			
С	Recov	reries of prior year grants	2c			
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	234,220.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	638,028.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	638,028.
Pai	t XII	Reconciliation of Expenses per Audited Financial State	ments With E	xpenses per R	Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total	expenses and losses per audited financial statements			1	3,493,575.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b		vear adjustments				
С		losses				
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes <b>2a</b> through <b>2d</b>			2e	0.
3		act line 2e from line 1			3	3,493,575.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,493,575.
Pai	t XIII	Supplemental Information				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines	art IV, lines 1b an	d 2b; Part V, line 4;	; Part X, Iir	ne 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	tion.		
PART	' X, L	INE 2:				
UNIV	ERSIT	Y CENTER QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER	ГНЕ			
APPL	ICABL	E SECTIONS OF THE INTERNAL REVENUE CODE (IRC) SECTION !	501(C)(3)			
AND	CALIF	ORNIA REVENUE AND TAXATION CODE SECTION 23701(D).				
	, nn a t m	V GENERAL VIA TWALLAMED THE MAY DOCUMENTS AND MULL GENERAL	TATELY A.C. MO.			
ONTA	ERSIT	Y CENTER HAS EVALUATED ITS TAX POSITIONS AND THE CERTA:	INTY AS TO			
	m	NOOD MAY DOOTSTON WILL DO GUGSTAND IN SUID DANNE OF AN	AUDIM DV			
MHEI	HER T	HOSE TAX POSITION WILL BE SUSTAINED IN THE EVENT OF AN	AUDIT BY			
<b>113 W T</b>	אות אוו	MUODIMIEG AM MUE EEDEDAI AND GMAME LEVELG. MUE DDIMADV	mav			
LAXI	NG AU	THORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY	TAX			
DOGT	тт∩мс	EVALUATED ARE RELATED TO THE UNIVERSITY CENTER'S CONT.	רשווער			
LODI	TTONS	EVALUATED ARE RELATED TO THE UNIVERSITY CENTER S CONT.	TMOED			
TAIJO	IFTCA	TION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE IS	UNRELATED			
× 0111		IIII DIDINI I ONOMILBILITON IND MIDITIDI IIIBNO 10				
BUST	NESS	INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANA	AGEMENT HAS			
DETE	RMINE	D THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NO	OT OF BEING			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

HUMBOLDT STATE UNIVERSITY CENTER

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

BOARD OF DIRE	CTORS						94-1627074
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						X Yes  No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	T		<del> </del>		(f) Method of	1	
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GAL DOLY WINDOLDS							
CAL POLY HUMBOLDT 1 HARPST STREET		STATE OF					
ARCATA, CA 95521	94-6001347		10,000.	0.			GENERAL OPERATING SUPPORT
menin, en 33321	34 0001347	CHETT OKNTH	10,000.	<u> </u>			CHARACTE CLEANING BOLLOKI
2 Enter total number of section 501(c)(3) a	and government or	nanizations listed in the	e line 1 table		ı	1	
3 Enter total number of other organization	-	5					

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

BOARD OF DIRECTORS

94-1627074 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

### SCHEDULE J (Form 990)

# **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

HUMBOLDT STATE UNIVERSITY CENTER

Name of the organization HUMBOLDT STATE UNIVERSITY CENTER
BOARD OF DIRECTORS

Part I Questions Regarding Compensation

| Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compensation | Compe

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)?	a		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DR. CHRISSY HOLLIDAY	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT'S DESIGNEE	(ii)	247,974.	0.	0.	61,098.	28,503.	337,575.	0.	
(2) WENDY SOTOMAYOR	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR	(ii)	159,791.	0.	0.	63,706.	26,335.	249,832.	0.	
(3) MARK RIZZARDI	(i)	0.	0.	0.	0.	0.	0.	0.	
FACULTY REPRESENTATIVE	(ii)	141,782.	0.	0.	54,126.	27,262.	223,170.	0.	
(4) SARAH LONG	(i)	0.	0.	0.	0.	0.	0.	0.	
SECRETARY/TREASURER	(ii)	119,046.	0.	0.	45,246.	8,094.	172,386.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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Page 2

### **SCHEDULE 0** (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

HUMBOLDT STATE UNIVERSITY CENTER

BOARD OF DIRECTORS

**Employer identification number** 94-1627074

BOME OF BIRECIONS	J4 102/0/4
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HUMBOLDT UNIVERSITY, THE CENTER SUPPORTS STUDENT UNION PROGRAMS, WHICH	
INCLUDES THE PAYMENT OF ONGOING PERSONNEL COSTS IN SUPPORT OF STUDENT	
UNION PROGRAMS AND POSTEMPLOYMENT BENEFIT OBLIGATIONS FOR THOSE	
EMPLOYEES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
POSTEMPLOYMENT BENEFIT OBLIGATIONS FOR THOSE EMPLOYEES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
STUDENT BOARD POSITIONS ARE DETERMINED THROUGH STUDENT BODY ELECTIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A UNIVERSITY ACCOUNTANT COMPLETES THE FASTFORM DATA REQUESTS. THE EXECUTIVE	
DIRECTOR AND BOARD SECRETARY/TREASURER REVIEWS THE DRAFT 990 RETURN. A	
FINAL DRAFT IS PRINTED AND MADE AVAILABLE TO EACH MEMBER OF THE GOVERNING	
BOARD PRIOR TO THE FINAL FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
UNIVERSITY CENTER REQUIRES THAT BOARD MEMBERS AND EMPLOYEES REVIEW THE	
CONFLICT OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM	
WHICH AFFIRMS SUCH PERSON:	
	_
1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY.	
2. HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY.	

HAS DISCLOSED ANY FINANCIAL INTERESTS THEY HAVE IN A CONTRACT OR For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 11-14-23

Schedule O (Form 990) 2023 Page 2 HUMBOLDT STATE UNIVERSITY CENTER **Employer identification number** Name of the organization BOARD OF DIRECTORS 94-1627074 TRANSACTION ENTERED INTO BY UNIVERSITY CENTER, THE BOARD OR COMMITTEE. 4. WILL DISCLOSE ANY FUTURE FINANCIAL INTERESTS IN A CONTRACT OR TRANSACTION ENTERED INTO BY UNIVERSITY CENTER, THE BOARD OR COMMITTEE. 5. HAS AGREED TO COMPLY WITH THE POLICY. 6. UNDERSTANDS UC IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. UNIVERSITY CENTER BOARD MEMBERS WILL BE REQUIRED TO SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM AT THE TIME OF ELECTION TO THE BOARD OF DIRECTORS. ANNUALLY THEREAFTER, AND WITHIN 30 DAYS OF DISCOVERING OR ACQUIRING A NEW POTENTIAL ONFLICT OF INTEREST AS DEFINED BY THIS POLICY, BOARD MEMBER CONFLICT OF INTEREST DISCLOSURE FORMS SHALL BE GIVEN TO THE UC EXECUTIVE DIRECTOR WHO WILL SIGN OFF ON FORMS WHERE NO CONFLICT IS NOTED. IF A CONFLICT IS NOTED, THE UC EXECUTIVE COMMITTEE WILL REVIEW TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF THE REVIEW REASONABLY DETERMINES THAT A CONFLICT OF INTEREST EXISTS OR THE POTENTIAL FOR ONE COULD OCCUR, THE UC EXECUTIVE COMMITTEE WILL MAKE RECOMMENDATIONS AS TO HOW TO MANAGE, REDUCE OR ELIMINATE THE POTENTIAL OR ACTUAL CONFLICT(S) OF INTEREST. BOARD MEMBERS MUST MAINTAIN AN ONGOING REVIEW OF THEIR SITUATIONS TO ENSURE THAT CHANGED CIRCUMSTANCES DO NOT CREATE VIOLATIONS OF THIS POLICY. FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY CENTER'S BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE PROVIDED ON THE UNIVERSITY CENTER WEBSITE.

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

HUMBOLDT STATE UNIVERSITY CENTER Name of the organization **Employer identification number** BOARD OF DIRECTORS 94-1627074 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Total income Direct controlling Primary activity End-of-year assets of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (f) (b) (c) (d) (e) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Primary activity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No CALIFORNIA STATE POLYTECHNIC UNIVERSITY HUMBOLDT - 94-6001347 1 HARPST STREET ARCATA, CA 95521 EDUCATION CALIFORNIA N/A Х CAL POLY HUMBOLDT SPONSORED PROGRAMS FOUNDATION - 94-6050071, 1 HARPST STREET ARCATA CA 95521 GRANT ADMINISTRATION CALIFORNIA 501(C)(3) LINE 5 CAL POLY HUMBOLDT Х CAL POLY HUMBOLDT FOUNDATION - 94-6077724 1 HARPST STREET CAL POLY HUMBOLDT MISSION ARCATA, CA 95521 ADVANCEMENT CALIFORNIA 501(C)(3) LINE 10 TAI, POLY HUMBOLDT Х ASSOCIATED STUDENTS OF CAL POLY HUMBOLDT

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

94-1201195, 1 HARPST STREET, ARCATA, CA

Schedule R (Form 990) 2023

CAL POLY HUMBOLDT

LINE 12C, III-FI

501(C)(3)

95521

CALIFORNIA

STUDENT SERVICES

94-1627074 BOARD OF DIRECTORS

# Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	rolled zation?
CAL POLY HUMBOLDT REAL ESTATE HOLDINGS -				(-)(-)/		Yes	No
	ACCEPT, HOLD AND MANAGE				CAL POLY HUMBOLDT		
95521	CERTAIN REAL PROPERTY	CALIFORNIA	501(C)(3)		FOUNDATION		х
			002(0)(0)				
-	1						
	1						
	1						
	1						
	1						
	1						
	1						
	1						
	-						
	-						
	-						
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	-						
	-						
	-						
	-						
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	1						
	1						

Part III	Identification of Related Orgonganizations treated as a part			ership. Complete if	the organization answ	ered "Yes" on For	m 990, Part IV, line	34, because	e it had one or mo	re related	j
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(h)	(i)	(i)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?				Code V-UBI amount in box		ral or aging ner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No	111111111111111111111111111111111111111	163	NO			

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

BOARD OF DIRECTORS

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
	<b>b</b> Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g	Х				
					1h		Х			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
1	Performance of services or membership or fundraising solicitations for related organ				11		Х			
m	Performance of services or membership or fundraising solicitations by related organi				1m	Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio				1n	Х				
0	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered r	elationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount inve	olved					
		type (a-s)								
1)										
2)										
3)										
41										
4)										
E)										
5)										
۵۱										
6) 2016				Schedule F	) (Ear-	n 000\	2022			
3216	/ US-20-20	2.77		Schedule i	י (רטרו	ıı <del>99</del> 0)	2023			

94-1627074

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	<del>'</del>
							++			$\vdash$	+
							$\Box$				
							+				_
							T				
							$\sqcup$			$\sqcup \!\!\!\! \perp$	
							+			$\vdash$	+